



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Global Home Health Care Inc.  
1032 15<sup>th</sup> Avenue SE  
Rochester, Minnesota 55904  
Olmsted County

Report #: HL21537003

Date: September 11, 2013

Date of Visit: July 25, 2013

By: Lisa Jacobsen, R.N., Special Investigator

Time of Visit: 9:30 a.m. – 2:00 p.m.

- Type of Facility:**
- Nursing Home
  - SLF
  - Hospital
  - HHA
  - ICF/IID
  - Other: \_\_\_\_\_
  - Home Care Provider/Assisted Living
  - Home Care

- Facility Self Report
- Complaint

**Allegation(s):** It is alleged that financial exploitation occurred when the alleged perpetrator/personal care attendant (AP) took a client's rings.

**An unannounced visit was made at this facility and an investigation was conducted under:**

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)

- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Licensing Rules for Home Care (MN Rules Chapter 4668)
- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

**Conclusion:**

Minnesota Vulnerable Adults Act (MN 626.557)

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

Abuse       Neglect       Financial Exploitation was:

Substantiated     Not Substantiated     Inconclusive    based on the following information:

Based on a preponderance of evidence, financial exploitation occurred when the AP took three pieces of jewelry belonging to a client without the client's permission and pawned them at a pawn shop. The three pieces of jewelry that were taken were a ½ carat diamond ring with smaller diamonds on the sides valued at \$2,155; a 14 carat gold mother's ring with three stones valued at \$786 and a pair of heart shaped diamond earrings (unknown value).

The client was alert and oriented and made her/his own health care and financial decisions.

The client stated s/he had five rings and a pair of diamond earrings that went missing. The client stated s/he kept her/his jewelry in two different jewelry boxes in her/his bedroom. On two separate occasions, the AP was observed by the client to have the client's jewelry boxes open. When questioned by the client as to why s/he was in the jewelry boxes, the AP stated that s/he (the AP) stored her/his cigarette lighter in the jewelry box. The other time, the AP stated s/he was looking for the client's television remote control. Both explanations were not believable according to the client. The client reported the missing jewelry to the police.

The police report indicated the following: The client reported several pieces of jewelry missing and the client suspected the AP had taken them. The client's jewelry was kept in two different jewelry boxes in the client's bedroom. The AP had been observed by the client at least twice, to open the jewelry boxes when the AP was in the apartment providing personal cares to the client. Three of the pieces of jewelry that were identified by the client as missing, were found to have been pawned at a pawn shop by the AP. The pieces of jewelry belonging to the client that were pawned were: a ½ carat diamond ring with smaller diamonds on the sides; a 14 carat gold mother's ring with three stones and a pair of heart shaped diamond earrings. The three pieces of jewelry were recovered by the police from the pawn shop. The AP stated to the police that she did not steal any rings and did not know why the client would accuse her/him of doing so. The AP stated s/he only saw the rings when s/he first started providing care to the client and had put the rings away for the client.

Numerous attempts to contact the AP by telephone and electronic mail were made by the investigator. A subpoena was sent to the AP and the AP did not respond to the subpoena.

**Mitigating Factors:**

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the  individual(s) and/or  facility is responsible for the

Abuse  Neglect  Financial Exploitation. This determination was based on the following:

The AP is responsible for the financial exploitation. The AP had evidence in his/her personnel file of training in the Vulnerable Adults Act and the Home Care Bill of Rights on October 19, 2012 and again on May 29, 2013.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

**Compliance:****State Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Met**

The facility was found to be in compliance with State Licensing Rules for Home Care (MN Rules Chapter 4668). No state licensing orders were issued.

**State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met**

The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557). No state licensing orders were issued.

**State Statutes Chapters 144 & 144A – Compliance Met**

The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

**Facility Corrective Action:**

The facility took the following corrective action(s):

**Definitions:****Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated**

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

**Minnesota Statutes, section 626.5572, subdivision 9 - Financial exploitation**

"Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

(1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or

(2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

(2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;

(3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud;

**The Investigation included the following:****Document Review: The following records were reviewed during the investigation:**

Medical Records

Care Guide

Medication Administration Records

Treatment Sheets

Facility Incident Reports

Physician Progress Notes

ADL (Activities of Daily Living) Flow Sheets

Laboratory and X-ray Reports

Physician Orders

Social Service Notes

Nurses Notes

Meal Intake Records

Activities Reports

Weight Records

Therapy and/or Ancillary Services Records

Assessments

Skin Assessments

Care Plan Records

**Other pertinent medical records:**

Hospital Records     Ambulance/Paramedics     Medical Examiner Records     Death Certificate

Police Report

**Additional facility records:**

Resident/Family Council Minutes

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: \_\_\_\_\_

Number of additional resident(s) reviewed: 0

Were residents selected based on the allegation(s)?     Yes     No     N/A    Specify: \_\_\_\_\_

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

Yes     No     N/A    Specify: \_\_\_\_\_

**Interviews: The following interviews were conducted during the investigation:**

Interview with complainant(s):  Yes  No  N/A Specify: Facility Self-Report

If unable to contact complainant, attempts were made on:

Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_

Interview with family:  Yes  No  N/A Specify: Client did not want family contacted.

Did you interview the resident(s) identified in allegation:  Yes  No  N/A Specify: \_\_\_\_\_

Did you interview additional residents:  Yes  No

Total number of resident interviews: 1

Interview with staff:  Yes  No  N/A Specify: \_\_\_\_\_

Tennessee Warning given as required:  Yes  No

Total number of staff interviews: 2

Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

Interview with Alleged Perpetrator(s):  Yes  No  N/A Specify: \_\_\_\_\_

Attempts to contact: Date/time: 08/27/2013/3:00 p.m. Date/time: 8/27/2013 an electronic mail message was sent. Date/time: 8/28/2013/11:00 a.m./12:30 p.m. and 2:00 p.m. Date/time: September 4, 2013.

If unable to contact was subpoena issued:  Yes , date subpoena was issued 08/27/2013  No

Were contacts made with any of the following:

Emergency personnel  Police Officers  Medical Examiner  Other: Specify \_\_\_\_\_

**Observations were conducted related to:**

Wound Care

Medication Pass

Meals

Personal Care

Dignity/Privacy Issues

Restorative Care

Nursing Services

Safety Issues

Facility Tour

- Infection Control
- Cleanliness
- Injury
- Use of Equipment
- Transfers
- Incontinence
- Call Light
- Other: Storage of Client's jewelry in her home

Was any involved equipment inspected:  Yes  No  N/A

Was equipment being operated in safe manner:  Yes  No  N/A

Were photographs taken:  Yes  No Specify: Storage area of client's jewelry and photograph of the appraisal of one of the pieces of jewelry that was missing.

xc: Division of Compliance Monitoring - Licensing & Certification  
Rochester City Police Department  
Olmsted County Attorney  
Rochester City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H21537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GLOBAL HOME HEALTH CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 15TH AVE SE ROCHESTER, MN 55904</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial comments</p> <p>A complaint investigation was initiated to investigate case #HL21537003. No correction orders are issued.</p>	0 000		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE \_\_\_\_\_