

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Hugo Gracewood L	LC		Report Number: HL23369006	Date of Visit: June 14 and 15, 2016
Facility Address: 5607 North 150th Street		Time of Visit: 8:00 a.m 4:45 p.m. — 8:30 a.m 11:00 a.m.	Date Concluded: August 24, 2016	
Facility City: Hugo			Investigator's Name and Rhylee Gilb, RN Special I	
State: Minnesota	ZIP: 55038	County: Washington		

⋈ Home Care Provider/Assisted Living

Allegation(s):

It is alleged clients are being abused when the alleged perpetrators treated clients in a disparaging and humiliating manner, taking photos and video of clients with props indicating illicit behavior.

- |X| State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- X State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of evidence, two clients were abused when staff took disparaging and humiliating videos of clients and shared them via text and social media. Four alleged perpetrators were identified. AP #1 took and shared videos, AP #2 witnessed video staging, received and shared video, AP #3 was present when video was recorded and received video, and AP #4 sent video. Two videos were reviewed in the investigation and two more videos were discussed in interviews.

Client #1 received services due to diagnoses that included dementia, and required assistance for activities of daily living (ADLs). Client #1 was unable to report maltreatment related to memory impairment.

Client #2 received services due to diagnoses that included Alzheimer's disease, and required assistance with all ADLs. Client #2 was unable to report maltreatment due to severe memory impairment.

Video #1 was obtained from a staff cell phone belonging to AP #3. Video #1 portrayed client #2 dressed in a white tee shirt, sitting in a wheelchair at a table. A white powdered substance was spread under the client's nose and the same white powdered substance was on the table placed in three straight lines. Client #2 was experiencing arm tremors. The song "Cocaine" by Eric Clapton was playing in the background.

Video #2 was obtained from a staff member who received it from AP #4 via social media. Video #2 was dark and difficult to see. However, client #1 was heard yelling in distress.

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During an interview with a staff member, s/he stated AP #1 showed him/her two videos (video #1 and video #3) of client #2, on AP #1's personal cellphone. The description of the first video was consistent with video #1: client #2 was sitting in a wheelchair at a table, and had powdered sugar on the table in lines and under his/her nose. The staff member stated it made it look like the client was using cocaine. The staff member stated that video #3 portrayed client #2 holding an empty alcohol bottle while another unidentified staff member was pushing the client's wheelchair, with "rock music" playing in the background. The staff member stated AP #1 had said s/he found the empty alcohol bottle, brought it into the home care provider, and gave it to client #2 to hold.

During an interview with another staff member, s/he stated s/he had seen two different videos (video #2 and video #4) of client #1. The staff member stated AP #4 had sent him/her a message via social media with video #2 stating that client #1 is mad and will not let anyone help him/her. The staff member stated the client #1 was sitting on the toilet, yelling at staff in video #2. The staff member stated video #4 was viewed on AP #1's personal cell phone. S/he stated video #4 showed client #1 on the toilet and AP #3 in the bathroom with client #1 while AP #1 recorded. The staff member stated client #1 said "you guys are going to go to hell" and either AP#1 or AP#3 said "we'll see you there."

An interview with AP #1 was attempted. A subpoena was sent to AP #1. AP #1 failed to respond or attend the scheduled interview.

An interview with AP #2 was completed. AP #2 stated s/he worked with AP #1 on the evening shift when video #1 of client #2 was taken. AP #2 stated that after s/he finished his/her final rounds, s/he saw client #2 sitting at the table in the common area. S/he stated the powdered sugar was on the table and looked like cocaine. AP #2 stated that AP #1 sent him/her video #1 via text message, and then s/he sent it to AP #3. AP #2 stated s/he knew it was not acceptable to take videos of clients, but did not report to management because s/he did not want to get involved.

During an interview with AP #3, s/he stated s/he received video #1 of client #2 in April 2016 from AP #2 via text message. AP #3 stated AP #1 and AP #2 were working the night when video #1 was taken. AP #3 stated video #1 was of client #2 with powdered sugar on his/her nose and lines of powdered sugar to look like cocaine. AP #3 stated s/he has seen a video of client #2 with a bottle of vodka that AP #1 had brought into the home care provider and gave to client #2. AP #3 stated s/he knew taking a video of a client was wrong, but acknowledged s/he did not report the incident. AP #3 stated s/he has never seen a picture or video of client #1 sitting on the toilet and has never sent any pictures of a client sitting on the toilet.

An interview with AP #4 was completed. AP #4 stated s/he never sent a video of a client via social media and does not know why someone would say s/he had.

During an interview with the House Manager, s/he stated s/he was aware of inappropriate picture taking occurring on the evening shift while s/he was a lead caregiver. S/he stated another staff member reported AP #1 sent a picture of one of the clients through text message. The Housing Manager stated s/he confronted AP #1 who said s/he had taken pictures of the clients. The Housing Manager stated s/he reported it to the housing manager at the time, and the Housing Manager instructed him/her to educate

Facility Name: Hugo Gracewood LLC Report Number: HL23369006 the staff on the cellphone policy. S/he looked for an internal investigation or vulnerable adult report and neither was found to have been completed by the home care provider. During an interview with the registered nurse, s/he stated s/he was unaware of staff taking pictures or videos of clients. During an interview with client #1, s/he was confused and upset. Client #1 could not recall if any photographs or videos had been taken of him/her. During an interview with client #1's family member, the family member stated s/he has not heard client #1 complain about staff nor seen any staff take pictures or video of client #1. However, the family member stated s/he only visits during the day. An interview with client #2 was attempted, however client #2 was asleep and was unable to be aroused for the interview. During an interview with client #2's family member, the family member stated client #2 is unable to recall events. The family member stated s/he was not aware of any videos or pictures being taken by the staff. Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557) Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557): Abuse ☐ Neglect ☐ Financial Exploitation ☐ Not Substantiated ☐ Inconclusive based on the following information: **Mitigating Factors:** The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the \(\mathbb{\text{Individual(s)}} \) and/or \(\mathbb{\text{K}} \) Facility is responsible for the ☐ Neglect ☐ Financial Exploitation. This determination was based on the following: Abuse Video evidence exists of disparaging videos of clients. Multiple staff were involved. The facility was aware, but failed to investigate. 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:

were not met.

State Statutes for Home Care Providers (MN Statutes section 144A.43 - 144A.483) - Compliance Not Met The requirements under State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)

State licensing orders were issued: x Yes П No (State licensing orders will be available on the MDH website.) State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) - Compliance Not Met The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met. State licensing orders were issued: X Yes □ No (State licensing orders will be available on the MDH website.) State Statutes Chapters 144 & 144A - Compliance Not Met - Compliance Not Met The requirements under State Statues for Chapters 144 &144A were not met. State licensing orders were issued: ▼ Yes (State licensing orders will be available on the MDH website.) **Compliance Notes: Facility Corrective Action:** The facility took the following corrective action(s): **Definitions:** Minnesota Statutes, section 626.5572, subdivision 2 - Abuse "Abuse" means: (b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

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humiliating, harassing, or threatening;

(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory,

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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.

The L	nvestigation included the following:
Docui	ment Review: The following records were reviewed during the investigation:
X N	Medical Records
X N	Medication Administration Records
x A	ssessments
X F	acility Incident Reports
x S	ervice Plan
Other	pertinent medical records:
Addit	ional facility records:
x S	taff Time Sheets, Schedules, etc.
x P	ersonnel Records/Background Check, etc.
X F	acility Policies and Procedures
Numb	per of additional resident(s) reviewed: five
Were	residents selected based on the allegation(s)? Yes No N/A
Specif	y:
Were	resident(s) identified in the allegation(s) present in the facility at the time of the investigation?
Yes	s ○ No ○ N/A
Specif	y:
Interv	views: The following interviews were conducted during the investigation:
A CONTRACTOR OF THE PERSON NAMED IN	iew with complainant(s) Yes No N/A
Specif	
If unal	ole to contact complainant, attempts were made on:
Date:	Time: Date: Time: Date: Time:

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Interview with family: Yes No N/A Specify:
Did you interview the resident(s) identified in allegation:
Did you interview additional residents? Yes No
Total number of resident interviews:four
Interview with staff: No N/A Specify:
Tennessen Warnings
Tennessen Warning given as required: Yes No
Total number of staff interviews: ten
Physician Interviewed: Yes No
Nurse Practitioner Interviewed:
Physician Assistant Interviewed:
Interview with Alleged Perpetrator(s): Yes No N/A Specify: AP#1 refused to interview
Attempts to contact:
Date: Time: Date: Time: Date: Time:
If unable to contact was subpoena issued: ✓ Yes, date subpoena was issued ✓ No Were contacts made with any of the following: ☐ Emergency Personnel ✓ Police Officers Medical Examiner Other: Specify
Observations were conducted related to:
Personal Care
■ Use of Equipment
▼ Cleanliness
▼ Dignity/Privacy Issues
▼ Transfers
▼ Meals
▼ Facility Tour
x Incontinence
Was any involved equipment inspected: ● Yes ○ No ○ N/A
Was equipment being operated in safe manner: ● Yes
Were photographs taken: Yes No Specify: photographs and video evidence received from AP#

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cc:

Health Regulation Division - Home Care & Assisted Living Program

The Office of Ombudsman for Long-Term Care

Washington County Attorney

Hugo City Attorney

FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING H23369 07/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5607 NORTH 150TH STREET HUGO GW LLC** HUGO, MN 55038 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 0 000 Initial Comments 0 000 ******ATTENTION****** Minnesota Department of Health is documenting the State Licensing HOME CARE PROVIDER LICENSING Correction Orders using federal software. **CORRECTION ORDER** Tag numbers have been assigned to Minnesota State Statutes for Home Care In accordance with Minnesota Statutes, section Providers. The assigned tag number 144A.43 to 144A.482, this correction order(s) has appears in the far left column entitled "ID been issued pursuant to a survey. Prefix Tag." The state Statute number and the corresponding text of the state Statute Determination of whether a violation has been out of compliance is listed in the corrected requires compliance with all "Summary Statement of Deficiencies" requirements provided at the Statute number column. This column also includes the indicated below. When Minnesota Statute findings which are in violation of the state contains several items, failure to comply with any requirement after the statement, "This of the items will be considered lack of Minnesota requirement is not met as compliance. evidenced by. Following the surveyors ' findings is the Time Period for Correction. **INITIAL COMMENTS:** PLEASE DISREGARD THE HEADING OF On 6/14/2016, a complaint investigation was THE FOURTH COLUMN WHICH initiated to investigate complaint #HL23369009. STATES, "PROVIDER 'S PLAN OF At the time of the survey, there were 22 clients CORRECTION." THIS APPLIES TO that were receiving services under the FEDERAL DEFICIENCIES ONLY. THIS comprehensive license. The following correction WILL APPEAR ON EACH PAGE. orders are issued. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR **VIOLATIONS OF MINNESOTA STATE** STATUTES. 0 320 144A.44, Subd. 1(13) Treated With Respect 0 320

Minnesota Department of Health

with respect;

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Subdivision 1. Statement of rights. A person who receives home care services has these rights: (13) the right to be treated with courtesy and respect, and to have the client's property treated

TITLE

(X6) DATE

SS=F

Minnesota Department of Health					i Oi livi	ALLIOVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION :	(X3) DATE COMP	SURVEY LETED
		H23369	B. WING		07/0)6/ 2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	100	
HUGO G	W LLC	5607 NOR HUGO, MI	TH 150TH S N 55038	STREET		
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0 320	This MN Requirements: Based on interview of photographic imagensure staff treated six clients (C3, C4, when staff took photographic photographic result violation that did not safety but had the public client's health or sa cause serious injury was issued at a wide problems are pervated include: C3's medical record admitted with diagnated assistance medications and cut daily living (ADL's), dated 8/6/15 indicated abuse due to being not be capable of an eviewed on 6/14/16 on-site investigation by ULP-J on her perphotograph of C3, could be compared to the company of C3, could be company of C3,	ent is not met as evidenced, document review, and review ages the licensee failed to clients with respect for five of C5, C2 and C6) reviewed	0 320			

(X3) DATE SURVEY

Minnesota Department of Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPL	LETED	
		H23369	B. WING		07/0	; 6/2016
NAME OF I	PROVIDER OR SUPPLIER		RTH 150TH ST	TATE, ZIP CODE TREET		
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0 320	admitted with diagn disease. The service including medication assessment dated identified areas of vortice including medication assessment dated identified areas of vortice investigation by ULP-J on her perphotograph displayenck sweater with Uher left. They were consumed assistance medications. The vortice plan darequired assistance and inactive decided assistance in the vortice plan dareas and in the construction of the vortice plan dareas and in the construction of the vortice plan dareas and in the construction of the vortice plan dareas and in the construction of the construction of the plan dareas and in the construction of	oses that included Crohn's e plan dated 10/14/15 ed assistance with all ADL's ns. The vulnerability 10/14/15 indicated C4 had ulnerability due to being hard once was received and form ULP-J during the n. One photograph was taken resonal cell phone of C4. The ed C4 wearing a striped, turtle JLP-J to her right and ULP-I to all smiling in the photo. In was reviewed. C5 was oses that included dementia. ted 5/10/16 indicated C5 with all ADL's including ulnerability assessment dated was vulnerable for abuse due bility to report abuse/neglect. In ce was received and form ULP-J during an on-site hotos were taken by ULP-J	0 320	DEFICIENCY)		
Minnesota De	ambulated independ assessment dated 7	dently. The vulnerability 7/10/15 indicated C2 was e related to dementia and the				

(X2) MULTIPLE CONSTRUCTION

PRINTED: 09/29/2016 FORM APPROVED Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ С B. WING H23369 07/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5607 NORTH 150TH STREET HUGO GW LLC** HUGO, MN 55038 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 0 320 Continued From page 3 0.320 inability to recall events and report maltreatment. No photographic evidence was available. C6's medical record was reviewed. C6 was admitted to the licensee with diagnoses that included Lewy body dementia and Alzheimer's disease. The service plan dated 5/11/16 indicated C6 required assistance with all ADL's including medications. The vulnerability assessment dated 5/11/16 indicated C6 was vulnerable for abuse due to the inability to verbalize his needs. No photographic evidence was available. During an interview with the House Manager on 6/14/16, at 1:35 p.m. she stated there was inappropriate picture taking occurring on the evening shift while she was a lead caregiver. She stated a staff member reported that evening staff member sent a picture of one of the clients through text message. She stated she did confront ULP-H who did admit to taking pictures of the clients. The House Manager stated she did not ask to see the picture and told the staff to delete it. The House Manager stated she reported it to the housing manager at the time and the housing manager instructed her to educate the staff on the cell phone policy. An interview on 6/14/16, at 3:00 p.m. ULP-K she

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stated she received one picture of C2 from ULP-H. C2 was dressed in a grey sweatshirt with a hat on. ULP-K stated she received pictures of C2, C3 and C4 on snap chat (social media) from ULP-I and ULP-J. ULP-K was unsure of how many photos she had received or further

descriptions. ULP-K stated she took one picture of C2 and herself. ULP-K stated C2 was dressed in normal clothes, but did not send it to anyone.

Dates of pictures taken were unknown.

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STATEMENT OF DEFICIENCIES (X1)

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:	A. BUILDING:		C	
		H23369	B. WING		1 -	6/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
HUGO G	W LLC	5607 NOR HUGO, MI	TH 150TH S N 55038	TREET			
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0 320	On 6/14/16, at 3:35 taken pictures of Ci ULP-J stated the pl text message to UL could not recall how descriptions, but did and C5 she had on she had seen ULP-photographs of clie photos of C2, C4, Cand snap chat. ULF were sent anywhere place between Dec 2016. ULP-J stated clients was breakin acknowledged she pictures of clients. The licensee policy dated 01/2013, stat phones while on du may only use cell p fifteen minute breal. The licensee form t Release" states the employee will be us and for advertising/ The licensee client Home Care Bill of Fand their family.	p.m. ULP-J stated she had 3, C4 and C5 for personal use. notograph for C3 was sent via .P-H in April 2016. ULP-J w many photos were taken or d provided images of C3, C4 her cell phone. ULP-J stated	0 320	DEFICIENCY			
0 325 SS=H	144A.44, Subd. 1(1	4) Free From Maltreatment	0 325				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		H23369	B. WING		1	C 06/2016	
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0 325	Subdivision 1. State receives home care (14) the right to be abuse, neglect, finatorms of maltreatment con Adults Act and the Management of maltreatment con Adults Act and the Management of maltreatment con Adults Act and the Management of maltreatment con a staff took vide derogatory and hum (C2, C1) reviewed. This practice results violation that harment including serious or a violation that has reious injury, impaissued at a pattern slimited number of cla limited number of cla limited number of situation has occurr to be pervasive). The C2's medical record admitted with diagnalization administing independently. The dated 7/10/15 indicated the client recall events and recall events are called the calle	ement of rights. A person who e services has these rights: free from physical and verbal ancial exploitation, and all vered under the Vulnerable Maltreatment of Minors Act; ent is not met as evidenced and video review the licensee into were free from abuse eos that were disparaging, niliating for two of six clients ed in a level three violation (and a client's health or safety, is injury, impairment, or death, as the potential to lead to imment, or death), and was scope (when more than a sients are affected, more than staff are involved, or the ed repeatedly but is not found the findings include: If was reviewed. C2 was coses that included ervice plan dated 1/5/15 received assistance for all ing (ADL's) including tration. C2 ambulated vulnerability assessment and the inability to port maltreatment.	0 325				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5607 NORTH 150TH STREET HUGO, MN 55038 (PACH DEPICIENCY MUST SEP PRECEDED BY FULL TAG O 325 Continued From page 6 investigation. The video showed C2, sitting in a wheelchair at a table wearing a white toe shirt and glasses. C2 had a white powdered substance speared under his nose and the same white powdered substance speared under his nose and the same white powdered substance speared under his nose and the same white powdered substance was placed on the table in three separate straight lines. The video had the song "Cocaine" by Eric Clapton playing in the background and C2 was having arm tremors. C2's facial expression was flat and C2 saluted at the end of the video. During an interview with ULP-J on 6/14/16, at 3:35 p.m. she stated ULP-H and ULP-I were working the night the video was taken, but she was unsure who took the video and the date the video was taken. ULP-J stated be's also seen a video of C2 with a bottle of vodka that ULP-H had brought into the licensee and gave to C2. ULP-J stated she knew taking a video of C2 was wrong, but did not report because ULP-H showed her two videos of C2 on ULP-Hs cell phone. ULP-M stated ULP-H showed her two videos of C2 on ULP-Hs cell phone. ULP-M stated ULP-H showed her two videos of C2 on the number of the video of C2 holding an empty alcohol bottle. An unidentified staff member was pushing C2 in his wheelchair and rock music was playing in the background. ULP-M stated ULP-H showed her two videos of C2 was him sitting in a	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	LE CONSTRUCTION :	(X3) DATE SURVEY COMPLETED		
AMME OF PROVIDER OR SUPPLIER BY STREET ADDRESS, CITY, STATE, ZIP CODE S607 NORTH 150TH STREET HUGO, MN 35038 (X4) ID PREERX IRACH DEFICIENCY MUST BE PRECEDED BY FULL TAG O 325 Continued From page 6 Investigation. The video showed C2, sitting in a wheelchair at a table wearing a white tee shirt and glasses, C2 had a white powdered substance spread under his nose and the same white powdered substance was placed on the table in three separate straight lines. The video had the song "Cocaine" by Eric Clapton playing in the background and C2 was having arm tremors. C2's facial expression was flat and C2 saluted at the end of the video. During an interview with ULP-J on 6/14/16, at 3:35 p.m. she stated she received a video of C2 on 4/17/16 from ULP-J displaying powdered sugar on his nose and lines of powdered sugar to look like cocaine. ULP-J stated ULP-H and ULP-I were working the night the video was taken, but she was unsure who took the video and the date the video was taken. ULP-J stated she's also seen a video of C2 with a bottle of vocka that ULP-H had brought into the licensee and gave to C2. ULP-J stated she knew taking a video of C2 was this with licensee and gave to C2. ULP-J stated by the prother. During an interview with with ULP-M on 6/21/16, at 3:10 p.m. she stated ULP-H showed her two videos of C2 on ULP-H's cell phone. ULP-M stated ULP-H took a video of C2 holding an empty alcohol bottle. An unidentified staff member was pushing C2 in his wheelchair and rock music was playing in the background. ULP-M stated ULP-H told her she from the empty alcohol bottle. An unidentified staff member was pushing C2 in his wheelchair and rock music was playing in the background. ULP-M stated ULP-H told her she from the empty alcohol bottle outside. ULP-M stated the second video of C2 was him stifting in a	H22360 B. WING						
HUGO GW LLC SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES CRACH DEFICIENCY MUST BE PRECEDED BY FULL TAG						1 01/0	10/2010
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PATE IN SUMMARY STATEMENT OF DEFICENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATIONY OR LISC IDENTIFYING INFORMATION) 0 325 Continued From page 6 (Investigation. The video showed C2, sitting in a wheelchair at a table wearing a white tee shirt and glasses. C2 had a white powdered substance spread under his nose and the same white powdered substance was placed on the table in three separate straight lines. The video had the song "Cocaine" by Eric Clapton playing in the background and C2 was having arm tremors. C2's facial expression was flat and C2 salluted at the end of the video. During an interview with ULP-J on 6/14/16, at 3:35 p.m. she stated she received a video of C2 on 4/17/16 from ULP-I displaying powdered sugar on his nose and lines of powdered sugar to look like cocaine. ULP-J stated ULP-H and ULP-I were working the night the video was taken, but she was unsure who took the video and the date the video vas taken. ULP-J stated she's also seen a video of C2 with a bottle of volka that ULP-H had brought into the licensee and gave to C2. ULP-J stated she knew taking a video of C2 with with with ULP-M on 6/21/16, at 3:10 p.m. she stated ULP-H showed her two videos of C2 on ULP-H's ell phone. ULP-M stated ULP-H took a video of C2 holding an empty alcohol bottle. Au unidentified staff member was pushing C2 in his wheelchair and rock music was playing in the background. ULP-M stated ULP-H told her she found the empty alcohol bottle outside. ULP-M stated the second video of C2 was in sitting in a	нидо д	W LLC			SIREEI		
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 0 325 Continued From page 6 investigation. The video showed C2, sitting in a wheelchair at a table wearing a white tee shirt and glasses. C2 had a white powdered substance spread under his nose and the same white powdered substance was placed on the table in three separate straight lines. The video had the song 'Cocaine' by Erric Clapton playing in the background and C2 was having arm tremors. C2's facial expression was flat and C2 saluted at the end of the video. During an interview with ULP-J on 6/14/16, at 3:35 p.m. she stated she received a video of C2 on 4/17/16 from ULP-I displaying powdered sugar on his nose and lines of powdered sugar to look like cocaine. ULP-J stated ULP-H and ULP-I were working the night the video was taken, but she was unsure who took the video and the date the video was taken. ULP-J stated she sales seen a video of C2 with a bottle of vodka that ULP-H had brought into the licensee and gave to C2. ULP-J stated she knew taking a video of C2 was wrong, but did not report because ULP-H was her friend and ULP-H was her brother. During an interview with with ULP-M on 6/21/16, at 3:10 p.m. she stated ULP-H showed her two videos of C2 on ULP-H's cell phone. ULP-M stated ULP-H took a video of C2 holding an empty alcohol bottle. An unidentified staff member was pushing C2 in his wheelchair and rock music was playing in the background. ULP-M stated ULP-H told her she found the empty alcohol bottle outside. ULP-M stated the second video of C2 was him sitting in a	(VA) ID	SLIMMARY STA	***************************************		PROVIDER'S PLAN OF CORRECT		(VE)
investigation. The video showed C2, sitting in a wheelchair at a table wearing a white tee shirt and glasses. C2 had a white powdered substance spread under his nose and the same white powdered substance was placed on the table in three separate straight lines. The video had the song "Cocaine" by Eric Clapton playing in the background and C2 was having arm tremors. C2's facial expression was flat and C2 saluted at the end of the video. During an interview with ULP-J on 6/14/16, at 3:35 p.m. she stated she received a video of C2 on 4/17/16 from ULP-I displaying powdered sugar on his nose and lines of powdered sugar to look like cocaine. ULP-J stated ULP-H and ULP-I were working the night the video was taken, but she was unsure who took the video was taken, but she was unsure who took the video and the date the video was taken. ULP-J stated she salos seen a video of C2 with a bottle of vodka that ULP-H had brought into the licensee and gave to C2. ULP-J stated she knew taking a video of C2 was wrong, but did not report because ULP-H was her friend and ULP-I was her brother. During an interview with with ULP-M on 6/21/16, at 3:10 p.m. she stated ULP-H showed her two videos of C2 on ULP-H's cell phone. ULP-M stated ULP-H took a video of C2 holding an empty alcohol bottle. An unidentified staff member was pushing C2 in his wheelchair and rock music was playing in the background. ULP-M stated ULP-H told her she found the empty alcohol bottle. Al unidentified staff member was pushing C2 in his wheelchair and rock music was playing in the background. ULP-M stated the second video of C2 was him sitting in a	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
wheelchair at a table wearing a white tee shirt and glasses. C2 had a white powdered substance spread under his nose and the same white powdered substance was placed on the table in three separate straight lines. The video had the song "Cocaine" by Eric Clapton playing in the background and C2 was having arm tremors. C2's facial expression was flat and C2 saluted at the end of the video. During an interview with ULP-J on 6/14/16, at 3:35 p.m. she stated she received a video of C2 on 4/17/16 from ULP-I displaying powdered sugar on his nose and lines of powdered sugar to look like cocaine. ULP-J stated ULP-H and ULP-I were working the night the video was taken, but she was unsure who took the video and the date the video was taken. ULP-J stated she's also seen a video of C2 with a bottle of vodka that ULP-H had brought into the licensee and gave to C2. ULP-J stated she knew taking a video of C2 was wrong, but did not report because ULP-H was her friend and ULP-I was her brother. During an interview with with ULP-M on 6/21/16, at 3:10 p.m. she stated ULP-H showed her two videos of C2 on ULP-H's cell phone. ULP-M stated ULP-H took a video of C2 holding an empty alcohol bottle. An unidentified staff member was pushing C2 in his wheelchair and rock music was playing in the background. ULP-M stated ULP-H told her she found the empty alcohol bottle outside. ULP-M stated the second video of C2 was him sitting in a	0 325	Continued From pa	ge 6	0 325			
wheelchair at the table, had powdered sugar on the table in lines and under his nose. ULP-M stated it looked like C2 was doing cocaine. C1's medical record was reviewed. C1 was	0 323	investigation. The v wheelchair at a table and glasses. C2 ha spread under his not powdered substand three separate straits ong "Cocaine" by background and C2 C2's facial expressithe end of the video During an interview 3:35 p.m. she state on 4/17/16 from UL on his nose and line like cocaine. ULP-J working the night the was unsure who too video was taken. Ul video of C2 with a brought into the lice stated she knew tabe but did not report be and ULP-I was her During an interview at 3:10 p.m. she state videos of C2 on UL stated ULP-H took a empty alcohol bottle member was pushir rock music was play ULP-M stated ULP-empty alcohol bottle second video of C2 wheelchair at the table in lines an stated it looked like	rideo showed C2, sitting in a le wearing a white tee shirt d a white powdered substance use and the same white lee was placed on the table in light lines. The video had the Eric Clapton playing in the Eric Clapton playing in the Ewas having arm tremors. It was having arm tremors and was flat and C2 saluted at lower of C2 light light lines. With ULP-J on 6/14/16, at light dishereceived a video of C2 light	0 325			

Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
JULY IN CONTROL OF THE CONTROL OF TH		A. BUILDING:	· · · · · · · · · · · · · · · · · · ·	COMPLETED		
		H23369	B. WING		07/0	6/2016
NAME OF PROVIDE	ER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HUGO GW LLC		5607 NOR HUGO, MI	TH 150TH S N 55038	STREET		
	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
admit The serequimedia assessivulne making video 6/21/to ide woman Durin person stated phone toilet. ULP-guys ULP-she refraced that we the to stated video help if The lift Release recommendation adversible only under the lift of 1/20 while only under the lift of 1/20 while only under the lift recommendation of the lift of 1/20 while only under the lift recommendation of the lift of 1/20 while only under the lift recommendation of the lift recommenda	service plan dared assistance cation administs sment dated arable for abusing nonsensical evidence was 16, however the original of the control of the contro	oses that included dementia. ated 5/10/16 indicated C1 a for all ADL's including tration. The vulnerability 3/23/16 indicated C1 was a related to dementia and I speech. a received and reviewed on the video was dark and unable in the video. Audio was of a with with unlicensed on 6/21/16, at 3:10 p.m. she a video on ULP-H's cell the video was of C1 on the I ULP-J was in the video and ULP-M stated C1 said "you to to hell" and either ULP-H or the you there." ULP-M stated of from ULP-L through a thedia) message. ULP-M stated taken by ULP-L sitting on the licensee staff. ULP-M ent her a message with the mad and won't let anyone itled "Resident Photographic t photographs and video of an employee will be used for	0 325			

Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

AND PLAN OF CORRECTION IN INCIDENTIFICATION NUMBER		l` 'c			DATE SURVEY	
AND FLAN OF CORRECTION IDENTIFICATION NOWBER.		A. BUILDING:			COMPLETED	
		H23369	B. WING		07/0	6/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HUGO G	W LLC	5607 NOR HUGO, MI	TH 150TH S N 55038	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
0 325	Continued From pa	ge 8	0 325			
	Privacy Requirement notice of HIPAA will policy and procedur with the law. Requedetailed HIPPA polibut none was provided the licensee resides	nt admission packet includes of Rights provided to each				
	TIME PERIOD FOR (21) days	R CORRECTION: Twenty-one				
0 815 SS=E	Subd. 7. Employee provider must main paid employee, regularly providing home carrindividual contracto services. The recordinformation: (1) evidence of curricegistration, or certification is recorded; (2) records of orient	records. The home care tain current records of each scheduled volunteers e services, and of each r providing home care ds must include the following ent professional licensure, fication, if licensure, quired by this statute or other sation, required annual training of training, and competency	0 815			

Minnesota Department of Health STATE FORM

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OATE SURVEY COMPLETED	
				C			
		H23369			07/0	6/2016	
	PROVIDER OR SUPPLIER		TH 150TH S	STATE, ZIP CODE TREET			
HUGO G	W LLC	HUGO, MI					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
0 815	Continued From pa	ge 9	0 815				
	staff providing supervision						
		of annual performance ify areas of improvement					
	verification that req	roviding home care services, uired health screenings under have taken place and the enings; and					
	(6) documentation of required under sect	of the background study as ion 144.057.					
	Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider.		,				
		ceases operation, employee aintained for three years.					
	by: Based on interview licensee failed to pr	and document review the ovide a record of background on two of eight employees reviewed.					
	violation that did no safety but had the p client's health or sa cause serious injury	ed in a level two violation (a t harm a client's health or octential to have harmed a fety, but was not likely to y, impairment, or death), and tern scope (when more than a					

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		H23369	B. WING	C 		
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE TREET		
HUGO G	W LLC	HUGO, M	N 55038			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
0 815	a limited number of situation has occurr found to be pervasifully be pervasifully be pervasifully be pervasifully be pervasifully be personnel of a completed backgrouth. The licensee policy dated 10/30/15 states a personnel background studies. The licensee policy dated 10/30/15 states a personnel background studies. The licensee policy dated 10/30/15 states a personnel background studies. The licensee policy dated 10/30/15 states a policy care Job Applicants conclusion of an apmanager will ask the complete a background check is applicant is not discomply background an offer may extend an offer situation of the personnel personne	lients are affected, more than staff are involved, or the red repeatedly; but is not ve). The findings include: file was reviewed on 6/14/16. In 7/6/15. A consent to bund study was signed by here was no record of a bund study in the personnel file. file reviewed on 6/14/16. In 4/5/16. There was no record kground study in the with the House Manager on a she stated she would be office for record of the for ULP-K and ULP-M. titled Personnel Records es each employee personnel documentation of a completed distudy. titled Screening of Home is dated 10/30/15 states upon plicant interview, the house e applicant for a consent to bund check. Once the has been completed and an qualified, the house manager				

Minnesota Department of Health STATE FORM

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			,
		H23369	B. WING			6/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HUGO G	HUGO GW LLC 5607 NO			TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
01225	Continued From page 11		01225			
01225 SS=F	144A.4797, Subd. 3 Supervision of Staff - Comp		01225			
	nursing or therapy in who perform delegated tasks must be licensed health profiperiodically where the provided to verify the performed competer and solutions related to perform the tasks performing medicated administration shall nurse or appropriate and must include observadministering the minteraction with the client. (b) The direct superiodelegated tasks must after the individual begin provider and therea performance.	be provided by a registered e licensed health professional vation of the staff nedication or treatment and the rvision of staff performing list be provided within 30 days as working for the home care of the staff of of				
		so applies to staff who have gated tasks for one year or				
	by: Based on interview licensee failed to pr registered nurse of tasks within 30 days	and document review the ovide direct supervision by a staff performing delegated of hire for seven of eight, ULP-H, ULP-I, ULP-J,				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION		E SURVEY PLETED	
		H23369	B. WING		Į.	C 06/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
HUGO (GW LLC	5607 NOI HUGO, M	RTH 150TH S IN 55038	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
01225	This practice results violation that did no safety but had the policine client's health or sa cause serious injury was issued at a wide problems are pervatailure that has affe a large portion or all include: ULP-G's personnel hired on 3/15/16. The registered nurse (R in the personnel file ULP-H's personnel hired on 7/20/15. The supervisory visit connor stored electronicularly uller-J's personnel file fired on 8/7/15. The supervisory visit connor stored electronicularly uller-J's personnel file fired on 9/24/15. The supervisory visit connor stored electronicularly uller-K's personnel file fired on 7/6/15. The supervisory visit connor stored electronicularly uller-K's personnel file fired on 7/6/15. The supervisory visit connor stored electronicularly uller-L's personnel file file file file file file file fi	ed in a level two violation (a of harm a client's health or cotential to have harmed a fety, but was not likely to by, impairment, or death), and despread scope (when asive or represent a systemic cted or has potential to affect all of the clients). The findings file was reviewed. ULP-G was here was no record of a nor stored electronically. file was reviewed. ULP-H was here was no record of a RN mpleted in the personnel file cally. file was reviewed. ULP-J was here was no record of a RN mpleted in the personnel file cally. file was reviewed. ULP-J was here was no record of a RN mpleted in the personnel file cally. file was reviewed. ULP-J was here was no record of a RN mpleted in the personnel file cally. file was reviewed. ULP-K was here was no record of a RN mpleted in the personnel file cally.	01225			

Minnesota Department of Health STATE FORM

Minnesota Department of Health STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			a. Building:	A. BUILDING:		,
		H23369	B. WING		07/0	6/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
нидо д	W LLC	5607 NOR HUGO, MI	TH 150TH S N 55038	STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01225	Continued From page 13		01225			
	hired on 4/5/16. The supervisory visit con nor stored electroni	•				
	1:10 p.m. she state new employee have	with the RN-A on 6/14/16, at d no RN supervisory visits of a e been completed within 30 stated she did not know that				
	The licensee policy titled Supervision of Licensed and Unlicensed Personnel dated 10/30/15 states direct supervision of unlicensed staff providing delegated nursing tasks will be competed within 30 days after an employee begins working for the licensee. An RN will directly supervise the initial direct supervision of unlicensed staff.					
	dated 10/30/15 state	titled Personnel Records es that an employee's cluded the results of the ations.				
	TIME PERIOD FOF (21) days	R CORRECTION: Twenty-one				
02015 SS=I	626.557, Subd. 3 Ti	ming of Report	02015			
	reporter who has re vulnerable adult is b or who has knowled has sustained a phy reasonably explain	of report (a) A mandated eason to believe that a being or has been maltreated, lige that a vulnerable adult vsical injury which is not ed shall immediately report ne common entry point. If an				

(X2) MULTIPLE CONSTRUCTION

Minnesota Department of Health

STATE FORM

PRINTED: 09/29/2016 **FORM APPROVED** Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ С B. WING H23369 07/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5607 NORTH 150TH STREET HUGO GW LLC** HUGO, MN 55038 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 02015 Continued From page 14 02015 individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as

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clause (4).

agency.

as described above.

defined in section 626.5572, subdivision 21,

(b) A person not required to report under the provisions of this section may voluntarily report

(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has

been made to the common entry point.

(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement

(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		H23369	B. WING		07/0	C 06/2016	
NAME OF I	PROVIDER OR SUPPLIER		DBESS CITY S	STATE, ZIP CODE	1 01/0	,0,2010	
			RTH 150TH S	· ·			
HUGO G	W LLC	HUGO, MI					
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
02015	directly to the lead a how the event meet 626.5572, subdivisi (5). The lead agend	to the common entry point or agency information explaining is the criteria under section on 17, paragraph (c), clause by shall consider this laking an initial disposition of	02015				
	by: Based on interview, of video/photograph failed to report susp staff reported pictur clients for six of six and C6) reviewed.	document review and review ic evidence the licensee sected maltreatment when es and videos were taken of clients (C2, C1, C3, C4, C5					
	violation that harme not including seriou or a violation that ha serious injury, impa issued at a widesprare pervasive or rep has affected or has	ed in a level three violation (a d a client's health or safety, is injury, impairment, or death, as the potential to lead to irment, or death); and, is lead scope (when problems oresent a systemic failure that potential to affect a large clients). The findings include:					
	Reporting and Investates any staff personal suspects any form of immediately report in nurse (RN) or house available. If the incidabuse, neglect or fir shall immediately (not staff and staff)	titled Vulnerable Adult stigation Policy dated 1/27/16 son who witnesses or of maltreatment must the incident to the registered e manager if RN is not dent appears to be suspected nancial exploitation, the RN to more than 24 hours) report Abuse Reporting Center.					

Minnesota Department of Health

STATE FORM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,			(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	DENTIFICATION NOWBEA.	A. BUILDING:		COMP	LEICU	
		H23369	B. WING		07/0	6/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HUGO GW LLC 5607 NOI HUGO, M			TH 150TH S N 55038	TREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
02015	Continued From page 16		02015				
	C2's medical record admitted with diagnal Alzheimer's. The second indicated the client activities of daily living medication administ independently. The dated 7/10/15 indicated to derecall events and resultable vents and glasses. C2 has pread under his not powdered substant three separate straits ong "Cocaine" by background and C2 C2's facial expressithe end of the video	d was reviewed. C2 was oses that included ervice plan dated 1/5/15 required assistance for all ing (ADL's) including tration. C2 ambulated vulnerability assessment ated C2 was vulnerable for mentia and the inability to export maltreatment. Se received and reviewed on a during the on-site ideo was of C2, sitting in a e. C2 wore a white tee shirt d a white powdered substance and the same white ewas placed on the table in 19 of the ines. The video had the Eric Clapton playing in the 2 was having arm tremors. On was flat and C2 saluted at					
	from ULP-H. C2 wa with a hat on. ULP- of on snap chat (so ULP-J. ULP-K could the pictures. ULP-K C2 and herself. ULI	d she received a picture of C2 is dressed in a grey sweatshirt K stated she received pictures cial media) from ULP-I and d not recall when she received a stated she took a picture of P-K stated C2 was dressed in she did not send it to anyone					
	3:35 p.m. she state C2 via text messag	with ULP-J on 6/14/16, at d ULP-H sent her pictures of e and snap chat. ULP-J stated d occurred between					

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		H23369	B. WING		07/0) 6/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HUGO G	HUGO GW LLC 5607 NC HUGO, I			TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
02015	December 2015 and she received the viduLP-I displaying polines of powdered sulLP-J stated ULP-I night the video was who took the video. Seen a video of C2 ULP-H had brought C2. ULP-J stated shows wrong, but did was her friend and was her friend and During an interview at 3:10 p.m. she stavideos of C2 taken phone. ULP-M state holding an empty all staff member was pand rock music was ULP-M stated ULP-empty alcohol bottle second video was conducted with diagnated it looked like C1's medical record admitted with diagnated assistance medication administrated assistance medication administrated with diagnated assista	d January 2016. ULP-J stated deo of C2 on 4/17/16 from wdered sugar on his nose and ugar to look like cocaine. Hand ULP-I were working the taken, but she was unsure ULP-J stated she has also with a vodka bottle that into the licensee and gave to be knew taking a video of C2 not report because ULP-HULP-I was her brother. with with ULP-M on 6/21/16, ated ULP-H on ULP-H's celled the first video was of C2 cohol bottle. An unidentified bushing C2 in his wheelchair is playing in the background. H told her she found the e outside. ULP-M stated the of C2. C2 was sitting in a ble, had powdered sugar on d under his nose. ULP-M C2 was doing cocaine. If was reviewed. C1 was oses that included dementia. Ited 5/10/16 indicated C1 for all ADL's including tration. The vulnerability 8/23/16 indicated C1 was e related to dementia and	02015			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE	SURVEY	
74.15 1 54.10 1 66.11.12611		ISERTI IOMITOMISETE	A. BUILDING:	A. BUILDING:		
		H23369	B. WING		07/0) 0 <mark>6/2016</mark>
NAME OF PROVIDER OR	SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HUGO GW LLC		5607 NOF HUGO, M	RTH 150TH S N 55038	STREET		
PREFIX (EACH I	DEFICIENC'	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C1 said "yeither ULP ULP-M statu ULP-L thromessage. taken by Ulicensee statement admitted worth admitted worth admitted worth a service required as medication vulnerabilities. C3 was vulnistorian a reporting at Photograph with ULP-Journey and a service we with the photograph with ULP-Journey and the puring an and the puring an and the process of the	and ULP- course guys and ULP- course guys and outpend set anyone in the control of the course guy assess and c	age 18 -H recorded it. ULP-M stated are going to go to hell" and LP-J said "we'll see you there." also received a video from acebook (social media) stated the video was of C1 ing on the toilet, yelling at the -M stated ULP-L had sent her evideo stating, C1 is mad and help her with cares d was reviewed. C3 was noses that included dementia. ated 5/11/16 indicated C3 with dressing, grooming and use for all other ADL's. The sment dated 8/6/15 indicated for abuse due to being a poor d not be capable of accurately ence was received and 6 from ULP-J during the n. One photograph was taken ersonal cell phone of C3. The red C3, dressed in a grey shirt, eft and ULP-I standing behind both had a lollipop in their was holding a lollipop next to with ULP-J on 6/14/16, at at she had taken pictures of tures were taken between and January 2016. d was reviewed. C4 was noses that included Crohn's ce plan dated 10/14/15 ed assistance with all ADL's ons. The vulnerability 10/14/15 indicated C4 had	02015			

Minnesota Department of Health

PRINTED: 09/29/2016 FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ С B. WING H23369 07/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5607 NORTH 150TH STREET **HUGO GW LLC** HUGO, MN 55038 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 02015 Continued From page 19 02015 identified areas of vulnerability due to being hard of hearing. Photographic evidence was received and reviewed on 6/14/16 from ULP-J during the on-site investigation. One photograph was taken by ULP-J on her personal cell phone of C4. The photograph showed C4 wearing a stripped, turtle neck sweater with ULP-J to her right and ULP-I to her left. They were all smiling in the photo. During an interview with ULP-K on 6/14/16, at 3:00 p.m. stated she received pictures of C3 and C4 on snap chat from ULP-I and ULP-J but was unsure when. C5's medical record was reviewed. C5 was admitted with diagnoses that included dementia. The service plan dated 5/10/16 indicated C5 required assistance with all ADL's including medications. The vulnerability assessment dated 4/6/16 indicated C4 was vulnerable for abuse due to dementia and inability to report abuse/neglect. Photographic evidence was received and reviewed on 6/14/16 from ULP-J during the on-site investigation. Two photos were taken by ULP-J on her personal cell phone of C5. The photographs of C5 portrayed C5 alone, sitting in a wheelchair and holding a doll. C5 was wearing a white t-shirt with black stripes and grey pants.

Minnesota Department of Health

During an interview with ULP-J on 6/14/16, at 3:35 p.m. stated ULP-H had sent her pictures of C4 and C5 via text message and snap chat. ULP-J stated that she had taken pictures of C4 and C5 and thought this had taken place between

December 2015 and January 2016.

C6's medical record was reviewed. C6 was

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		H23369	B. WING) 6/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 9	STATE, ZIP CODE		
			RTH 150TH S			
HUGO G	W LLC	HUGO, MI				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
02015	Continued From pa	ge 20	02015			
	dementia and Alzhe plan dated 5/11/16 i assistance with all A The vulnerability as indicated C6 was vulnability to verbalize During an interview 3:35 p.m. stated UL C6 via text messagithis had occurred by January 2016. An on-site investiga 6/14/16 and 6/15/16 The allegation was licensee. During an interview	oses that included Lewy body eimer's disease. The service indicated C6 required ADL's including medications. sessment dated 5/11/16 Ulnerable for abuse due to the his needs. with ULP-J on 6/14/16, at I.P-H had sent her pictures of e and snap chat and thought etween December 2015 and attion was completed on 6 for an allegation of abuse. The individual individua				
	6/14/16, at 1:35 p.m inappropriate picture evening shift while stated a staff member sent at through text message confront ULP-H who of the clients. The Hot ask to see the pidelete it. She stated manager at the time instructed her to ediphone policy. The Hot housing manage vulnerable adult rep	with the House Manager on a she stated there was to taking occurring on the she was a lead caregiver. She per reported that an evening a picture of one of the clients ge. She stated she did to did admit to taking pictures douse Manager stated she did picture and told the staff to the housing a and the housing manager ucated the staff on the cell douse Manager was unsure if er at the time filed a port and was unable to provide stigation related to the				
Minnesota D	epartment of Health	<u> </u>	<u> </u>			<u> </u>

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY LETED	
		H23369	B. WING		07/0	6/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HUGO G	W LLC	5607 NOF HUGO, M	RTH 150TH S N 55038	TREET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	· ID	PROVIDER'S PLAN OF CORRECTI	ION	(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
02015	Continued From pa	ge 21	02015			
	allegation					
	Release" states pho					
İ	TIME PERIOD FOF (21) days	R CORRECTION: Twenty-one				
02030 SS=I	626.557, Subd. 4a l Maltreatment	Internal Reporting of	02030			
	(a) Each facility shat ongoing written properties applicable licensing of suspected maltrefacility has an intermandated reporter requirements of this internally. However	I reporting of maltreatment. all establish and enforce an ocedure in compliance with rules to ensure that all cases eatment are reported. If a nal reporting procedure, a may meet the reporting section by reporting the facility remains applying with the immediate ents of this section.				
	procedure that recommendated reporter reporter a written not facility has reported entry point. The will within two working of the control of	an internal reporting eives an internal report by a shall give the mandated otice stating whether the the incident to the common ritten notice must be provided days and in a manner that entiality of the reporter.				
	reporter shall note is not satisfied with	sponse to the mandated that if the mandated reporter the action taken by the facility the incident to the common				

Minnesota Department of Health STATE FORM

AND I EAN OF CONNECTION IDENTIFICATION NOWIGER. A. BUILDING:	
H23369 B. WING 07/06	6/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
HUGO GW LLC 5607 NORTH 150TH STREET HUGO, MN 55038	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Ocontinued From page 22 entry point, then the mandated reporter may report externally. (d) A facility may not prohibit a mandated reporter from reporting externally, and a facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally. This MN Requirement is not met as evidenced by: Based on interview, document review and video/photographic evidence the licensee staff failed to initiate an internal investigation after receiving reports of staff using cell phones to take pictures of clients for six of six clients (C1, C2, C3, C4, C5, C6). This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and, is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1's medical record was reviewed. C1 was admitted to the licensee on 12/20/11 with diagnoses that included dementia. The service plan dated 5/10/16 indicated C1 required assistance for all activities of daily living (ADL's) including medication administration. The vulnerability assessment dated 3/23/16 indicated	

l .	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H23369	B. WING) 06/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HUGO G	W LLC	5607 NOF HUGO, M	RTH 150TH S N 55038	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
02030	personnel (ULP)-M stated she saw a vi- ULP-H's cellphone. the video and ULP-C1 said "you guys a either ULP-H or UL ULP-M stated she a ULP-L through a face message. ULP-M staken by ULP-L sitti licensee staff. ULP-a message with the will not let anyone he C2's medical record admitted to the licer diagnoses that incluplan dated 1/5/15 in assistance for all AI administration. C2 a vulnerability assess C2 was vulnerable than the inability to report and the sample of the sample o	with with unlicensed on 6/21/16, at 3:10 p.m. she deo of C1 on the toilet on ULP-M stated ULP-J was in H recorded it. ULP-M stated are going to go to hell" and P-J said "we'll see you there." also received a video from cebook (social media) tated the video was of C1 ng on the toilet, yelling at the M stated ULP-L had sent her video stating, C1 is mad and elp her with cares I was reviewed. C2 was use on 6/14/12 with uded Alzheimer's. The service dicated the client required DL's including medication ambulates independently. The ment dated 7/10/15 indicated for abuse related to demential ecall events and report Is received and reviewed on during the on-site ideo was of C2, sitting in a let. C2 had a white shirt on. C2 led substance spread under me white powdered ed on the table in three les. The video had the song	02030	JEFICIENCI)		
Minnesota De	During an interview partment of Health	with with ULP-M on 6/21/16,				

Minneso	ta Department of He	alth				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		H23369	B. WING		07/0	6/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HUGO G	W LLC	5607 NOR HUGO, MI	TH 150TH S N 55038	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02030	Continued From pa	ge 24	02030			
	at 3:10 p.m. she stavideos of C2 taken cellphone. ULP-M sholding an empty al (unsure who) was pand rock music was ULP-M stated ULP-empty alcohol bottle second video was owheelchair at the tathe table in lines an stated it looked like. During an interview 3:35 p.m. she state C2 via text messag media). ULP-J stated occurred between I2016. ULP-J stated on 4/17/16 from UL on his nose and line like cocaine. ULP-J working the night the was unsure who too she's also seen a video of C2. ULP-J video of C2. ULP-J video of C2 was wribecause ULP-H was her brother. During an interview 3:00 p.m. she state from ULP-H. C2 was with a hat on. ULP-of on snap chat fror could not recall whe ULP-K stated she to herself. ULP-K stated she to herself. ULP-K stated	ated ULP-H showed her two by ULP-H on ULP-H's stated the first video was of C2 toohol bottle. A staff member sushing C2 in his wheelchair splaying in the background. H told her she found the coutside. ULP-M stated the of C2. C2 was sitting in a ble, had powdered sugar on d under his nose. ULP-M C2 was doing cocaine. with ULP-J on 6/14/16, at d ULP-H sent her pictures of e and snap chat (social ed she thought this had December 2015 and January she received the video of C2 P-I displaying powdered sugar es of powdered sugar to look stated ULP-H and ULP-I were e video was taken, but she ok the video. ULP-J stated ideo of C2 with a bottle vodka ught into the licensee and stated she knew taking a long, but did not report sher friend and ULP-I was with ULP-K on 6/14/16, at d she received a picture of C2 is dressed in a grey sweatshirt K stated she received pictures in ULP-I and ULP-J. ULP-K en she received the pictures. Dok a picture of C2 and ed C2 was dressed in normal not send it to anyone else.	02000			

PRINTED: 09/29/2016 FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING H23369 07/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5607 NORTH 150TH STREET **HUGO GW LLC** HUGO, MN 55038 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 02030 Continued From page 25 02030 C3's medical record was reviewed. C3 was admitted to the licensee on 7/31/2014 with diagnoses that included dementia. The service plan dated 5/11/16 indicated C3 required assistance with dressing, grooming and medications and cues for all other ADL's. The vulnerability assessment dated 8/6/15 indicated C3 was vulnerable for abuse due to a poor historian and would not be capable of accurately reporting abuse. Photographic evidence was received and reviewed on 6/14/16 from ULP-J during the on-site investigation. One photo was taken by ULP-J on her personal cellphone of C3. The photograph of C3, dressed in a grey shirt, with ULP-J to her left and ULP-I standing behind her. C3 and ULP-I both had a lollipop in their mouths and ULP-J was holding a lollipop next to her mouth. During an interview with ULP-J on 6/14/16 at 3:35 p.m. stated that she had taken pictures of C3 and thought pictures were taken between December 2015 and January 2016. C4's medical record was reviewed. C4 was admitted to the licensee on 10/14/15 with diagnoses that included Crohn's disease. The service plan dated 10/14/15 indicated C4 required assistance with all ADL's including medications. The vulnerability assessment dated 10/14/15

Minnesota Department of Health

indicated C4 had identified areas of vulnerability

Photographic evidence was received and reviewed on 6/14/16 from ULP-J during the on-site investigation. One photo was taken by ULP-J on her personal cellphone of C4. The

due to being hard of hearing.

PRINTED: 09/29/2016 FORM APPROVED Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C B. WING H23369 07/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5607 NORTH 150TH STREET **HUGO GW LLC** HUGO, MN 55038 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 02030 Continued From page 26 02030 photograph showed C4 wearing a stripped, turtle neck sweater with ULP-J to her right and ULP-I to her left. They were all smiling in the photo. During an interview with ULP-K on 6/14/16 at 3:00 p.m. stated she received pictures of C3 and C4 on snap chat from ULP-I and ULP-J but was unsure when. C5's medical record was reviewed. C5 was admitted to the licensee on 4/1/13 with diagnoses that included dementia. The service plan dated 5/10/16 indicated C5 required assistance with all ADL's including medications. The vulnerability assessment dated 4/6/16 indicated C4 was vulnerable for abuse due to dementia and inability to report abuse/neglect. Photographic evidence was received and reviewed on 6/14/16 from ULP-J during the on-site investigation. Two photos were taken by ULP-J on her personal cellphone of C5. The photographs of C5 were of her alone, sitting in a wheelchair, holding a doll. C5 was wearing a white t-shirt with black stripes and grey pants. During an interview with ULP-J on 6/14/16 at 3:35 p.m. stated ULP-H had sent her pictures of C4 and C5 via text message and snap chat. ULP-J stated that she had taken pictures of C4 and C5 and thought this had taken place between December 2015 and January 2016.

Minnesota Department of Health

C6's medical record was reviewed. C6 was admitted to the licensee on 9/30/15 with

diagnoses that included Lewy body dementia and Alzheimer's disease. The service plan dated 5/11/16 indicated C6 required assistance with all ADL's including medications. The vulnerability assessment dated 5/11/16 indicated C6 was

Minnesota Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _____ С B. WING ___ H23369 07/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HUGO GW LLC 5607 NORTH 150TH STREET HUGO, MN 55038							
(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			
02030	Continued From page 27	02030					
	vulnerable for abuse due to the inability to verbalize his needs.						
	During an interview with ULP-J on 6/14/16 at 3:35 p.m. stated ULP-H had sent her pictures of C6 via text message and snap chat and thought this had occurred between December 2015 and January 2016.						
	An on-site investigation was completed on 6/14/16 and 6/15/16 for an allegation of abuse. The allegation was not self reported by the licensee.						
	During an interview with ULP-J on 6/14/16, at 3:35 p.m. she stated she saw ULP-H taking pictures of clients.						
	During an interview with the House Manager on 6/14/16, at 1:35 p.m. she stated there was inappropriate picture taking occurring on the evening shift while she was a lead caregiver. She stated a staff member reported that a evening staff member sent a picture of one of the clients through text message. She stated she did confront ULP-H who did admit to taking pictures of the clients. The House Manager stated she did not ask to see the picture and told the staff to delete it. She stated she reported it to the House Manager at the time and the House Manager instructed her to educated the staff on the cellphone policy. She was unsure if the house manager at the time filed a vulnerable adult report. She stated she did educate the staff and made herself more present on the evening shift.						
	The licensee policy titled Vulnerable Adult Reporting and Investigation Policy dated 1/27/16, states if it is unclear whether maltreatment has occurred, the RN in coordination with the house						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED				
			A. BUILDING:							
		H23369	B. WING			C 06/2016				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
HUGO GW LLC 5607 NORTH 150TH STREET HUGO, MN 55038										
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE				
02030	Continued From pa	ige 28	02030		***************************************					
		diately begin investigating the ng report of the incident.		,						
	TIME PERIOD FOR (21) days	R CORRECTION: Twenty-one								



Protecting, Maintaining and Improving the Health of All Minnesotans

June 16, 2017

Ms. Rhonda Schillinger, Administrator Hugo GW LLC 5607 North 150th Street Hugo, MN 55038

RE: Complaint Number HL23369006

Dear Ms. Schillinger:

On May 30, 2017 an investigator of the Minnesota Department of Health, Office of Health Facility Complaints completed a re-inspection of your facility, to determine correction of orders found on the complaint investigation completed on July 6, 2016 with orders received by you on October 3, 2016. At this time these correction orders were found corrected and are listed on the attached State Form: Revisit Report.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. Please feel free to call me with any questions.

Sincerely,

Matthew Fersion

Matthew Heffron, JD, NREMT Health Regulations Division Supervisor Office of Health Facility Complaints 85 East Seventh Place, Suite 220 P.O. Box 64970 St. Paul, MN 55164-0970

Telephone: (651) 201-4221 Fax: (651) 281-9796

MH/ja

Enclosure

cc: Home Health Care Assisted Living File Washington County Adult Protection Office of Ombudsman MN Department of Human Services