



Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name: VOA Home Health at Elder Homes			Report Number: HL23500010	Date of Visit: June 6, 2017
Facility Address: 11400 4th St. North			Time of Visit: 9:00 a.m. to 4:30 p.m.	Date Concluded: December 29, 2017
Facility City: Minnetonka			Investigator's Name and Title: Kathleen Smith, DNP, RN, PHN, Special Investigator	
State: Minnesota	ZIP: 55343	County: Hennepin		

Home Care Provider/Assisted Living

Allegation(s):

It is alleged that a client was neglected when facility staff failed to provide adequate supervision for the client. The client eloped from the secured memory unit and wandered towards the streets into traffic. The client was assisted by a concerned citizen until the police arrived.

- State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of the evidence, neglect is substantiated. The client was able to leave the facility un-escorted and unnoticed after displaying behaviors indicative of elopement.

The client started services from the home care provider the day of the elopement, and was assessed by the home care provider to be disoriented and confused.

The client was residing in a secured memory care area and verbalized wanting to leave the area. The home care provider developed an elopement and wandering care plan for the client, which included visual safety checks. An evening staff member stated the client was attempting to leave and nursing was aware, however, there were no other interventions implemented. During a safety check, a staff member noticed the client was gone and contacted the nurse on call, while another staff member searched the internal and external premises. The client was not located by staff.

Law enforcement was contacted by a concerned citizen who witnessed the client walking on the highway while it was raining. Law enforcement contacted the family and returned the client to the facility.

Upon return to the facility the nurse assessed the client to have no injuries, though the client stated s/he did not want to stay. The client was placed on every 30 minute safety checks. A sign was posted reminding visitors to be aware of clients that may attempt to leave as they leave. Staff were reeducated to check behind them when leaving memory care, and a company was contacted to install a security/safety system.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

- Abuse Neglect Financial Exploitation
 Substantiated 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 Individual(s) and/or Facility is responsible for the

Abuse Neglect Financial Exploitation. This determination was based on the following:
The home care provider failed to implement additional safety measures to reduce the risk of maltreatment when the client displayed elopement behaviors.

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 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 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) were not met.

State licensing orders were issued: 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 Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued: Yes No

(State licensing orders will be available on the MDH website.)

Compliance Notes:

Definitions:

Minnesota Statutes, section 626.5572, subdivision 17 - Neglect

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

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 Investigation included the following:

Document Review: The following records were reviewed during the investigation:

- Medical Records
- Nurses Notes
- Assessments
- Care Plan Records
- Facility Incident Reports

Facility Name: VOA Home Health at Elder Homes

Report Number: HL23500010

Service Plan

Other pertinent medical records:

Police Report

Additional facility records:

Facility Internal Investigation Reports

Personnel Records/Background Check, etc.

Facility Policies and Procedures

Number of additional resident(s) reviewed: None

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 reporter(s) Yes No N/A

Specify: _____

If unable to contact reporter, attempts were made on:

Date: _____ Time: _____ Date: _____ Time: _____ Date: _____ Time: _____

Interview with family: Yes No N/A Specify: _____

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: Three

Interview with staff: Yes No N/A Specify: _____

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: Two

Physician Interviewed: Yes No

Nurse Practitioner Interviewed: Yes No

Physician Assistant Interviewed: Yes No

Facility Name: VOA Home Health at Elder Homes

Report Number: HL23500010

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

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:

- Nursing Services
- Cleanliness
- Dignity/Privacy Issues
- Safety Issues
- Transfers
- Meals
- Facility Tour

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: _____

cc:

Health Regulation Division - Home Care & Assisted Living Program

The Office of Ombudsman for Long-Term Care

Minnetonka Police Department

Hennepin County Attorney

Minnetonka City Attorney



Protecting, Maintaining and Improving the Health of All Minnesotans

February 22, 2018

Mr. Joel Ulland, Administrator
VOA Home Hlth At Elder Homestead
11400 4th Street North
Minnetonka, MN 55343

RE: Complaint Number HL23500009 and HL23500010

Dear Mr. Ulland:

On January 22, 2018 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 November 15, 2017. At this time, these correction orders were found corrected.

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,

A handwritten signature in black ink that reads 'Matthew Heffron'.

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

MLH

Enclosure

cc: Home Health Care Assisted Living File
Hennepin County Adult Protection
Office of Ombudsman for Long Term
MN Department of Human Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H23500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOA HOME HLTH AT ELDER HOMESTEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 11400 4TH STREET NORTH MINNETONKA, MN 55343
---	---

(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>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order is issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>On June 6, 2017, a complaint investigation was initiated to investigate complaint #HL23500009 and #HL23500010. At the time of the survey, there were 41 clients that were receiving services under the comprehensive license. The following correction order is issued:</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by."</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
0 325 SS=D	<p>144A.44, Subd. 1(14) Free From Maltreatment</p> <p>Subdivision 1. Statement of rights. A person who receives home care services has these rights: (14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms</p>	0 325		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H23500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOA HOME HLTH AT ELDER HOMESTEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 11400 4TH STREET NORTH MINNETONKA, MN 55343
---	---

(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
--------------------	--	---------------	---	--------------------

0 325	<p>Continued From page 1</p> <p>of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the home care provider failed to ensure one of one clients (C1) were free from maltreatment, when the licensee failed to provide adequate interventions when C1 was a known elopement risk, and as a result C1 was able to leave the facility unescorted and without the home care providers' knowledge.</p> <p>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 was issued at a isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or that a situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C1 just started receiving services fromh the home care provider and was residing in a secured area of the facility. C1 was diagnosed with dementia and depression, and received services including medication management and assistance with personal cares. Review of a document titled A Memory Care Data Collection (Elder Home Health, effective April 12, 2017), noted C1 was an elopement risk and an elopement/wandering care plan was developed. Additionally, the document noted C1 was confused, disoriented, and had cognitive deficits. An untitled admission document dated April 12, 2017, revealed C1 was to have visual safety checks.</p>	0 325		
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H23500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VOA HOME HLTH AT ELDER HOMESTEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 11400 4TH STREET NORTH MINNETONKA, MN 55343
---	---

(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
0 325	<p>Continued From page 2</p> <p>During an interview on June 6, 2017, at 1:12 p.m., unlicensed personnel (ULP-A) stated there were two staff on the evening shift. C1 wanted to leave the facility and was trying to get out of memory care. ULP-A stated nursing was aware of this and no new interventions were initiated. ULP-A went to check on C1 and found the client missing and contacted nursing. At the same time, another ULP searched the interior and exterior of the premises.</p> <p>An interview with administration on June 6, 2017, at 3:00 p.m., revealed a call was received about 6 p.m. the day of the incident and ULP-A stated C1 was gone. Police located C1 and returned C1 to the facility.</p> <p>Review of a police report dated April 15, 2017, indicated that on April 12, 2017, at 6:23 p.m. an officer responded to a call reporting a confused individual was found walking down the highway in the rain. This individual was identified as C1. The officer returned C1 to the memory care unit.</p> <p>A document titled Interventions for Clients at Risk of Wandering and /or Elopement, undated and unsigned, notes the registered nurse will identify necessary interventions. A document titled Initial and On-going Nursing Assessment of Clients, undated or signed revealed the registered nurse is to include interventions to reduce the risk of maltreatment.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) Days</p>	0 325		



Protecting, Maintaining and Improving the Health of All Minnesotans

Certified Mail Number: 7015 3010 0001 4648 6187

December 26, 2017

Mr. Joel Ulland, Administrator
Voa Home Hlth At Elder Homestead
11400 4th Street North
Minnetonka, MN 55343

RE: Complaint Number HL23500009 and HL23500010

Dear Mr. Ulland:

A complaint investigation (#HL23500009 and HL23500010) of the Home Care Provider named above was completed on November 15, 2017, for the purpose of assessing compliance with state licensing regulations. At the time of the investigation, the investigator from the Minnesota Department of Health, Office of Health Facility Complaints, noted one or more violations of these regulations. These state licensing orders are issued in accordance with Minnesota Statutes Sections 144A.43 to 144A.482.

State licensing orders are delineated on the attached State Form. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by."

A written plan for correction of licensing orders is not required. Per Minnesota State Statute 144A.474 Subd. 8(c), the home care provider must document in the provider's records any action taken to comply with the correction order. A copy of this document of the home care provider's action may be requested at future surveys.

A licensed home care provider may request a correction order reconsideration regarding any correction order issued to the provider. The reconsideration must be in writing and received within 15 calendar days. Reconsiderations should be addressed to:

Renae Dressel, Health Program Rep. Sr
Home Care Assisted Living Program
Minnesota Department of Health
P.O. Box 3879
85 East Seventh Place
St. Paul, MN 55101

It is your responsibility to share the information contained in this letter and the results of the visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Matthew Heffron". The signature is written in a cursive, flowing style.

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

MLH

Enclosure

cc: Home Health Care Assisted Living File
Hennepin County Adult Protection
Office of Ombudsman for Long Term Care
MN Department of Human Services