



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Lighthouse of Waconia  
500 Cherry Street  
Waconia, MN 55387  
Carver County

Report #: HL23848009

Date: January 30, 2014

Date of Visit: October 30, 2013  
Time of Visit: 10:15 a.m. – 1:30 p.m.

By: Carrie Euerle, R.N., Special Investigator

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

- Facility Self Report
- Complaint

**Allegation(s):** It is alleged that financial exploitation occurred when a staff person, alleged perpetrator (AP) admitted to police that s/he took an ATM card and used it to withdraw money in excess of \$6,000.00 without the client's permission.

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

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)

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

**Conclusion:**

Minnesota Vulnerable Adults Act (MN 626.557)

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

- Abuse       Neglect       Financial Exploitation was:
- Substantiated     Not Substantiated     Inconclusive      based on the following information:

Based on a preponderance of evidence, financial exploitation is substantiated. The alleged perpetrator (AP) admitted to taking the client's ATM card and withdrawing money without the client's permission.

The facility was informed of money missing from the client's account from the Police Department. The Police Department was able to identify the AP from a surveillance camera located on the ATM machine where the client's ATM card had been used.

The AP stated that on one occasion the AP was asked by the client to withdraw money from the client's account and had given the AP the pin number of the ATM card. The AP then memorized the pin number. The AP stated that s/he would take the ATM card out of the client's purse when the client was not in his/her room during meal time. The AP would then leave the facility to withdraw money from the client's account removed \$300-\$400 each time from the client's account. The AP could not recall how many times s/he had used the client's ATM card without permission but stated that it was a period of over two or three months. The unauthorized charges totaled \$6,578.00.

**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 facility had trained the AP regarding theft and the facility had policies and procedures that were in place.

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

**Compliance:****State Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Not Met**

The requirements under State Licensing Rules for Home Care (MN Rules Chapter 4668) were not met.

State licensing orders were issued:  Yes  No If no, specify: \_\_\_\_\_

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

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

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

**State Statutes Chapters 144 & 144A – Compliance Not Met**

The requirements under State Statutes for Chapters 144 & 144A were not met.

State licensing orders were issued:  Yes  No If no, specify: \_\_\_\_\_

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

**Facility Corrective Action:**

The facility took the following corrective action(s):

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

"Financial exploitation" means:

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

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

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

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

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

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:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Medical Records                   | <input checked="" type="checkbox"/> Care Guide        |
| <input type="checkbox"/> Medication Administration Records            | <input type="checkbox"/> Treatment Sheets             |
| <input checked="" type="checkbox"/> Facility Incident Reports         | <input type="checkbox"/> Physician Progress Notes     |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input type="checkbox"/> Physician Orders                             | <input type="checkbox"/> Social Service Notes         |
| <input checked="" type="checkbox"/> Nurses Notes                      | <input type="checkbox"/> Meal Intake Records          |
| <input type="checkbox"/> Activities Reports                           | <input type="checkbox"/> Weight Records               |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records    | <input checked="" type="checkbox"/> Assessments       |
| <input type="checkbox"/> Skin Assessments                             | <input checked="" type="checkbox"/> Care Plan Records |

**Other pertinent medical records:**

- Hospital Records     Ambulance/Paramedics     Medical Examiner Records     Death Certificate
- Police Report

**Additional facility records:**

- Resident/Family Council Minutes
- Personnel Records/Background Check, etc.
- Staff Time Sheets, Schedules, etc.
- Facility In-service Records
- Facility Internal Investigation Reports
- Facility Policies and Procedures
- Call Light Audits
- Other, specify: \_\_\_\_\_

Number of additional resident(s) reviewed: 0

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

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

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

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

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

If unable to contact complainant, 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: 5

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

**Tennessee Warning given as required:**  Yes  No

Total number of staff interviews: 3

Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

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:**

- Wound Care
- Medication Pass
- Meals
- Personal Care
- Dignity/Privacy Issues
- Restorative Care
- Nursing Services
- Safety Issues
- Facility Tour
- Infection Control
- Cleanliness
- Injury
- Use of Equipment
- Transfers
- Incontinence
- Call Light
- Other: \_\_\_\_\_

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: \_\_\_\_\_

xc: Division of Compliance Monitoring - Licensing & Certification  
 Chaska City Police Department  
 Carver County Attorney  
 Waconia City Attorney



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Post Correction Order Follow-Up  
PUBLIC DATA

Facility:

Lighthouse At Waconia  
500 Cherry Street  
Waconia, MN 55387  
Carver County

Report #: HL23848008 and HL23848009

Date: March 19, 2014

Date of Visit: March 18, 2014  
Time of Visit: 10:15 a.m.

By: Stephanie Richard & Karen Johnson, R.N.  
Special Investigator

Nature of Visit

An unannounced visit was made in order to follow-up one state licensing order which were issued on January 22, 2014, as the result of an investigation which had been completed on January 3, 2014.

The status of the order is as follow:  
1 144A.44 Subd.1(14) - Corrected

xc: Minnesota Department of Health – Licensing and Certification

