

Protecting, Maintaining and Improving the Health of All Minnesotans

Office of Health Facility Complaints Investigative Public Report

Maltreatment Report #: HL24859008M

Compliance #: HL24859009C

Date Concluded: March 6, 2020

Name, Address, and County of Licensee Investigated:

Totalcare Assisted Living Services 2730 Winnetka Ave North New Hope, MN 55428 Hennepin County Name, Address, and County of Housing with

Services location:

Totalcare Assisted Living 4301 France Ave. N. Robbinsdale, MN 55422 Hennepin County

Facility Type: Home Care Provider

Investigator's Name:

Lissa Lin, RN Special Investigator

Finding: Substantiated, facility and individual responsibility

Nature of Visit:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Allegation(s):

It is alleged: The client was abused when the Alleged Perpetrator (AP) financially exploited the client by stealing his debit card number and using it to make unauthorized purchases totaling over \$900 dollars.

Investigative Findings and Conclusion:

Financial exploitation was substantiated. The facility and the AP were responsible for the maltreatment. The AP was responsible for at least one unauthorized purchase with the client's debit card for her own gain. The facility indicated the AP had made small unauthorized purchases when shopping with the facility's debit card. The facility did not address the incident or retrain staff on financial exploitation after the client's debit card was compromised. The facility did not re-educate staff for 5 months after the incident occurred.

The investigation included interviews with facility staff members, including administrative staff, and unlicensed staff. In addition, the investigator contacted law enforcement and a financial institution. The investigator reviewed the client's record, staff schedules, personnel files and training records, policies and procedures.

The client's diagnoses included schizoaffective disorder, congestive heart failure, and conductive hearing loss. His service plan indicated he received medication management, oral hygiene and grooming reminders, and behavior management. The client managed his own finances and understood the concept of money but was assessed by the nurse as vulnerable to financial exploitation as he did not know how to spot and report financial mismanagement.

One day, the client reviewed his bank statement and discovered purchases at stores and restaurants he had not made. He notified the facility staff members and went to his bank to report the suspicious transactions on his debit card. The facility administrator called the police, and they opened an investigation. The administrator called one of the restaurants and asked who ordered the food and was given a first name that matched the AP's first name. The administrator called the police. She attempted to contact the AP by phone to interview her about the purchase, but could not reach the AP.

The AP is no longer employed by the facility.

During an interview, the client said he did not use the facility safe to store his valuables. He kept his debit card in his clothes pockets or on a dresser. The client said he had no idea who took his debit card number, and he never gave his card or card number to any staff members to purchase items for him.

During an interview, the AP said she did not use the client's debit card number for any purchases nor did she purchase items for the client using his debit card. The AP said she only worked at the facility a few months, and she was trained on vulnerable adults and reporting maltreatment. She said after the client's card was compromised, law enforcement spoke with her once.

During an interview, the facility administrator said she gave the AP a house lead position, and the job duties included shopping for supplies and groceries with the facility debit card. The administrator said there was one incident when the AP went grocery shopping for the facility, and there were food items purchased on the facility's debit card that were not part of the regular list of shopping items and were not items the clients requested. The administrator said it raised eyebrows and she planned to talk to the AP about unauthorized purchases on the facility debit card if it happened a second time. The administrator said she should have addressed the issue right away. She did not have any documentation from the incident. At the time of the interview, no staff re-education on maltreatment had occurred, but was planned.

Review of the client's bank records indicated 64 unauthorized on-line transactions occurred on his card, totaling over \$2400. One transaction at a pizza restaurant identified the AP as the customer who called in an order for food and beverages totaling \$37.11. The client's credit card number did not appear on the transaction, but appeared on the client's bank statement.

Law enforcement declined an interview because of the open criminal investigation and did not release any records for this investigation.

In conclusion, financial exploitation was substantiated. The facility and the AP were responsible for the maltreatment.

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9 "Financial exploitation" means:

- (a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:
- (1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or
- (2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.
- (b) In the absence of legal authority a person:
- (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

Vulnerable Adult interviewed: Yes.

Family/Responsible Party interviewed: No. VA is his own person, no family contact.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The facility conducted an internal investigation, and the police were notified. The AP no longer works at the facility.

Action taken by the Minnesota Department of Health:

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

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.

cc:

The Office of Ombudsman for Long-Term Care
Hennepin County Attorney
Robbinsdale City Attorney
Robbinsdale Police

Minnesota Department of Health

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 0 000 | Initial Comments | | 0 000 | | |
| | ******ATTENTION** HOME CARE PROCORRECTION OR In accordance with 144A.43 to 144A.43 of Health issued a care a survey. Determination of wherequires compliance provided at the state When a Minnesota items, failure to combe considered lack INITIAL COMMENT On February 13, 20 Department of Heal complaint #HL24859009C/#Health survey, there we | Minnesota Statutes, section 32, the Minnesota Department correction order(s) pursuant to mether a violation is corrected with all requirements ute number indicated below. Statute contains several apply with any of the items will of compliance. TS: 20, the Minnesota of the initiated an investigation of the items of | | The Minnesota Department of Headocuments the State Licensing Coorders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Hom Providers. The assigned tag numbers appears in the far left column entity Prefix Tag." The state statute numbers the corresponding text of the state out of compliance are listed in the "Summary Statement of Deficient column. This column also includes findings that are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the survey findings is the Time Period for Corper Minnesota Statute § 144A.4748(c), the home care provider must document any action taken to combine correction order. A copy of the provider's records documenting the actions may be requested for following surveys. The home care provider in the correction order are provider in the correction order. A copy of the provider's records documenting the actions may be requested for following surveys. The home care provider in the correction order are provider in the correction order. A copy of the provider's records documenting the actions may be requested for following the surveys. The home care provider in the correction order. | e Care led "ID ber and statute les" state This as eyors' rection. I, Subd. inply with ose w-up is not |
| | The following correct #HL24859009C/#H | A maltreatment determination | | required to submit a plan of correct approval; please disregard the heat the fourth column, which states "P Plan of Correction." The letter in the left column is used tracking purposes and reflects the and level issued pursuant to Minn. | ading of rovider's d for scope |
| 0 325 | indentification 0325 | 4) Free From Maltreatment | 0 325 | 144A.474, Subd. 11 (b). | |
| | Subdivision 1. State receives home care (14) the right to be 1 | ment of rights. A person who services has these rights: free from physical and verbal ncial exploitation, and all | | | |

Minnesota Department of Health

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

(X6) DATE TITLE

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | l ` ′ | LE CONSTRUCTION (X3) DATE SURVEY COMPLETED | | | |
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| | | vered under the Vulnerable | | | | |
| | Adults Act and the N | Maltreatment of Minors Act; | | | | |
| | This MN Requirements | ent is not met as evidenced | | | | |
| | Based on observation review, the facility facility facility facility facility facility facilients reviewed (C | ons, interviews, and document ailed to ensure one of one 1) was free from as financially exploited. | | No Plan of Correction (PoC) requi Refer to the public maltreatment re details. | | |
| | Findings include: | | | | | |
| | and that the facility was responsible for connection with incifacility. The MDH co | | | | | |
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Minnesota Department of Health STATE FORM

Minnesota Department of Health

| | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| | licensee failed to er (C1) reviewed was (financial exploitation (ULP)-D used C1's unauthorized purch | s and document review, the sure that one of one client free from maltreatment on) when unlicensed personnel debit card number to make an ase of \$37.11. C1's debit card additional unauthorized \$2,400 dollars. | | | | |
| | violation that did no safety but had the position client's health or said isolated scope (whe clients are affected | ed in a level two violation (a t harm a client's health or otential to have harmed a fety) and was issued at an en one or a limited number of or one or a limited number of the situation has occurred | | | | |
| | Findings include: | | | | | |
| | diagnoses included congestive heart fail loss. C1's service prindicated he received | was reviewed. C1's schizoaffective disorder, flure, and conductive hearing lan dated December 8, 2017, ed medication management, coming reminders, and ent. | | | | |
| | (IAPP) dated June assessed as vulner | vidual Abuse Prevention Plan 18, 2019, indicated C1 was able to financial exploitation. concept of money, managed | | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 3 of 27

Minnesota Department of Health

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| 0 325 | responsible for his instructed to ensure appropriately and for assist C1 with shop as needed. C1 was how to report financinstructed to educate and reporting to trust supposed to report to the state common Review of a docum 2019, indicated ULF worked 7:00 a.m. to Review of a docum Location, dated July number 745298 was 11:59 a.m. by ULP-wings, dips, cheese totaled \$37.11. ULP listed for the order, the licensee's address Review of a docum dated July 25, 2019 number was used for the state of the order, the licensee's address and th | aid his own bills, and was financial decisions. Staff were a C1 used his money or himself alone. Staff could ping for personal care needs assessed as not knowing cial mismanagement and staff te C1 on financial exploitation sted staff. Staff were any financial mismanagement in entry point (CEP). ent titled, July Staff Schedule P-D was scheduled and 3:00 p.m. on July 13, 2019. ent titled, Daily Orders, 1949 y 13, 2019, indicated order is placed on July 13, 2019 at D for two pizzas, chicken is bites and soda. The order P-D's cell phone number was and the delivery address was ess. ent titled, Bank Statement, indicated C1's debit card for 27 unauthorized purchases tween July 15 and August 22, po's Pizza, \$37.11 com, \$24.99 letics.com, \$24.00 ub, \$23.91 com, \$32.99 com, \$6.42 com, \$1.06 cart, \$17.07 | 0 325 | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 4 of 27

Minnesota Department of Health

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| | 08-05-2019 Target. | com. \$31.72 | | | | |
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| | , | d C1 received a new debit | | | | |
| | • | ened a fraud investigation. C1 dministrator (Admin-B), and | | | | |
| | | bank statement to identify the | | | | |
| | | es, which at that point totaled | | | | |
| | _ | thorized charges occurred | | | | |
| | (5) | 19 and August 22, 2019. | | | | |
| | , | law enforcement and reported | d | | | |
| | the incident. Law er | nforcement interviewed C1 | | | | |
| | • | estigation. The licensee also | | | | |
| | | vestigation. Admin-B | | | | |
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| | - | urchase occurred and | | | | |
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Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 5 of 27

Minnesota Department of Health

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| | information. ULP-D | was terminated from the anned from all licensee | | | | |
| | 10, 2019, indicated attempts to contact her about C1's comnot reach ULP-D. U | ed document dated September Admin-B made multiple ULP-D by phone to interview promised debit card but could JLP-D was terminated from the loyee on September 10, 2019 | 3 | | | |
| | Dispute, dated Sep | ent titled, Review of Card tember 16, 2019, indicated 65 card purchases with C1's debi | | | | |
| | 07-17-2019 Target. 07-18-2019 IBI Fab 07-18-2019 Target. 07-22-2019 Target. 07-22-2019 Wal-Ma 08-02-2019 Wal-Ma 08-05-2019 Target. 08-05-2019 Target. 08-06-2019 Doorda 08-08-2019 Target. 08-12-2019 IBI Fab 08-12-2019 Target. | oletics.com, \$24.00 ub, \$23.91 com, \$32.99 com, \$6.42 com, \$1.06 art, \$17.07 art, \$16.23 com, \$31.72 com, \$81.59 ash, \$28.85 com, \$36.99 com, \$54.92 oletics.com, \$49.95 com, \$38.14 | | | | |
| | 08-12-2019 Target. 08-13-2019 Target. 08-15-2019 Target. 08-16-2019 Target. 08-19-2019 Target. 08-19-2019 Target. 08-20-2019 Target. 08-20-2019 Target. | com, \$71.01 com, \$36.99 com, \$25.98 com, \$47.98 com, \$54.44 com, \$69.84 com \$8.81 | | | | |

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| | 8-26-2019 Lyft Ride | | | | | |
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Minnesota Department of Health

9-3-2019 Target, \$32.63

9-4-2019 Target, \$16.95

9-6-2019 Target, \$28.49

9-5-2019 Grubhub, \$29.18

9-6-2019 Doordash, \$32.13

9-6-2019 Doordash, \$19.40

9-7-2019 Doordash, \$40.06

9-6-2019 IBI Fabletics, \$49.95

9-4-2019 Lyft, \$5.00

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED |
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| rom page 7 | 0 325 | | |
| BI Fabletics, \$104.85 | | | |
| 2019, indicated frauduler bit card number continuate, 2019. C1's bank per account for \$2531.55 in 21 as not responsible for terview on February 13, C1 said he checked his nd saw suspicious charges he didn't use. He said ally kept his debit card in top of a dresser in his problem like this before the card hidden from not had always offered to see in their safe, but he a | nt card activity led until manently unauthorized or making. 2020 at bank ges to stores he had no card number. ow money. C1 n his clothing s room and e. C1 said he ow on. He said store his cards lways | | |
| Her background check her background check huse lead position which pervise the daily running hase groceries and supparrange client transported and there were ULP-D went grocery and there were a food on the licensee's debit can the regular list of shoppings the clients requested | d references ULP-D was required g of the plies for the ation vas one shopping for items ard that were ng items and d. Admin-B | | |
| | H24859 UPPLIER ED LIVING SERV MARY STATEMENT OF DEFICIE EFICIENCY MUST BE PRECEDED DRY OR LSC IDENTIFYING INFO From page 7 BI Fabletics, \$104.85 document titled, Card Experiment of the card number continuated fraudules but card number continuated fraudules but card number continuated fraudules account for \$2531.55 in Card and the checked his not saw suspicious charges he didn't use. He said build have taken his debit for the card hidden from not ally kept his debit card in the card hidden from not the card hid | H24859 UPPLIER STREET ADDRESS, C 2730 WINNETKA NEW HOPE, MN MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION) From page 7 0 325 | IPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428 MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION) From page 7 BI Fabletics, \$104.85 document titled, Card Dispute, dated 2019, indicated fraudulent card activity bit card number continued until 12, 2019. C1's bank permanently account for \$2531.55 in unauthorized C1 was not responsible for making. Iterview on February 13, 2020 at C1 said he checked his bank and saw suspicious charges to stores is he didn't use. He said he had no uld have taken his debit card number. Pure or asked to borrow money. C1 ally kept his debit card in his clothing on top of a dresser in his room and problem like this before. C1 said he the card hidden from now on. He said the had always offered to store his cards as in their safe, but he always 1 said he felt safe living at the Interview on February 13, 2019 at 1:00 In B said ULP-D had good references her background check. ULP-D was buse lead position which required upprivise the daily running of the hase groceries and supplies for the arrange client transportation ts. Admin-B said there was one error ull-P. Dwent grocery shopping for and there were a food items on the licensee's debit card that were her regular list of shopping items and mis the clients requested. Admin-B |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 8 of 27

Minnesota Department of Health

| AND DIAN OF CODDECTION INTERCATION NUMBER: | | 1 ` ′ | ` ' | | DATE SURVEY COMPLETED | |
|--|---|---|---------------------------|--|--------------------------|--------------------------|
| | | H24859 | B. WING | | 02/1 | 3/ 2020 |
| | PROVIDER OR SUPPLIER | G SERV 2730 WIN | DRESS, CITY, SINETKA AVEN | | | |
| (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 |
| 0 325 | she should have ad Admin-B did not ha the incident. After A statement, she calle who ordered the for 2019 for \$37.11 and name, which match had not been re-edexploitation at the time. During an interview p.m., ULP-C said per Educare computer of abuse. During an interview a.m., ULP-D said sistence over the summer was a house lead a hands-on cares, pre appointments and reshe was trained on maltreatment. She everything; she just said she never used anything. ULP-D said she never used anything personal she incident anything perso | a second time. Admin-B said dressed the issue right away. We any documentation from dmin-B reviewed C1's bank and Domino's Pizza and asked and drink items on July 13, if was given the caller's first and ULP-D's first name. Staff ucated on financial me of the interview. On February 13, 2020 at 2:49 art of the staff training is training, and it covers all types on March 6, 202, at 9:38 are didn't recall when she he licensee, but she worked mer of 2019. ULP-D said she he licensee, but she worked mer of 2019. ULP-D said vulnerable adults and said C1 was independent in cooked meals for him. ULP-D did C1's debit card to purchase id she was never asked to sing his debit card as he ances. ULP-D said she did not be licensed to said she was terminated ase of the card issue, but | | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 9 of 27

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | ` ' | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------------|---|-------------------------------|--------------------------|
| | | H24859 | B. WING | | 02/1 | ; 3/2020 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| TOTALC | ARE ASSISTED LIVIN | G SERV | NETKA AVEI PE, MN 5542 | | | |
| (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 | Finances and Proposition of the used by staff for may not borrow a creal property or in a property to the licer. Review of a docum Management and Finances are dated to the licer. Review of a docum Management and Finances are dated to the licer. Review of a docum Management and Finances are dated to the licer. Law enforcement descriptions are dated to the licer. | being. itled, Handling of Client's erty, dated May 1, 2015, finances and property may not personal use or gain. Staff lient's funds or personal or my way convert a client's esee's or staff's possession. ent titled, Prevention Reporting Behavior, dated was reviewed at a staff e, on reporting verbal abuse, violent behavior. Financial | 0 325 | | | |
| 0 800 SS=D | could not release de investigation. Time Period for Could 144A.479, Subd. 5. Finances/Property Subd. 5. Handling of property. (a) A home clients with household bud and purchasing hou otherwise manage care provider must for all transactions a client's funds. When the transaction or prodocumented. A home | rection: Seven (7) Days Handling of Client's of client's finances and e care provider may assist geting, including paying bills usehold goods, but may not a client's property. A home provide a client with receipts and purchases paid with the n receipts are not available, | 0 800 | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 10 of 27

Minnesota Department of Health

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|--|--|-------|-------------------------------|--|
| | | H24859 | B. WING | | 02/1 | ; 3/2020 | |
| | PROVIDER OR SUPPLIER | G SERV 2730 WIN | , | STATE, ZIP CODE NUE NORTH | | | |
| (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 | |
| 0 800 | Continued From pa | ge 10 | 0 800 | | | | |
| | a client's funds or pany way convert a care provider's or so (c) Nothing in this saprovider or staff from value, or precludes or bequests made to are exempt from incompany of the Internal Reversible. This MN Requirements by: Based on interviews licensee failed to enclient property for the client reviewed (C1) (ULP)-D used C1's unauthorized purch | ection precludes a home care maccepting gifts of minimal the acceptance of donations o a home care provider that come tax under section 501(c) enue Code of 1986. ent is not met as evidenced and document review, the sure that staff did not convert neir own use for one of one), when unlicensed personnel debit card number to make an ase of \$37.11. C1's debit card nadditional unauthorized | | | | | |
| | violation that did no safety but had the position client's health or said isolated scope (whe clients are affected | ed in a level two violation (a t harm a client's health or otential to have harmed a fety) and was issued at an en one or a limited number of or one or a limited number of the situation has occurred | | | | | |
| | Findings include: | | | | | | |
| | diagnoses included congestive heart fail loss. C1's service p | was reviewed. C1's schizoaffective disorder, flure, and conductive hearing lan, dated December 8, 2017, and medication management, | | | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 11 of 27

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | ` ' | (X3) DATE SURVEY COMPLETED | |
|--|---|---|---------------------|---|-------------------------------|--------------------------|
| | | H24859 | B. WING | | | C 13/2020 |
| | PROVIDER OR SUPPLIER ARE ASSISTED LIVIN | G SERV 2730 WIN | , | STATE, ZIP CODE NUE NORTH 8 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETE DATE |
| 0 800 | management. Review of C1's Indi (IAPP) dated June assessed as vulner C1 understood the his own finances, presponsible for his instructed to ensure appropriately and for assist C1 with shop as needed. C1 was how to report finance were instructed to exploitation and report any fithe state common of the state common of Review of a docume 2019, indicated ULI worked 7:00 a.m. to Review of a docume Location, dated July number 745298 was 11:11:59 a.m. by UI wings, dips, cheese totaled \$37.11. ULF listed for the order at the licensee's address to the licensee's add | vidual Abuse Prevention Plan 18, 2019, indicated C1 was rable to financial exploitation. concept of money, managed aid his own bills, and was financial decisions. Staff were a C1 used his money or himself alone. Staff could rping for personal care needs assessed as not knowing cial mismanagement, and staff educate C1 on financial porting to trusted staff. Staff financial mismanagement to entry point (CEP). ent titled, July Staff Schedule P-D was scheduled and o 3:00 p.m. on July 13, 2019. ent titled, Daily Orders 1949 y 13, 2019, indicated order s placed on July 13, 2019 at LP-D for two pizzas, chicken e bites and soda. The order P-D's cell phone number was and the delivery address was ess. ent titled, Bank Statement, of indicated C1's debit card or 27 unauthorized purchases tween July 15 and August 22, os Pizza, \$37.11 | 0 800 | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 12 of 27

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | | | |
|---|--|--|---------------|---------------|--|------------------------------|-----------------|--|
| | | | | A. BOILDING. | | | | |
| | | H24859 | | B. WING | | | C 02/13/2020 | |
| NAME OF | PROVIDER OR SUPPLIER | • | STREET AD | DRESS CITY S | STATE, ZIP CODE | • | | |
| INAME OF | NOVIDEN ON SOIT LIEN | | _ | , | NUE NORTH | | | |
| TOTALC | ARE ASSISTED LIVIN | IG SERV | | PE, MN 5542 | | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIE | | ID | PROVIDER'S PLAN O | OF CORRECTION | (X5) | |
| PREFIX TAG | (EACH DEFICIENCY | Y MUST BE PRECEDE SC IDENTIFYING INFO | D BY FULL | PREFIX TAG | (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE | CTION SHOULD BOTHE APPROPRIA | SE COMPLETE | |
| 0 800 | Continued From pa | ge 12 | | 0 800 | | | | |
| | • | | 20 | | | | | |
| | 07-18-2019 IBI Fab 07-18-2019 GrubHi | , . | | | | | | |
| | 07-18-2019 Grubini 07-18-2019 Target. | | | | | | | |
| | 07-10-2013 Target. | | | | | | | |
| | 07-22-2019 Target. | • | | | | | | |
| | 07-29-2019 Wal-Ma | | | | | | | |
| | 08-02-2019 Wal Ma | , : | | | | | | |
| | 08-05-2019 Target. | • | | | | | | |
| | 08-05-2019 Target. | | | | | | | |
| | 08-06-2019 Doorda | ash, \$28.85 | | | | | | |
| | 08-08-2019 Target. | com, \$36.99 | | | | | | |
| | 08-08-2019 Target. | • | | | | | | |
| | 08-12-2019 IBI Fab | • | 95 | | | | | |
| | 08-12-2019 Target. | | | | | | | |
| | 08-12-2019 Target. | | | | | | | |
| | 08-13-2019 Target. | | | | | | | |
| | 08-14-2019 Target. 08-15-2019 Target. | | | | | | | |
| | 08-15-2019 Target. | | | | | | | |
| | 08-19-2019 Target. | | | | | | | |
| | 08-19-2019 Target. | | | | | | | |
| | 08-20-2019 Target. | | | | | | | |
| | 08-20-2019 Target. | | | | | | | |
| | 08-21-2019 Doorda | | | | | | | |
| | 08-22-2019 Target. | com, \$32.99 | | | | | | |
| | Review of a Genera | al Evente Report | (GFR) dated | | | | | |
| | September 10, 201 | • | ` ' | | | | | |
| | 2019, C1 informed | .* | • | | | | | |
| | used his debit card | | | | | | | |
| | purchases. Staff to | | • | | | | | |
| | debit card fraud, an | | • | | | | | |
| | card. The bank ope | | | | | | | |
| | met with licensee a | | • | | | | | |
| | they reviewed C1's | ` | , . | | | | | |
| | unauthorized charg | es, which at that | point totaled | | | | | |
| | \$938.06. The unaut | _ | | | | | | |
| | between July 8, 201 | • | • | | | | | |
| | Admin-B contacted | | • | | | | | |
| | the incident. Law er | nforcement interv | riewed C1 | | | | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ` ′ | E CONSTRUCTION | ` ' | (X3) DATE SURVEY COMPLETED | |
|---|---|--|----------------------------|--|-------------------------------|--------------------------|
| | | H24859 | B. WING | | | C 13/2020 |
| | | 1124033 | | | 1 021 | 13/2020 |
| NAME OF | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | |
| TOTALC | ARE ASSISTED LIVIN | G SERV | INETKA AVEN PE, MN 5542 | | | |
| | OLINANAA DV. OTA | | | | OTION | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETE DATE |
| 0 800 | Continued From pa | ge 13 | 0 800 | | | |
| | and opened an investigation in the contacted one of the fraudulent on-line produced information. ULP-Draw and was broperties. Review of an untitle 10, 2019, indicated attempts to contact her about C1's commot reach ULP-D. Use the contact of the | estigation. The licensee also vestigation. Admin-B e merchants where a surchase occurred and tion that identified employee on who placed the order. law enforcement with the was terminated from the anned from all licensee ed document dated September Admin-B made multiple. ULP-D by phone to interview apromised debit card but could JLP-D was terminated from the ployee on September 10, 2019. | | | | |
| | Review of a document titled, Review of Card Dispute, dated September 16, 2019, indicated 65 unauthorized debit card purchases with C1's debit card number: | | | | | |
| | 07-17-2019 Target. 07-18-2019 IBI Fab 07-18-2019 GrubHo 07-18-2019 Target. 07-22-2019 Target. 07-29-2019 Wal-Ma 08-02-2019 Wal Ma 08-05-2019 Target. 08-06-2019 Target. 08-08-2019 Target. 08-08-2019 Target. 08-12-2019 Target. 08-12-2019 Target. 08-13-2019 Target. | oletics.com, \$24.00 ub, \$23.91 com, \$32.99 com, \$6.42 com, \$1.06 art, \$17.07 art, \$16.23 com, \$31.72 com, \$81.59 ash, \$28.85 com, \$36.99 com, \$54.92 oletics.com, \$49.95 com, \$38.14 com \$1.39 | | | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | ` / | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|----------------------------|---|--------------------------------|--------------------------|--|
| ANDIDAN | OI OOKKLOTION | IDEIVIII IOATION NOMBER. | A. BUILDING: | | | | |
| | | H24859 | B. WING | | | C 13/2020 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET | DDRESS, CITY, S | STATE, ZIP CODE | | | |
| TOTALC | ARE ASSISTED LIVIN | IG SERV | NNETKA AVE PPE, MN 5542 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | |
| 0 800 | Continued From page 108-14-2019 Target 108-15-2019 Target 108-19-2019 Target 108-19-2019 Target 108-20-2019 Target 108-20-2019 Target 108-20-2019 Target 108-21-2019 Doorday 108-22-2019 Amazon 108-26-2019 Amazon 108-26-2019 Amazon 108-26-2019 Amazon 108-26-2019 Amazon 108-27-2019 Amazon 108-28-2019 Amazon 108-28-28-2019 Amazon 108-28-28-28-28-28-28-28-28-28-28-28-28-28 | .com, \$36.99 .com, \$25.98 .com, \$47.98 .com, \$54.44 .com, \$69.84 .com \$8.81 .com \$65.17 .ash, \$17.52 .com, \$32.99 .q, \$17.99 .q, \$77.93 .q, \$42.88 .q, \$37.70 .sh, \$18.48 .e, \$41.31 .b, \$10.96 .q, \$16.44 \$13.45 \$65.98 .q, \$38.98 \$4.18 .q, \$92.43 .q, \$16.99 .q, \$177.94 .q, \$129.75 .q, \$68.02 .q, \$13.99 .sh, \$24.84 .q, \$13.47 .q, \$31.99 .sh, \$24.84 .q, \$13.49 .sh, \$24.84 .q, \$19.49 .sh, \$19.49 .sh, \$19.49 .sh, \$19.49 .sh, \$19.49 .sh, \$19.49 .sh, \$19.49 .sh, \$19.49 | 0 800 | DEFICIENC | ;Y) | | |
| | 9-3-2019 Target, \$3 9-4-2019 Target, \$ | 32.63 | | | | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMP | | | SURVEY PLETED | | |
|--|---|--|---|---|--|-----------------------------------|--------------------------|
| | | H24859 | | B. WING | | | C 13/2020 |
| | PROVIDER OR SUPPLIER ARE ASSISTED LIVIN | G SERV | 2730 WIN | DRESS, CITY, ST NETKA AVEN PE, MN 55428 | UE NORTH | | |
| (X4) ID PREFIX TAG | | TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INF | ED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| 0 800 | Continued From part 9-4-2019 Lyft, \$5.00 9-5-2019 Grubhub, 9-6-2019 Doordash 9-6-2019 IBI Fablet 9-6-2019 Doordash 9-7-2019 Doordash 9-12-2019 IBI Fablet Review of a docum October 4, 2019, in with C1's debit card September 12, 201 credited his account purchases C1was in During an interview 12:00 p.m., C1 said statement and saw and services he did idea who could have C1 said ULP-D new said he usually kep pockets or on top onever had a problem would keep the card the licensee had all and valuables in the declined. C1 said he licensee. During an interview p.m., Admin-B said and passed her bac given the house lead ULP-D to supervise house, purchase grapointments. Admincident where ULP incident where Incident where Incident where Incident where Inc | \$29.18 \$29.18 \$8.49 \$, \$32.13 \$ics, \$49.95 \$, \$19.40 \$, \$40.06 \$etics, \$104.85 ent titled, Card If dicated fraudule for \$2531.55 in the checked his suspicious chart in the debit card in the d | ent card activity ued until rmanently nunauthorized for making. 7, 2020 at a bank ges to stores he had no to card number ow money. C1 in his clothing is room and e. C1 said he ow on. He said store his cards always at the control of the optics for the ation was one | | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 16 of 27

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE OF THE CONSTRUCTION (X3) DATE OF THE C | | | |
|---|--|---|--|--|-----------------------------------|--------------------------|
| | | U24850 | B. WING | | | C |
| | | H24859 | | | 021 | 13/2020 |
| NAME OF | PROVIDER OR SUPPLIER | STREE | TADDRESS, CITY, S | TATE, ZIP CODE | | |
| TOTALC | ARE ASSISTED LIVIN | 2730 Y | WINNETKA AVEN | IUE NORTH | | |
| IOIALC | ARE ASSISTED LIVIN | NEW | HOPE, MN 55428 | 3 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| 0 800 | Continued From pa | nge 16 | 0 800 | | | |
| | the licensee, and the purchased on the licenseed on the licenseed on the licenseed on the licenseed on the regular were not items the said it raised eyebro concerned and pland unauthorized purch card if it happened she should have as Admin-B did not had the incident. After A statement, she called who ordered the for 2019 for \$37.11 and name, which match | nere were a food items censee's debit card that we lar list of shopping items an clients requested. Admin-B ows but she was not overly ned to talk to ULP-D about asses on the licensee debit a second time. Admin-B sa ddressed the issue right awa live any documentation from Admin-B reviewed C1's bank ed Domino's Pizza and aske od and drink items on July 1 d was given the caller's first ned ULP-D's first name. Sta- ucated on financial exploitat | re d d sid ay. ff | | | |
| | p.m., ULP-C said p | on February 13, 2020 at 2: art of the staff training is training, and it covers all types. | | | | |
| | a.m, ULP-D said she started working at there over the summas a house lead a hands-on cares, proappointments and reshe was trained on maltreatment. She everything; she just said she never use anything. ULP-D said she over the conder food for C1 use order food for C1 use order food for C1 use over the condens ove | on March 6, 2020, at 9:38 he didn't recall when she he licensee but she worked mer of 2019. ULP-D said shand supervised the clients, depared meals, and arranged rides for clients. ULP-D said vulnerable adults and said C1 was independent in a cooked meals for him. ULF d C1's debit card to purchastid she was never asked to sing his debit card; he hand JLP-D said she did not ordering C1's debit card on July ashe was terminated from he card issue, but Admin-B new | le lid de lid de led relation 13, relation 15 de led relation 15 de le | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 17 of 27

Minnesota Department of Health

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | l ` ′ | E CONSTRUCTION | (X3) DATE COMP | LETED |
|--------------------------|--|---|---------------------|--|-------------------|--------------------------|
| | | H24859 | B. WING | | 02/1 |) 3/2020 |
| | PROVIDER OR SUPPLIER ARE ASSISTED LIVIN | G SERV 2730 WIN | , | STATE, ZIP CODE NUE NORTH | • | |
| (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 |
| 0 800 | Personnel Job Descindicated the ULP providing personal of services designed to and emotional well-Review of a policy to Finances and Proper indicated a client's formay not borrow a coreal property or in a property to the licenter Review of a document and Review of a docu | ent titled, Unlicensed cription, dated January 2014, position is responsible for care and delegated nursing o maintain the client's physical being. itled, Handling of Client's erty, dated May 1, 2015, finances and property may not personal use or gain. Staff lient's funds or personal or any way convert a client's asee's or staff's possession. ent titled, Prevention Reporting Behavior, dated was reviewed at a staff e, on reporting verbal abuse, violent behavior. Financial | 0 800 | | | |

6899

Minnesota Department of Health STATE FORM

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---|--|---------------------|--|---------------------------------|-------------------------------|--|
| | H24859 | B. WING | | | C 13/2020 | |
| NAME OF PROVIDER OR SUPPLIER | 2730 WI | DDRESS, CITY, S | , | | | |
| TOTALCARE ASSISTED LIVI | NG SERV NEW HO | PE, MN 55428 | 3 | | | |
| PREFIX (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE | |
| 0 800 Continued From page 1 | age 18 | 0 800 | | | | |
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| | | | | | | |
| licensee failed to e (C1) reviewed was (financial exploitati (ULP)-D used C1's unauthorized purch | ensure that one of one client free from maltreatment on) when unlicensed personne debit card number to make an additional unauthorized | 1 | | | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | ` ′ | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| | | | D MAINO | | С | |
| | | H24859 | B. WING | | 02/13/ | /2020 |
| | PROVIDER OR SUPPLIER ARE ASSISTED LIVIN | G SERV 2730 WIN | NETKA AVEI | | | |
| | | | PE, MN 5542 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES '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 |
| 0 800 | Continued From pa | ge 19 | 0 800 | | | |
| | purchases of over S | \$2,400 dollars. | | | | |
| | violation that did no safety but had the parties of the client's health or saisolated scope (whe clients are affected | ed in a level two violation (a t harm a client's health or otential to have harmed a fety) and was issued at an en one or a limited number of or one or a limited number of the situation has occurred | | | | |
| | Findings include: | | | | | |
| | C1's medical record was reviewed. C1's diagnoses included schizoaffective disorder, congestive heart failure, and conductive hearing loss. C1's service plan dated December 8, 2017, indicated he received medication management, oral hygiene and grooming reminders, and behavior management. | | | | | |
| | (IAPP) dated June assessed as vulner C1 understood the his own finances, presponsible for his instructed to ensure appropriately and for assist C1 with shop as needed. C1 was how to report financinstructed to educate and reporting to trust supposed to report to the state common | vidual Abuse Prevention Plan 18, 2019, indicated C1 was rable to financial exploitation. concept of money, managed aid his own bills, and was financial decisions. Staff were c C1 used his money or himself alone. Staff could rping for personal care needs assessed as not knowing cial mismanagement and staff te C1 on financial exploitation sted staff. Staff were any financial mismanagement n entry point (CEP). | | | | |
| | 2019, indicated ULI | ent titled, July Staff Schedule P-D was scheduled and 3:00 p.m. on July 13, 2019. | | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 20 of 27

Minnesota Department of Health

| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ` ′ | E CONSTRUCTION | COMPLETE | |
|---|---|--|---|--|---|
| | | | | С | |
| | H24859 | B. WING | | 02/13/2020 | |
| ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, S | STATE, ZIP CODE | | |
| DE ACCICTED I IVINI | 2730 WIN | INETKA AVE | NUE NORTH | | |
| KE ASSISTED LIVIN | G SERV NEW HO | PE, MN 5542 | 28 | | |
| (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL | D BE CC | (X5) MPLETE DATE |
| Continued From page 20 | | 0 800 | | | |
| Location, dated July number 745298 was 11:59 a.m. by ULP-I wings, dips, cheese totaled \$37.11. ULP listed for the order, the licensee's addressed at the licensee's addressed July 25, 2019 number was used for totaling \$938.06 between the licensee's addressed for the licensee's | y 13, 2019, indicated order s placed on July 13, 2019 at D for two pizzas, chicken bites and soda. The order 2-D's cell phone number was and the delivery address was ess. ent titled, Bank Statement, 1, indicated C1's debit card or 27 unauthorized purchases | | | | |
| 07-17-2019 Target.0 07-18-2019 IBI Fab 07-18-2019 Target.0 07-22-2019 Target.0 07-22-2019 Target.0 07-29-2019 Wal-Ma 08-02-2019 Wal-Ma 08-05-2019 Target.0 08-05-2019 Target.0 08-08-2019 Target.0 08-08-2019 Target.0 08-12-2019 Target.0 08-12-2019 Target.0 08-12-2019 Target.0 08-12-2019 Target.0 08-13-2019 Target.0 08-13-2019 Target.0 08-14-2019 Target.0 08-15-2019 Target.0 08-16-2019 Target.0 08-16-2019 Target.0 | com, \$24.99 letics.com, \$24.00 ub, \$23.91 com, \$32.99 com, \$6.42 com, \$1.06 art, \$17.07 art, \$16.23 com, \$31.72 com, \$81.59 ash, \$28.85 com, \$36.99 com, \$54.92 letics.com, \$49.95 com, \$38.14 com \$1.39 com, \$71.01 com, \$36.99 com, \$25.98 com, \$47.98 com, \$54.44 | | | | |
| | ROVIDER OR SUPPLIER ARE ASSISTED LIVIN SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETT) Continued From pa Review of a docum Location, dated July number 745298 wa 11:59 a.m. by ULP-wings, dips, cheese totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. 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ULF listed for the order, the licensee's address totaled \$37.11. ULF listed for the order, the licensee's address totaled \$37.11. ULF li | ROVIDER OR SUPPLIER ARE ASSISTED LIVING SERV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 20 Review of a document titled, Daily Orders, 1949 Location, dated July 13, 2019, indicated order number 745298 was placed on July 13, 2019 at 11:59 a.m. by ULP-D for two pizzas, chicken wings, dips, cheese bites and soda. The order totaled \$37.11. ULP-D's cell phone number was listed for the order, and the delivery address was the licensee's address. Review of a document titled, Bank Statement, dated July 25, 2019, indicated C1's debit card number was used for 27 unauthorized purchases totaling \$938.06 between July 15 and August 22, | ROYLDER OR SUPPLIER REASSISTED LIVING SERV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Review of a document titled, Daily Orders, 1949 Location, dated July 13, 2019, indicated order number 745298 was placed on July 13, 2019 at 11:59 a.m. by ULP-D for two pizzas, chicken wings, chieses bites and soda. The order totaled \$37.11. ULP-D's cell phone number was listed for the order, and the delivery address was the licensee's address. Review of a document titled, Bank Statement, dated July 25, 2019, indicated C1's debit card number was used for 27 unauthorized purchases totaling \$938.06 between July 15 and August 22, 2019: 07-15-2019 Domino's Pizza, \$37.11 07-17-2019 Target.com, \$24.99 07-18-2019 IBI Fabletics.com, \$24.00 07-18-2019 Target.com, \$32.99 07-18-2019 Target.com, \$32.99 07-22-2019 Target.com, \$32.99 07-22-2019 Target.com, \$1.06 07-29-2019 Wal-Mart, \$17.07 08-02-2019 Wal-Mart, \$16.23 08-05-2019 Target.com, \$31.72 08-05-2019 Target.com, \$31.72 08-05-2019 Target.com, \$31.72 08-05-2019 Target.com, \$36.99 08-08-2019 Target.com, \$36.99 08-08-2019 Target.com, \$38.14 08-12-2019 Target.com, \$38.14 08-12-2019 Target.com, \$36.99 08-15-2019 Target.com, \$47.98 08-19-2019 Target.com, \$54.44 08-19-2019 Target.com, \$69.84 | ROYDER OR SUPPLIER ROWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCE OT THE APPRO DEFICIENCY CROSS-REFERENCE OT THE APPRO DEFICIENCY) Continued From page 20 Review of a document titled, Daily Orders, 1949 Location, dated July 13, 2019, indicated order number 745298 was placed on July 13, 2019 at 11:59 a.m. by ULP-D for two pizzas, chicken wings, dips, cheese bites and soda. The order totaled \$37.11, ULP-D's cell phone number was listed for the order, and the delivery address was the licensee's address. Review of a document titled, Bank Statement, dated July 25, 2019, indicated C'1's debit card number was used for 27 unauthorized purchases totaling \$938.06 between July 15 and August 22, 2019: 07-18-2019 Domino's Pizza, \$37.11 07-17-2019 Target.com, \$24.99 07-22-2019 Target.com, \$24.99 07-22-2019 Target.com, \$1.06 07-29-2019 Wal-Mart, \$16.23 08-05-2019 Target.com, \$1.70 08-02-2019 Target.com, \$31.72 08-05-2019 Target.com, \$31.72 08-05-2019 Target.com, \$36.99 08-08-2019 Target.com, \$36.99 08-08-2019 Target.com, \$71.01 08-14-2019 Target.com, \$71.01 08-14-2019 Target.com, \$71.01 08-14-2019 Target.com, \$71.01 08-14-2019 Target.com, \$74.98 08-19-2019 Target.com, \$74.98 08-19-2019 Target.com, \$89.84 | A BUILDING: H24859 B. WING COMPLETE READ ASSISTED LIVING SERV STREET ADDRESS, CITY. STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) Review of a document titled, Daily Orders, 1949 Location, dated July 13, 2019, indicated order number 745298 was placed on July 13, 2019 at 11:59 a.m. by UILP-D for two pizzas, chicken wings, dips, cheese bites and soda. The order totaled 337.11. ULP-D's cell phone number was listed for the order, and the delivery address was the licensee's address. Review of a document titled, Bank Statement, dated July 25, 2019, indicated C1's debit card number was used for 27 unauthorized purchases totaling \$938.06 between July 15 and August 22, 2019. 07-15-2018 Domino's Pizza, \$37.11 07-17-2019 Target.com, \$24.99 07-18-2019 Target.com, \$24.90 07-18-2019 Target.com, \$3.09 07-22-2019 Target.com, \$3.170 08-02-2019 Wal-Mart, \$17.07 08-02-2019 Wal-Mart, \$1.06 07-29-2019 Target.com, \$3.19 08-08-2019 Target.com, \$3.6.99 08-15-2019 Target.com, \$3.8.94 08-19-2019 Target.com, \$47.98 08-19-2019 Target.com, \$47.98 |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | | |
|---|--|--|---|---------------------|---|--------|--------------------------|--|
| | | | | A. BUILDING: | | | c | |
| | | H24859 |) | B. WING | | | 13/2020 | |
| NAME OF I | PROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | | |
| TOTALC | ARE ASSISTED LIVIN | IG SERV | | | NUE NORTH | | | |
| | | | | PE, MN 5542 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) REGULATORY OR L | | EDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETE DATE | |
| 0 800 | OO Continued From page 21 | | | 0 800 | | | | |
| | 08-20-2019 Target.com \$65.17 08-21-2019 Doordash, \$17.52 08-22-2019 Target.com, \$32.99 Review of a General Events Report (GER) dated September 10, 2019, indicated on September 9, 2019, C1 informed a staff member that someone used his debit card number for multiple purchases. Staff took C1 to his bank to report the debit card fraud, and C1 received a new debit card. The bank opened a fraud investigation. C1 met with licensee administrator (Admin-B), and they reviewed C1's bank statement to identify the unauthorized charges, which at that point totaled \$938.06. The unauthorized charges occurred between July 8, 2019 and August 22, 2019. Admin-B contacted law enforcement and reported the incident. Law enforcement interviewed C1 and opened an investigation. The licensee also began in internal investigation. Admin-B contacted one of the merchants where a fraudulent on-line purchase occurred and discovered information that identified employee ULP-D as the person who placed the order. Admin-B contacted law enforcement with the information. ULP-D was terminated from the licensee and was banned from all licensee properties. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Review of an untitle 10, 2019, indicated attempts to contact her about C1's commot reach ULP-D. Ulicensee as an empty | Admin-B mad ULP-D by phopromised del JLP-D was ter | de multiple none to interview bit card but could rminated from the | | | | | |
| | Review of a docum Dispute, dated Sep unauthorized debit card number: | tember 16, 20 | 019, indicated 65 | | | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 22 of 27

| Minneso | ota Department of He | aith | | | |
|--------------------------|--|--|---------------------|--|---------------------------------------|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | | H24859 | B. WING | | 02/13/2020 |
| NAME OF F | PROVIDER OR SUPPLIER | STREETA | DDRESS, CITY, ST | TATE, ZIP CODE | |
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| TO IALO, | ANL AGGIG I LD LIVII | NEW HO | PE, MN 55428 | 3 | |
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| | 07-17-2019 Target. | com \$24.99 | | | |
| | 07-18-2019 IBI Fab | | | | |
| | 07-18-2019 GrubHi | • | | | |
| | 07-18-2019 Target. | | | | |
| | 07-22-2019 Target | • | | | |
| | 07-22-2019 Target. 07-29-2019 Wal-Ma | | | | |
| | 08-02-2019 Wal-Ma | | | | |
| | 08-05-2019 Target. | | | | |
| | 08-05-2019 Target. | | | | |
| | 08-06-2019 Doorda | • • • | | | |
| | 08-08-2019 Target | | | | |
| | 08-08-2019 Target. 08-12-2019 IBI Fab | • | | | |
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| | 08-12-2019 Target. | • | | | |
| | 08-13-2019 Target. | | | | |
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| | 08-15-2019 Target. | | | | |
| | 08-16-2019 Target | · · · · · · · · · · · · · · · · · · · | | | |
| | 08-19-2019 Target. 08-19-2019 Target. | • | | | |
| | 08-19-2019 Target. | • | | | |
| | 08-20-2019 Target. | | | | |
| | 08-21-2019 Doorda | | | | |
| | 08-22-2019 Target. | • | | | |
| | 8-26-2019 Amazon | | | | |
| | 8-26-2019 Amazon | • [| | | |
| | 8-26-2019 Amazon | | | | |
| | 8-26-2019 Amazon 8-26-2019 Doordas | | | | |
| | 8-26-2019 Lyft Ride | | | | |
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Minnesota Department of Health

8-26-2019 GrubHub, \$10.96

8-27-2019 Amazon, \$16.44

8-27-2019 Target, \$13.45

8-27-2019 Target, \$65.98

8-27-2019 Target, \$4.18

8-27-2019 Amazon, \$38.98

8-27-2019 Amazon, \$92.43

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMI | | | SURVEY | | |
|--|---|--|-----------|-----------------|--|-----------------|---------------------|
| | | H24859 | | B. WING | | | C 13/2020 |
| NAME OF I | PROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | |
| TOTALO | | IC CEDV | 2730 WIN | NETKA AVEN | UE NORTH | | |
| TOTALC | ARE ASSISTED LIVIN | IG SERV | NEW HO | PE, MN 55428 | | | |
| (X4) ID | | TEMENT OF DEFICIE | | ID | PROVIDER'S PLAN OF | | (X5) |
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| 0 800 | Continued From pa | ige 23 | | 0 800 | | | |
| | 8-27-1029 Amazon | , \$16.99 | | | | | |
| | 8-27-2019 Amazon | , \$177.94 | | | | | |
| | 8-27-2019 Amazon | | | | | | |
| | 8-27-2019 Amazon | • | | | | | |
| | 8-27-2019 Amazon | , | | | | | |
| | 8-28-2019 Doordas | • | | | | | |
| | 8-28-2019 Amazon | | | | | | |
| | 8-28-2019 Amazon 8-30-2019 Target, \$ | | | | | | |
| | 9-3-2019 Doordash | | | | | | |
| | 9-3-2019 Doordasii, \$40.40 | | | | | | |
| | 9-3-2019 Target, \$3 | | | | | | |
| | 9-3-2019 Target, \$9 | | | | | | |
| | 9-3-2019 Doordash | ı, \$19.49 | | | | | |
| | 9-3-2019 Target, \$6 | 65.79 | | | | | |
| | 9-3-2019 Amazon F | • | | | | | |
| | 9-3-2019 Target, \$3 | | | | | | |
| | 9-4-2019 Target, \$1 | | | | | | |
| | 9-4-2019 Lyft, \$5.00 | | | | | | |
| | 9-5-2019 Grubhub, 9-6-2019 Target, \$2 | | | | | | |
| | 9-6-2019 Target, \$2 | | | | | | |
| | 9-6-2019 IBI Fablet | | | | | | |
| | 9-6-2019 Doordash | , | | | | | |
| | 9-7-2019 Doordash | , . | | | | | |
| | 9-12-2019 IBI Fable | etics, \$104.85 | | | | | |
| | Review of a docum | • | • ' | | | | |
| | October 4, 2019, in | | • | | | | |
| | with C1's debit card | | | | | | |
| | September 12, 201 | • | • | | | | |
| | credited his account purchases C1was r | | | | | | |
| | During an interview | on February 13 | , 2020 at | | | | |
| | 12:00 p.m., C1 said | | | | | | |
| | statement and saw | • | • | | | | |
| | and services he did | | | | | | |
| | idea who could hav C1 said ULP-D nev | | | | | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | ` ' | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|----------------------------|---|--------|-------------------------------|--|
| | | | | A. BUILDING: | | | | |
| | | H2485 | 9 | B. WING | | | C 13/2020 | |
| NAME OF I | PROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | | |
| TOTALC | ARE ASSISTED LIVIN | IG SERV | | | NUE NORTH | | | |
| | | | | PE, MN 5542 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) REGULATORY OR L | | CEDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETE DATE | |
| 0 800 | Continued From pa | ge 24 | | 0 800 | | | | |
| | said he usually kep pockets or on top or never had a problem would keep the care the licensee had alwand valuables in the declined. C1 said had licensee. During an interview p.m., Admin-B said and passed her backers. | f a dresser in hike this be done in hidden from ways offered eir safe, but he felt safe live on February ULP-D had | h his room and fore. C1 said he now on. He said to store his cards he always ring at the good references | | | | | |
| | given the house lead ULP-D to supervise house, purchase grappointments. Admincident where ULF the licensee, and the purchased on the linot part of the regulation were not items the said it raised eyebra concerned and pland unauthorized purchased on the linot part of the regulation and pland unauthorized purchased and pland unauthorized purchased and have as Admin-B did not have as Admin- | the daily run oceries and client transplant of the daily run oceries and client transplant of the days, but she as eacond time of the interest of the days given the days g | hich required nning of the supplies for the cortation ere was one cery shopping for cod items oit card that were opping items and ested. Admin-B was not overly to ULP-D about licensee debit ne. Admin-B said issue right away mentation from ewed C1's bank Pizza and asked items on July 13, the caller's first first name. Staff nancial terview. | | | | | |
| | p.m., ULP-C said p Educare computer of abuse. | | • | | | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 25 of 27

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | ` ' | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|---|--------------------------------|--------------------------|
| | | H24859 | B. WING | | | C 13/2020 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| TOTALO | ARE ASSISTED LIVIN | IG SERV | NNETKA AVEN | | | |
| | | NEW HO | PE, MN 55428 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC) | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| 0 800 | Continued From pa | ige 25 | 0 800 | | | |
| | a.m., ULP-D said s started working at there over the sum was a house lead a hands-on cares, proappointments and rappointments and rappointments and rappointments. She everything; she just said she never use anything. ULP-D said she never use anything. | he didn't recall when she he licensee, but she worked mer of 2019. ULP-D said she and supervised the clients, did epared meals, and arranged rides for clients. ULP-D said vulnerable adults and said C1 was independent in a cooked meals for him. ULP-D d C1's debit card to purchase aid she was never asked to sing his debit card as he hances. ULP-D said she did no self using C1's debit card on -D said she was terminated se of the card issue, but he her proof. | | | | |
| | Personnel Job Des indicated the ULP providing personal | ent titled, Unlicensed cription, dated January 2014, osition is responsible for care and delegated nursing to maintain the client's physical-being. | | | | |
| | Finances and Propindicated a client's be used by staff for may not borrow a creal property or in a | titled, Handling of Client's erty, dated May 1, 2015, finances and property may not personal use or gain. Staff lient's funds or personal or any way convert a client's asee's or staff's possession. | | | | |
| | Management and F February 22, 2020, meeting, same date | ent titled, Prevention Reporting Behavior, dated was reviewed at a staff e, on reporting verbal abuse, violent behavior. Financial | | | | |

Minnesota Department of Health

STATE FORM U02X11 If continuation sheet 26 of 27

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 | | |
|---|--|---|--|---|---|--|--|
| | | H24859 | B. WING | | C 02/13/2020 | | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | | |
| TOTALC | TOTALCARE ASSISTED LIVING SERV NEW HOPE, MN 55428 | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y 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) | CORRECTIVE ACTION SHOULD BE COMPLETE DATE | | |
| 0 800 | Continued From page 26 | | 0 800 | | | | |
| | exploitation was no | t listed. | | | | | |
| | during an active inv | leclined to be interviewed restigation against ULP-D and ocuments regarding the | | | | | |
| | Time Period for Co | rrection: Seven (7) Days | | | | | |
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