

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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, the Minnesota Department of Health issued a correction order(s) pursuant to a survey.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a 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 February 13, 2020, the Minnesota Department of Health initiated an investigation of complaint #HL24859009C/#HL24859008M. At the time of the survey, there were #5 clients receiving services under the comprehensive license.</p> <p>The following correction order is issued for #HL24859009C/#HL24859008M, tag identification 0800. A maltreatment determination was also issued for #HL24859009C/#HL24859008M, tag identification 0325.</p>	0 000	<p>The Minnesota Department of Health documents 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 requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. Per Minnesota Statute § 144A.474, Subd. 8(c), the home care provider must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider's Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144A.474, Subd. 11 (b).</p>		
0 325	<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</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: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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>forms 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 observations, interviews, and document review, the facility failed to ensure one of one clients reviewed (C1) was free from maltreatment. C1 was financially exploited.</p> <p>Findings include:</p> <p>On February 13, 2020, the Minnesota Department of Health (MDH) issued a determination that financial exploitation occurred, and that the facility and an individual staff person was responsible for the maltreatment, in connection with incidents which occurred at the facility. The MDH concluded there was a preponderance of evidence that maltreatment occurred.</p>	0 325	No Plan of Correction (PoC) required. Refer to the public maltreatment report for details.		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV			STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428		
(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>Based on interviews and document review, the licensee failed to ensure that one of one client (C1) reviewed was free from maltreatment (financial exploitation) when unlicensed personnel (ULP)-D used C1's debit card number to make an unauthorized purchase of \$37.11. C1's debit card number was used in additional unauthorized purchases of over \$2,400 dollars.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>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.</p> <p>Review of C1's Individual Abuse Prevention Plan (IAPP) dated June 18, 2019, indicated C1 was assessed as vulnerable to financial exploitation. C1 understood the concept of money, managed</p>	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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 3</p> <p>his own finances, paid his own bills, and was responsible for his financial decisions. Staff were instructed to ensure C1 used his money appropriately and for himself alone. Staff could assist C1 with shopping for personal care needs as needed. C1 was assessed as not knowing how to report financial mismanagement and staff instructed to educate C1 on financial exploitation and reporting to trusted staff. Staff were supposed to report any financial mismanagement to the state common entry point (CEP).</p> <p>Review of a document titled, July Staff Schedule 2019, indicated ULP-D was scheduled and worked 7:00 a.m. to 3:00 p.m. on July 13, 2019.</p> <p>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.</p> <p>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:</p> <p>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 GrubHub, \$23.91 07-18-2019 Target.com, \$32.99 07-22-2019 Target.com, \$6.42 07-22-2019 Target.com, \$1.06 07-29-2019 Wal-Mart, \$17.07 08-02-2019 Wal-Mart, \$16.23</p>	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/13/2020
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TOTALCARE ASSISTED LIVING SERV

**2730 WINNETKA AVENUE NORTH
NEW HOPE, MN 55428**

(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 4</p> <p>08-05-2019 Target.com, \$31.72 08-05-2019 Target.com, \$81.59 08-06-2019 Doordash, \$28.85 08-08-2019 Target.com, \$36.99 08-08-2019 Target.com, \$54.92 08-12-2019 IBI Fabletics.com, \$49.95 08-12-2019 Target.com, \$38.14 08-12-2019 Target.com \$1.39 08-13-2019 Target.com, \$71.01 08-14-2019 Target.com, \$36.99 08-15-2019 Target.com, \$25.98 08-16-2019 Target.com, \$47.98 08-19-2019 Target.com, \$54.44 08-19-2019 Target.com, \$69.84 08-20-2019 Target.com \$8.81 08-20-2019 Target.com \$65.17 08-21-2019 Doordash, \$17.52 08-22-2019 Target.com, \$32.99</p> <p>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</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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 5</p> <p>information. ULP-D was terminated from the licensee and was banned from all licensee properties.</p> <p>Review of an untitled document dated September 10, 2019, indicated Admin-B made multiple attempts to contact ULP-D by phone to interview her about C1's compromised debit card but could not reach ULP-D. ULP-D was terminated from the licensee as an employee on September 10, 2019.</p> <p>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:</p> <p>07-17-2019 Target.com, \$24.99 07-18-2019 IBI Fabletics.com, \$24.00 07-18-2019 GrubHub, \$23.91 07-18-2019 Target.com, \$32.99 07-22-2019 Target.com, \$6.42 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, \$81.59 08-06-2019 Doordash, \$28.85 08-08-2019 Target.com, \$36.99 08-08-2019 Target.com, \$54.92 08-12-2019 IBI Fabletics.com, \$49.95 08-12-2019 Target.com, \$38.14 08-12-2019 Target.com \$1.39 08-13-2019 Target.com, \$71.01 08-14-2019 Target.com, \$36.99 08-15-2019 Target.com, \$25.98 08-16-2019 Target.com, \$47.98 08-19-2019 Target.com, \$54.44 08-19-2019 Target.com, \$69.84 08-20-2019 Target.com \$8.81 08-20-2019 Target.com \$65.17</p>	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV			STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428		
(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	Continued From page 6 08-21-2019 Doordash, \$17.52 08-22-2019 Target.com, \$32.99 8-26-2019 Amazon, \$17.99 8-26-2019 Amazon, \$77.93 8-26-2019 Amazon, \$42.88 8-26-2019 Amazon, \$37.70 8-26-2019 Doordash, \$18.48 8-26-2019 Lyft Ride, \$41.31 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 Amazon, \$38.98 8-27-2019 Target, \$4.18 8-27-2019 Amazon, \$92.43 8-27-1029 Amazon, \$16.99 8-27-2019 Amazon, \$177.94 8-27-2019 Amazon, \$129.75 8-27-2019 Amazon, \$68.02 8-27-2019 Amazon, \$13.99 8-28-2019 Doordash, \$24.84 8-28-2019 Amazon, \$13.47 8-28-2019 Amazon, \$31.99 8-30-2019 Target, \$21.48 9-3-2019 Doordash, \$48.40 9-3-2019 Amazon, \$77.33 9-3-2019 Target, \$32.99 9-3-2019 Target, \$94.02 9-3-2019 Doordash, \$19.49 9-3-2019 Target, \$65.79 9-3-2019 Amazon Prime, \$13.97 9-3-2019 Target, \$32.63 9-4-2019 Target, \$16.95 9-4-2019 Lyft, \$5.00 9-5-2019 Grubhub, \$29.18 9-6-2019 Target, \$28.49 9-6-2019 Doordash, \$32.13 9-6-2019 IBI Fabletics, \$49.95 9-6-2019 Doordash, \$19.40 9-7-2019 Doordash, \$40.06	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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 7</p> <p>9-12-2019 IBI Fabletics, \$104.85</p> <p>Review of a document titled, Card Dispute, dated October 4, 2019, indicated fraudulent card activity with C1's debit card number continued until September 12, 2019. C1's bank permanently credited his account for \$2531.55 in unauthorized purchases C1 was not responsible for making.</p> <p>During an interview on February 13, 2020 at 12:00 p.m., C1 said he checked his bank statement and saw suspicious charges to stores and services he didn't use. He said he had no idea who could have taken his debit card number. C1 said ULP-D never asked to borrow money. C1 said he usually kept his debit card in his clothing pockets or on top of a dresser in his room and never had a problem like this before. C1 said he would keep the card hidden from now on. He said the licensee had always offered to store his cards and valuables in their safe, but he always declined. C1 said he felt safe living at the licensee.</p> <p>During an interview on February 13, 2019 at 1:00 p.m., Admin-B said ULP-D had good references and passed her background check. ULP-D was given the house lead position which required ULP-D to supervise the daily running of the house, purchase groceries and supplies for the house, and arrange client transportation appointments. Admin-B said there was one incident where ULP-D went grocery shopping for the licensee, and there were a food items purchased on the licensee's debit card that were not part of the regular list of shopping items and were not items the clients requested. Admin-B said it raised eyebrows, but she was not overly concerned and planned to talk to ULP-D about unauthorized purchases on the licensee debit</p>	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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 8</p> <p>card if it happened a second time. Admin-B said she should have addressed the issue right away. Admin-B did not have any documentation from the incident. After Admin-B reviewed C1's bank statement, she called Domino's Pizza and asked who ordered the food and drink items on July 13, 2019 for \$37.11 and was given the caller's first name, which matched ULP-D's first name. Staff had not been re-educated on financial exploitation at the time of the interview.</p> <p>During an interview on February 13, 2020 at 2:49 p.m., ULP-C said part of the staff training is Educare computer training, and it covers all types of abuse.</p> <p>During an interview on March 6, 202, at 9:38 a.m., ULP-D said she didn't recall when she started working at the licensee, but she worked there over the summer of 2019. ULP-D said she was a house lead and supervised the clients, did hands-on cares, prepared meals, and arranged appointments and rides for clients. ULP-D said she was trained on vulnerable adults and maltreatment. She said C1 was independent in everything; she just cooked meals for him. ULP-D said she never used C1's debit card to purchase anything. ULP-D said she was never asked to order food for C1 using his debit card as he handled his own finances. ULP-D said she did not order pizza for herself using C1's debit card on July 13, 2019. ULP-D said she was terminated from her job because of the card issue, but Admin-B never gave her proof.</p> <p>Review of a document titled, Unlicensed Personnel Job Description, dated January 2014, indicated the ULP position is responsible for providing personal care and delegated nursing services designed to maintain the client's physical</p>	0 325			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV			STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428		
(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	Continued From page 9 and emotional well-being. Review of a policy titled, Handling of Client's Finances and Property, dated May 1, 2015, indicated a client's finances and property may not be used by staff for personal use or gain. Staff may not borrow a client's funds or personal or real property or in any way convert a client's property to the licensee's or staff's possession. Review of a document titled, Prevention Management and Reporting Behavior, dated February 22, 2020, was reviewed at a staff meeting, same date, on reporting verbal abuse, physical assault or violent behavior. Financial exploitation was not listed. Law enforcement declined to be interviewed during an active investigation against ULP-D and could not release documents regarding the investigation. Time Period for Correction: Seven (7) Days	0 325			
0 800 SS=D	144A.479, Subd. 5 Handling of Client's Finances/Property Subd. 5. Handling of client's finances and property. (a) A home care provider may assist clients with household budgeting, including paying bills and purchasing household goods, but may not otherwise manage a client's property. A home care provider must provide a client with receipts for all transactions and purchases paid with the client's funds. When receipts are not available, the transaction or purchase must be documented. A home care provider must maintain records of all such transactions.	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	<p>Continued From page 10</p> <p>(b) A home care provider or staff may not borrow a client's funds or personal or real property, nor in any way convert a client's property to the home care provider's or staff's possession.</p> <p>(c) Nothing in this section precludes a home care provider or staff from accepting gifts of minimal value, or precludes the acceptance of donations or bequests made to a home care provider that are exempt from income tax under section 501(c) of the Internal Revenue Code of 1986.</p> <p>This MN Requirement is not met as evidenced by: Based on interviews and document review, the licensee failed to ensure that staff did not convert client property for their own use for one of one client reviewed (C1), when unlicensed personnel (ULP)-D used C1's debit card number to make an unauthorized purchase of \$37.11. C1's debit card number was used in additional unauthorized purchases of over \$2,400 dollars.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>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,</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV			STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428		
(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
0 800	<p>Continued From page 11</p> <p>oral hygiene, grooming reminders and behavior management.</p> <p>Review of C1's Individual Abuse Prevention Plan (IAPP) dated June 18, 2019, indicated C1 was assessed as vulnerable to financial exploitation. C1 understood the concept of money, managed his own finances, paid his own bills, and was responsible for his financial decisions. Staff were instructed to ensure C1 used his money appropriately and for himself alone. Staff could assist C1 with shopping for personal care needs as needed. C1 was assessed as not knowing how to report financial mismanagement, and staff were instructed to educate C1 on financial exploitation and reporting to trusted staff. Staff were to report any financial mismanagement to the state common entry point (CEP).</p> <p>Review of a document titled, July Staff Schedule 2019, indicated ULP-D was scheduled and worked 7:00 a.m. to 3:00 p.m. on July 13, 2019.</p> <p>Review of a document titled, Daily Orders 1949 Location, dated July 13, 2019, indicated order number 745298 was placed on July 13, 2019 at 11:11:59 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.</p> <p>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:</p> <p>07-15-2019 Dominos Pizza, \$37.11 07-17-2019 Target.com, \$24.99</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	<p>Continued From page 12</p> <p>07-18-2019 IBI Fabletics.com, \$24.00 07-18-2019 GrubHub, \$23.91 07-18-2019 Target.com, \$32.99 07-22-2019 Target.com, \$6.42 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, \$81.59 08-06-2019 Doordash, \$28.85 08-08-2019 Target.com, \$36.99 08-08-2019 Target.com, \$54.92 08-12-2019 IBI Fabletics.com, \$49.95 08-12-2019 Target.com, \$38.14 08-12-2019 Target.com \$1.39 08-13-2019 Target.com, \$71.01 08-14-2019 Target.com, \$36.99 08-15-2019 Target.com, \$25.98 08-16-2019 Target.com, \$47.98 08-19-2019 Target.com, \$54.44 08-19-2019 Target.com, \$69.84 08-20-2019 Target.com \$8.81 08-20-2019 Target.com \$65.17 08-21-2019 Doordash, \$17.52 08-22-2019 Target.com, \$32.99</p> <p>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</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV			STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428		
(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
0 800	<p>Continued From page 13</p> <p>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.</p> <p>Review of an untitled document dated September 10, 2019, indicated Admin-B made multiple attempts to contact ULP-D by phone to interview her about C1's compromised debit card but could not reach ULP-D. ULP-D was terminated from the licensee as an employee on September 10, 2019.</p> <p>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:</p> <p>07-17-2019 Target.com, \$24.99 07-18-2019 IBI Fabletics.com, \$24.00 07-18-2019 GrubHub, \$23.91 07-18-2019 Target.com, \$32.99 07-22-2019 Target.com, \$6.42 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, \$81.59 08-06-2019 Doordash, \$28.85 08-08-2019 Target.com, \$36.99 08-08-2019 Target.com, \$54.92 08-12-2019 IBI Fabletics.com, \$49.95 08-12-2019 Target.com, \$38.14 08-12-2019 Target.com \$1.39 08-13-2019 Target.com, \$71.01</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV			STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428		
(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
0 800	Continued From page 14 08-14-2019 Target.com, \$36.99 08-15-2019 Target.com, \$25.98 08-16-2019 Target.com, \$47.98 08-19-2019 Target.com, \$54.44 08-19-2019 Target.com, \$69.84 08-20-2019 Target.com \$8.81 08-20-2019 Target.com \$65.17 08-21-2019 Doordash, \$17.52 08-22-2019 Target.com, \$32.99 8-26-2019 Amazon, \$17.99 8-26-2019 Amazon, \$77.93 8-26-2019 Amazon, \$42.88 8-26-2019 Amazon, \$37.70 8-26-2019 Doordash, \$18.48 8-26-2019 Lyft Ride, \$41.31 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 Amazon, \$38.98 8-27-2019 Target, \$4.18 8-27-2019 Amazon, \$92.43 8-27-1029 Amazon, \$16.99 8-27-2019 Amazon, \$177.94 8-27-2019 Amazon, \$129.75 8-27-2019 Amazon, \$68.02 8-27-2019 Amazon, \$13.99 8-28-2019 Doordash, \$24.84 8-28-2019 Amazon, \$13.47 8-28-2019 Amazon, \$31.99 8-30-2019 Target, \$21.48 9-3-2019 Doordash, \$48.40 9-3-2019 Amazon, \$77.33 9-3-2019 Target, \$32.99 9-3-2019 Target, \$94.02 9-3-2019 Doordash, \$19.49 9-3-2019 Target, \$65.79 9-3-2019 Amazon Prime, \$13.97 9-3-2019 Target, \$32.63 9-4-2019 Target, \$16.95	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	<p>Continued From page 15</p> <p>9-4-2019 Lyft, \$5.00 9-5-2019 Grubhub, \$29.18 9-6-2019 Target, \$28.49 9-6-2019 Doordash, \$32.13 9-6-2019 IBI Fabletics, \$49.95 9-6-2019 Doordash, \$19.40 9-7-2019 Doordash, \$40.06 9-12-2019 IBI Fabletics, \$104.85</p> <p>Review of a document titled, Card Dispute, dated October 4, 2019, indicated fraudulent card activity with C1's debit card number continued until September 12, 2019. C1's bank permanently credited his account for \$2531.55 in unauthorized purchases C1 was not responsible for making.</p> <p>During an interview on February 13, 2020 at 12:00 p.m., C1 said he checked his bank statement and saw suspicious charges to stores and services he didn't use. He said he had no idea who could have taken his debit card number. C1 said ULP-D never asked to borrow money. C1 said he usually kept his debit card in his clothing pockets or on top of a dresser in his room and never had a problem like this before. C1 said he would keep the card hidden from now on. He said the licensee had always offered to store his cards and valuables in their safe, but he always declined. C1 said he felt safe living at the licensee.</p> <p>During an interview on February 13, 2019 at 1:00 p.m., Admin-B said ULP-D had good references and passed her background check. ULP-D was given the house lead position which required ULP-D to supervise the daily running of the house, purchase groceries and supplies for the house, and arrange client transportation appointments. Admin-B said there was one incident where ULP-D went grocery shopping for</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	<p>Continued From page 16</p> <p>the licensee, and there were a food items purchased on the licensee's debit card that were not part of the regular list of shopping items and were not items the clients requested. Admin-B said it raised eyebrows but she was not overly concerned and planned to talk to ULP-D about unauthorized purchases on the licensee debit card if it happened a second time. Admin-B said she should have addressed the issue right away. Admin-B did not have any documentation from the incident. After Admin-B reviewed C1's bank statement, she called Domino's Pizza and asked who ordered the food and drink items on July 13, 2019 for \$37.11 and was given the caller's first name, which matched ULP-D's first name. Staff had no been re-educated on financial exploitation at the time of the interview.</p> <p>During an interview on February 13, 2020 at 2:49 p.m., ULP-C said part of the staff training is Educare computer training, and it covers all types of abuse.</p> <p>During an interview on March 6, 2020, at 9:38 a.m, ULP-D said she didn't recall when she started working at the licensee but she worked there over the summer of 2019. ULP-D said she was a house lead and supervised the clients, did hands-on cares, prepared meals, and arranged appointments and rides for clients. ULP-D said she was trained on vulnerable adults and maltreatment. She said C1 was independent in everything; she just cooked meals for him. ULP-D said she never used C1's debit card to purchase anything. ULP-D said she was never asked to order food for C1 using his debit card; he handled his own finances. ULP-D said she did not order pizza for herself using C1's debit card on July 13, 2019. ULP-D said she was terminated from her job because of the card issue, but Admin-B never</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	<p>Continued From page 17</p> <p>gave her proof.</p> <p>Review of a document titled, Unlicensed Personnel Job Description, dated January 2014, indicated the ULP position is responsible for providing personal care and delegated nursing services designed to maintain the client's physical and emotional well-being.</p> <p>Review of a policy titled, Handling of Client's Finances and Property, dated May 1, 2015, indicated a client's finances and property may not be used by staff for personal use or gain. Staff may not borrow a client's funds or personal or real property or in any way convert a client's property to the licensee's or staff's possession.</p> <p>Review of a document titled, Prevention Management and Reporting Behavior, dated February 22, 2020 was reviewed at a staff meeting, same date, on reporting verbal abuse, physical assault or violent behavior. Financial exploitation was not listed.</p> <p>Law enforcement declined to be interviewed during an active investigation against ULP-D and could not release documents regarding the investigation.</p> <p>Time Period for Correction: Seven (7) Days</p>	0 800			

**2730 WINNETKA AVENUE NORTH
NEW HOPE, MN 55428**

Based on interviews and document review, the licensee failed to ensure that one of one client (C1) reviewed was free from maltreatment (financial exploitation) when unlicensed personnel (ULP)-D used C1's debit card number to make an unauthorized purchase of \$37.11. C1's debit card number was used in additional unauthorized

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	<p>Continued From page 19</p> <p>purchases of over \$2,400 dollars.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>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.</p> <p>Review of C1's Individual Abuse Prevention Plan (IAPP) dated June 18, 2019, indicated C1 was assessed as vulnerable to financial exploitation. C1 understood the concept of money, managed his own finances, paid his own bills, and was responsible for his financial decisions. Staff were instructed to ensure C1 used his money appropriately and for himself alone. Staff could assist C1 with shopping for personal care needs as needed. C1 was assessed as not knowing how to report financial mismanagement and staff instructed to educate C1 on financial exploitation and reporting to trusted staff. Staff were supposed to report any financial mismanagement to the state common entry point (CEP).</p> <p>Review of a document titled, July Staff Schedule 2019, indicated ULP-D was scheduled and worked 7:00 a.m. to 3:00 p.m. on July 13, 2019.</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	<p>Continued From page 20</p> <p>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.</p> <p>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:</p> <p>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 GrubHub, \$23.91 07-18-2019 Target.com, \$32.99 07-22-2019 Target.com, \$6.42 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, \$81.59 08-06-2019 Doordash, \$28.85 08-08-2019 Target.com, \$36.99 08-08-2019 Target.com, \$54.92 08-12-2019 IBI Fabletics.com, \$49.95 08-12-2019 Target.com, \$38.14 08-12-2019 Target.com \$1.39 08-13-2019 Target.com, \$71.01 08-14-2019 Target.com, \$36.99 08-15-2019 Target.com, \$25.98 08-16-2019 Target.com, \$47.98 08-19-2019 Target.com, \$54.44 08-19-2019 Target.com, \$69.84 08-20-2019 Target.com \$8.81</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	<p>Continued From page 21</p> <p>08-20-2019 Target.com \$65.17 08-21-2019 Doordash, \$17.52 08-22-2019 Target.com, \$32.99</p> <p>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 an 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.</p> <p>Review of an untitled document dated September 10, 2019, indicated Admin-B made multiple attempts to contact ULP-D by phone to interview her about C1's compromised debit card but could not reach ULP-D. ULP-D was terminated from the licensee as an employee on September 10, 2019.</p> <p>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:</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	Continued From page 22 07-17-2019 Target.com, \$24.99 07-18-2019 IBI Fabletics.com, \$24.00 07-18-2019 GrubHub, \$23.91 07-18-2019 Target.com, \$32.99 07-22-2019 Target.com, \$6.42 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, \$81.59 08-06-2019 Doordash, \$28.85 08-08-2019 Target.com, \$36.99 08-08-2019 Target.com, \$54.92 08-12-2019 IBI Fabletics.com, \$49.95 08-12-2019 Target.com, \$38.14 08-12-2019 Target.com \$1.39 08-13-2019 Target.com, \$71.01 08-14-2019 Target.com, \$36.99 08-15-2019 Target.com, \$25.98 08-16-2019 Target.com, \$47.98 08-19-2019 Target.com, \$54.44 08-19-2019 Target.com, \$69.84 08-20-2019 Target.com \$8.81 08-20-2019 Target.com \$65.17 08-21-2019 Doordash, \$17.52 08-22-2019 Target.com, \$32.99 8-26-2019 Amazon, \$17.99 8-26-2019 Amazon, \$77.93 8-26-2019 Amazon, \$42.88 8-26-2019 Amazon, \$37.70 8-26-2019 Doordash, \$18.48 8-26-2019 Lyft Ride, \$41.31 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 Amazon, \$38.98 8-27-2019 Target, \$4.18 8-27-2019 Amazon, \$92.43	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV			STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428		
(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
0 800	<p>Continued From page 23</p> <p>8-27-1029 Amazon, \$16.99 8-27-2019 Amazon, \$177.94 8-27-2019 Amazon, \$129.75 8-27-2019 Amazon, \$68.02 8-27-2019 Amazon, \$13.99 8-28-2019 Doordash, \$24.84 8-28-2019 Amazon, \$13.47 8-28-2019 Amazon, \$31.99 8-30-2019 Target, \$21.48 9-3-2019 Doordash, \$48.40 9-3-2019 Amazon, \$77.33 9-3-2019 Target, \$32.99 9-3-2019 Target, \$94.02 9-3-2019 Doordash, \$19.49 9-3-2019 Target, \$65.79 9-3-2019 Amazon Prime, \$13.97 9-3-2019 Target, \$32.63 9-4-2019 Target, \$16.95 9-4-2019 Lyft, \$5.00 9-5-2019 Grubhub, \$29.18 9-6-2019 Target, \$28.49 9-6-2019 Doordash, \$32.13 9-6-2019 IBI Fabletics, \$49.95 9-6-2019 Doordash, \$19.40 9-7-2019 Doordash, \$40.06 9-12-2019 IBI Fabletics, \$104.85</p> <p>Review of a document titled, Card Dispute, dated October 4, 2019, indicated fraudulent card activity with C1's debit card number continued until September 12, 2019. C1's bank permanently credited his account for \$2531.55 in unauthorized purchases C1 was not responsible for making.</p> <p>During an interview on February 13, 2020 at 12:00 p.m., C1 said he checked his bank statement and saw suspicious charges to stores and services he didn't use. He said he had no idea who could have taken his debit card number. C1 said ULP-D never asked to borrow money. C1</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	<p>Continued From page 24</p> <p>said he usually kept his debit card in his clothing pockets or on top of a dresser in his room and never had a problem like this before. C1 said he would keep the card hidden from now on. He said the licensee had always offered to store his cards and valuables in their safe, but he always declined. C1 said he felt safe living at the licensee.</p> <p>During an interview on February 13, 2019 at 1:00 p.m., Admin-B said ULP-D had good references and passed her background check. ULP-D was given the house lead position which required ULP-D to supervise the daily running of the house, purchase groceries and supplies for the house, and arrange client transportation appointments. Admin-B said there was one incident where ULP-D went grocery shopping for the licensee, and there were a food items purchased on the licensee's debit card that were not part of the regular list of shopping items and were not items the clients requested. Admin-B said it raised eyebrows, but she was not overly concerned and planned to talk to ULP-D about unauthorized purchases on the licensee debit card if it happened a second time. Admin-B said she should have addressed the issue right away. Admin-B did not have any documentation from the incident. After Admin-B reviewed C1's bank statement, she called Domino's Pizza and asked who ordered the food and drink items on July 13, 2019 for \$37.11 and was given the caller's first name, which matched ULP-D's first name. Staff had not been re-educated on financial exploitation at the time of the interview.</p> <p>During an interview on February 13, 2020 at 2:49 p.m., ULP-C said part of the staff training is Educare computer training, and it covers all types of abuse.</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV			STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428		
(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
0 800	<p>Continued From page 25</p> <p>During an interview on March 6, 202, at 9:38 a.m., ULP-D said she didn't recall when she started working at the licensee, but she worked there over the summer of 2019. ULP-D said she was a house lead and supervised the clients, did hands-on cares, prepared meals, and arranged appointments and rides for clients. ULP-D said she was trained on vulnerable adults and maltreatment. She said C1 was independent in everything; she just cooked meals for him. ULP-D said she never used C1's debit card to purchase anything. ULP-D said she was never asked to order food for C1 using his debit card as he handled his own finances. ULP-D said she did not order pizza for herself using C1's debit card on July 13, 2019. ULP-D said she was terminated from her job because of the card issue, but Admin-B never gave her proof.</p> <p>Review of a document titled, Unlicensed Personnel Job Description, dated January 2014, indicated the ULP position is responsible for providing personal care and delegated nursing services designed to maintain the client's physical and emotional well-being.</p> <p>Review of a policy titled, Handling of Client's Finances and Property, dated May 1, 2015, indicated a client's finances and property may not be used by staff for personal use or gain. Staff may not borrow a client's funds or personal or real property or in any way convert a client's property to the licensee's or staff's possession.</p> <p>Review of a document titled, Prevention Management and Reporting Behavior, dated February 22, 2020, was reviewed at a staff meeting, same date, on reporting verbal abuse, physical assault or violent behavior. Financial</p>	0 800			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H24859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/13/2020
NAME OF PROVIDER OR SUPPLIER TOTALCARE ASSISTED LIVING SERV		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 WINNETKA AVENUE NORTH NEW HOPE, MN 55428			
(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
0 800	Continued From page 26 exploitation was not listed. Law enforcement declined to be interviewed during an active investigation against ULP-D and could not release documents regarding the investigation. Time Period for Correction: Seven (7) Days	0 800			