



Office of Health Facility Complaints Investigative Report  
PUBLIC

<b>Facility Name:</b> Peaceful Living Services			<b>Report Number:</b> HL24993014, HL2499015, and HL24993016	<b>Date of Visit:</b> January 25, 2018
<b>Facility Address:</b> 1000 Reaney			<b>Time of Visit:</b> 9:00 a.m. to 7:00 p.m.	<b>Date Concluded:</b> March 22, 2018
<b>Facility City:</b> St. Paul			<b>Investigator's Name and Title:</b> Amy Hyers, RN, Special Investigator and Darin Hatch, Special Investigator	
<b>State:</b> Minnesota	<b>ZIP:</b> 55106	<b>County:</b> Ramsey		

Home Care Provider/Assisted Living

**Allegation(s):**

It is alleged that client 1 and client 2 were financially exploited when the alleged perpetrator (AP ) took the clients' oxycodone for their own personal use.

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

**Conclusion:**

Based on a preponderance of evidence, financial exploitation is substantiated. The alleged perpetrator (AP) took an unknown amount of 5 milligrams (mg) oxycodone from Client 1 over approximately a six week period, for his/her own personal use, in exchange for soda pop from an area retailer. The AP also took an unknown amount of 5 mg oxycodone from Client 2 over approximately a six week period for their own personal use.

The clients received services from the provider, who was licensed as a comprehensive home care provider, for medication management. Client 1 and Client 2 each had a physician's order for oxycodone 5 mg.

A staff member reported to management that Client 1 said s/he was giving the AP his/her oxycodone in trade for soda pop. Management conducted an internal investigation. Client 1 denied the allegation to management. The staff member re-approached Client 1 and obtained a voice recording of Client 1 admitting they gave the AP their oxycodone 5 mg tablets over the course of about six weeks. The staff member also reported to management they observed the AP place a tablet of Client 2's 5 mg oxycodone on his/her tongue, with his/her back turned intentionally to the hall camera when Client 2 was asleep and unable to take the medication. Also provided to management was a voice recording of another staff

member telling the staff member that they knew the AP was taking Client 1 and 2's oxycodone for their own personal use.

Document review during the on-site investigation of medication administration to the clients revealed no violations of state licensing requirements.

Client 1 was interviewed and said s/he gave the AP one 5 mg oxycodone tablet because the AP hurt his/her ankle and s/he felt sorry for the AP.

Client 2 was interviewed and said s/he had an increase in pain around a recent holiday.

Management was interviewed and said they heard voice recordings of the staff member talking with Client 1 about the AP. Client 1 told the staff member s/he would give the AP his/her 5 mg oxycodone and the AP would bring him/her soda pop from an area retailer. The nurse said Client 2 had an increase in pain in December and shed tears because the pain was so intense s/he could not get out of his/her chair. During the same time frame, the nurse said Client 2 had an increase in falls due to the pain.

The AP was interviewed and denied taking medications from either client.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

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

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

**Mitigating Factors:**

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the  Individual(s) and/or  Facility is responsible for the

Abuse  Neglect  Financial Exploitation. This determination was based on the following:

The home care provider had policies in place to address financial exploitation. The AP's personnel file showed the AP's acknowledgment of receiving the "Employee Handbook" which indicated any theft was unacceptable in the workplace and was grounds for involuntary termination. The AP's personnel file showed the AP received training in regards to the policies in place. The AP's personnel file showed the AP received a cleared background check.

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

**Compliance:**

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

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State licensing orders were issued:  Yes  No

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

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) - Compliance Not Met  
The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.

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State licensing orders were issued:  Yes  No

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

State Statutes Chapters 144 & 144A – Compliance Not Met - Compliance Not Met  
The requirements under State Statutes for Chapters 144 & 144A were not met.

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State licensing orders were issued:  Yes  No

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

**Compliance Notes:**

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**Definitions:**

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

"Financial exploitation" means:

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

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

**Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated**

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

**The Investigation included the following:**

Facility Name: Peaceful Living Services

Report Number: HL24993014, HL2499015, and HL24993016

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

- Medical Records
- Care Guide
- Medication Administration Records
- Nurses Notes
- Assessments
- Physician Orders
- Care Plan Records
- Facility Incident Reports
- ADL (Activities of Daily Living) Flow Sheets
- Service Plan

**Other pertinent medical records:**

**Additional facility records:**

- Staff Time Sheets, Schedules, etc.
- Facility Internal Investigation Reports
- Personnel Records/Background Check, etc.
- Facility In-service Records
- Facility Policies and Procedures

Number of additional resident(s) reviewed: None

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

Specify: No additional records selected.

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

Yes  No  N/A

Specify: \_\_\_\_\_

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

Interview with reporter(s)  Yes  No  N/A

Specify: \_\_\_\_\_

If unable to contact reporter, attempts were made on:

Date:	Time:	Date:	Time:	Date:	Time:
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Interview with family:  Yes  No  N/A Specify: \_\_\_\_\_

Facility Name: Peaceful Living Services

Report Number: HL24993014, HL2499015, and HL24993016

Did you interview the resident(s) identified in allegation:

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

Did you interview additional residents?  Yes  No

Total number of resident interviews: 17 \_\_\_\_\_

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

### Tennessen Warnings

Tennessen Warning given as required:  Yes  No

Total number of staff interviews: Six \_\_\_\_\_

Physician Interviewed:  Yes  No

Nurse Practitioner Interviewed:  Yes  No

Physician Assistant Interviewed:  Yes  No

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

Attempts to contact:

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

If unable to contact was subpoena issued:  Yes, date subpoena was issued \_\_\_\_\_  No

Were contacts made with any of the following:

Emergency Personnel  Police Officers  Medical Examiner  Other: Specify \_\_\_\_\_

### Observations were conducted related to:

Nursing Services

Medication Pass

Cleanliness

Dignity/Privacy Issues

Safety Issues

Meals

Facility Tour

Was any involved equipment inspected:  Yes  No  N/A

Was equipment being operated in safe manner:  Yes  No  N/A

Were photographs taken:  Yes  No Specify: \_\_\_\_\_

Facility Name: Peaceful Living Services

Report Number: HL24993014, HL2499015, and HL24993016

cc:

**Health Regulation Division - Home Care & Assisted Living Program**

**The Office of Ombudsman for Long-Term Care**

**Washington County Attorney**

**Oakdale City Attorney**

**Oakdale Police Department**

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H24993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/08/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEACEFUL LIVING SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 REANEY SAINT PAUL, MN 55106</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order is issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>On January 25, 2018, a complaint investigation was initiated to investigate complaint numbers HL24993013, HL24993014, HL24993015, and HL24993016. At the time of the survey, there were 42 clients that were receiving services under the comprehensive license. The following correction order is issued for HL24993014, HL24993015, and HL24993016.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
0 325 SS=E	<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:</p>	0 325		

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

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0 325	<p>Continued From page 1</p> <p>(14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all 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 document review, audio recording review, and interviews, the licensee failed to ensure the right of two of two clients (C1) and (C2) reviewed to be free from maltreatment (financial exploitation-drug diversion), when a staff person took an unknown amount of oxycodone from the clients over a six week period for their own personal use.</p> <p>The violation occurred as a level 2 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, but was not likely to cause serious injury, impairment, or death) and is issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive).</p> <p>The findings include:</p> <p>C1's file was reviewed. C1 received comprehensive home care service from the licensee for medication management according to a service agreement dated January 11, 2018. C1 had a physician's order for oxycodone 5 milligrams (mg) dated October 3, 2017.</p> <p>C2's file was reviewed. C2 received comprehensive home care service from the licensee for medication management according</p>	0 325		



Minnesota Department of Health

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0 325	<p>Continued From page 2</p> <p>to a service agreement dated January 12, 2018. C2 had a physician's order for oxycodone 5 mg dated November 3, 2017.</p> <p>C1 was interviewed and said he gave HHA-Y one 5 mg oxycodone tablet because she hurt her ankle and he felt sorry for HHA-Y.</p> <p>C2 was interviewed and said she had an increase in pain around Christmas time.</p> <p>During interview on January 25, 2018, at 2:53 p.m. registered nurse (RN)-W said home health aide (HHA)-Z came to her and reported C1 said he was giving HHA-Y his oxycodone in trade for soda pop. RN-W conducted an internal investigation. C1 denied the allegation to RN-W. RN-W said C1 is reluctant to say anything to management because he is afraid he will lose his housing. HHA-Z re-approached C1 and obtained a voice recording of C1 who admitted he gave HHA-Y his oxycodone 5 mg tablets over the course of about six weeks.</p> <p>RN-W said HHA-Z also reported she observed HHA-Y place a tablet of C2's 5 mg oxycodone on her tongue with her back turned intentionally to the hall camera when C2 was asleep and unable to take the medication.</p> <p>RN-W said she heard voice recordings of HHA-Z talking with C1 about HHA-Y. C1 told HHA-Z he would give HHA-Y his 5 mg oxycodone and HHA-Y would bring him soda pop from an area retailer.</p> <p>RN-W said HHA-Z also provided a voice recording of HHA-V telling HHA-Z she knew HHA-Y was taking C1 and C2's oxycodone for her own personal use.</p>	0 325		

Minnesota Department of Health

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0 325	<p>Continued From page 3</p> <p>RN-W said C2 had an increase in pain in December and shed tears because the pain was so intense she could not get out of her chair. During the same time frame, RN-W said C2 had an increase in falls due to the pain.</p> <p>During interview on January 25, 2018, at 5:05 p.m. housing director (HD)-X reviewed, narrated, and confirmed an audio recording from HHA-Z in which she heard the recording about C1 admitting he traded oxycodone for soda pop with HHA-Y over a six week period. HD-X said she terminated the employment of HHA-Y.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 325		



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Certified Mail Number: 7015 3010 0001 4648 6422

March 13, 2018

Ms. Bao Vang, Administrator  
Peaceful Living Services  
1000 Reaney  
Saint Paul, MN 55106

RE: Complaint Number HL24993013, HL24993014, HL24993015, and HL24993016

Dear Ms. Vang :

A complaint investigation (#HL24993013, HL24993014, HL24993015, and HL24993016) of the Home Care Provider named above was completed on March 8, 2018, for the purpose of assessing compliance with state licensing regulations. At the time of the investigation, the investigator from the Minnesota Department of Health, Office of Health Facility Complaints, noted one or more violations of these regulations. These state licensing orders are issued in accordance with Minnesota Statutes Sections 144A.43 to 144A.482.

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

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

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

Rena Dressel, Health Program Rep. Sr  
Home Care Assisted Living Program  
Minnesota Department of Health  
P.O. Box 3879

Peaceful Living Services

March 13, 2018

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85 East Seventh Place  
St. Paul, MN 55101

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

Sincerely,

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

Matthew Heffron, JD, NREMT  
Health Regulations Division  
Supervisor, Office of Health Facility Complaints  
85 East Seventh Place, Suite 220  
P.O. Box 64970  
St. Paul, MN 55164-0970  
Telephone: (651) 201-4221 Fax: (651) 281-9796

MLH

Enclosure

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