

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL260357264M
Compliance #: HL260353762C

Date Concluded: March 28, 2024

Name, Address, and County of Licensee

Investigated:

Comfort Keepers
2006 1st Avenue Suite 205
Anoka, Minnesota 55303
Anoka County

Facility Type: Home Care Provider

Evaluator's Name:

Kathy Barnhardt, RN Special Investigator
Michele Larson, RN Special Investigator

Finding: Substantiated, individual responsibility

Nature of Investigation:

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.

Initial Investigation Allegation(s):

The alleged perpetrator (AP), facility staff, financially exploited client #1 and client #2 when the AP asked client #1 for gas money for her own vehicle and took client #1's bank card from his home. In addition, the AP cashed a \$5000.00 check from client #2, and stole tools valued at \$1300.00 from client #2.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined financial exploitation was substantiated for client #2. The AP was responsible for the maltreatment. The AP received and cashed a \$5000.00 check client #2 gave to the AP intended as a loan. Conflicting information was provided regarding client #2's missing tools. Family friends had access to client #2's tools and had a history of borrowing tools from client #2.

The Minnesota Department of Health determined financial exploitation for client #1 was inconclusive. Although client #1 said he borrowed the AP money, there was no evidence of the transactions and client #1 would not provide an amount of money borrowed to the AP. Client #1 stated all agency staff had access to the client #1's bank card and pin number.

The investigator conducted interviews with facility staff members, administrative staff, nursing staff, family members, and the alleged perpetrator. The investigation included review of the client #1 and client #2's records, client #2's death record, the facility internal investigation, facility incident reports, staff schedules, timesheets, related facility policy and procedures, and the AP's personnel file.

Client #1 received comprehensive home care services in their home. Client #1's diagnoses included paralysis of all four limbs and torso (quadriplegia). Client #1 received total assistance with all cares. Client #1 was alert and oriented and used an electric wheelchair for mobility and mechanical sling lift for transfers. Staff were directed not to assist client #1 with signing checks, making credit transactions, accepting gifts, and/or tips from client #1. Staff were directed to notify administrative staff immediately if client #1 gave staff money or gifts.

Client #2 received comprehensive home care services in his home. Client #2's diagnoses included chronic obstructive pulmonary disease (COPD). Client #2's service plan included assistance with activities of daily living (ADL) and in-home companionship. Client #2 had memory issues, was hard of hearing, and vulnerable to financial exploitation with an inability to handle financial matters. Client #2 used a wheelchair for mobility.

The facility investigation indicated one day client #2's family requested the AP not return to care for client #2. When facility staff contacted client #2, the client stated the AP was stealing tools from his home and he had written a \$5000.00 check to the AP three month prior. During an interview, the AP agreed she accepted a \$5000.00 check from client #2 stating, "She (AP) had a financial arrangement with the client". During the facility investigation of the AP taking \$5000.00 from client #2, facility staff interviewed additional clients including client #1. The agency staff became aware the AP allegedly received gas money and used client #1's bank card seven months prior to the investigation.

Review of a cancelled check indicated client #2 wrote a check to the AP for \$5000.00. In the memo section of the check, client #2 wrote, "Loan to be repaid".

During an interview, the AP denied accepting money from client #1 but stated client #1 gave her money a couple of years ago to donate to a memorial fund. The AP stated client #1 routinely gave his bank card and pin number to staff. The AP initially stated client #2 was "worried about my mother," and wanted to help, so he wrote the AP a \$5000.00 check as a loan to be repaid. Later in the interview, the AP changed her story and stated client #2 gave her the \$5000.00 towards a down payment on a house but stated the money was never used for a down payment. The AP stated most of her work time with client #2 was for companionship. The AP

stated client #2 “thought of me as a daughter.” The AP stated she “was going to start to repay the loan next month, with my next paycheck.” The AP had not attempted to repay client #2 the \$5000.00 for over one year. The AP denied taking tools.

During an interview, client #1 stated the AP did ask him for money but could not recall the amount. Client #1 stated the AP told him a family member needed to go into a treatment center and the AP needed financial help. Client #1 stated the AP told him she would repay the loan however; the AP did not repay the loan. Client #1 stated, “The only thing I know is that her family member was in trouble, and I was trying to help.” Client #1 stated he wanted to forget the entire incident.

During an interview, client #1’s family friend stated she overheard the AP talk to client #1 about not having gas money, stating the AP would initially decline client #1’s offer of money, then repeat to client #1 she had no gas money, until the AP finally accepted client #1’s gas money. The family friend stated she had no tangible evidence the AP took client #1’s bank card and stated client #1 routinely gave his bank card to agency staff to go shopping for him.

During an interview, client #2’s family member stated she did not agree with client #2 when he borrowed \$5000.00 to the AP. The family member stated, “I knew she (AP) should not take money from client #2. I told him he would never see a cent of it back, but client #2 felt bad for the AP and wanted to help”.

During an interview, agency leadership stated client #2 suspected the AP stole his tools but had no proof. Leadership stated client #2 said the \$5,000 check he wrote to the AP was a loan and he repeatedly told agency staff he wanted the money back.

In conclusion, the Minnesota Department of Health determined financial exploitation was substantiated for client #2 and inconclusive for client #1.

Inconclusive: Minnesota Statutes, section 626.5572, Subdivision 11.

"Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

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

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"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;
- (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 Adults interviewed: Client #1 was interviewed. Client #2 was deceased.

Family/Responsible Parties interviewed: Yes.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The home care agency conducted an internal investigation. The AP is no longer employed by the home care agency.

Action taken by the Minnesota Department of Health:

The facility was issued a correction order regarding the vulnerable adult's right to be free from maltreatment.

You may also call 651-201-4200 to receive a copy via mail or email.

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

The Office of Ombudsman for Mental Health and Developmental Disabilities

Anoka County Attorney

Coon Rapids City Attorney

Coon Rapids Police Department

Minnesota Department of Human Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H26035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/14/2024
NAME OF PROVIDER OR SUPPLIER COMFORT KEEPERS		STREET ADDRESS, CITY, STATE, ZIP CODE 2006 1ST AVENUE NORTH #205 ANOKA, MN 55303			
(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	Initial Comments *****ATTENTION***** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, the correction order is issued pursuant to a complaint investigation. 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. INITIAL COMMENTS: #HL260353762C/#HL260357264M On February 14, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 110 clients receiving services under the provider's Comprehensive Home Care License. The following correction order is issued for #HL260357264M tag identification 0325.	0 000			
0 325	144A.44, Subd. 1(a)(14) Free From Maltreatment 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 This MN Requirement is not met as evidenced	0 325			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 325	<p>Continued From page 1</p> <p>by: Based on interviews, and document review, the facility failed to ensure one of two clients reviewed (C2) was free from maltreatment. C2 was financially exploited.</p> <p>Findings include:</p> <p>On March 11, 2024, the Minnesota Department of Health (MDH) issued a determination that financial exploitation occurred, and that the 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 is required for this tag.		