



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Brookdale Edina  
3330 Edinborough Way  
Edina, MN 55435  
Hennepin County

Report #: HL26486002

Date: July 12, 2016

Date of Visit: August 27 and 28, 2015

By: Jane Aandal, R.N., Special Investigator

Time of Visit: 8:40 a.m.-3:15 p.m.

8:30 a.m.-11:00 a.m.

**Type of Facility:**

Nursing Home

HHA

Home Care Provider/Assisted Living

SLF

ICF/IID

Home Care

Hospital

Other: Comprehensive Home Care Provider

Facility Self Report

Complaint

**Allegation(s):** It is alleged clients were financially exploited when a staff, alleged perpetrator, took money from clients.

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

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

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

**Conclusion:**

Minnesota Vulnerable Adults Act (MN 626.557)

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

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

Based on a preponderance of evidence financial exploitation occurred when the alleged perpetrator (AP) took money from a client on more than one occasion totaling approximately \$1000.00.

This client reported to administrative staff that a large some of the client's money was taken and s/he had received cares from the same caregiver on more than one occasion. The facility contacted the police who then interviewed the AP who admitted to taking money from the client.

The client received services from the home care provider including medication set-up, laundry, transportation, and escort services to appointments.

The client was interviewed and stated the AP was frequently in his/her apartment. The client stated s/he kept money in a billfold in a dresser drawer and in a safe in his/her closet. The client stated when the AP would put laundry away, the money in the dresser drawer would be missing. The client stated s/he had \$1000.00 dollars in the safe and kept the combination on top of the safe. The client stated his/her advocate had checked the safe and found hundreds of dollars were missing.

The police report indicated the AP admitted to finding the combination of the client's safe and taking \$200.00 to \$300.00 at least two-three times during 2015 for about \$1000.00-\$1100.00. The police forwarded the case to the county attorney and charges had been filed against the AP.

Attempts to contact the AP for an interview were unsuccessful.

**Mitigating Factors:**

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

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

The facility had education in place for training staff regarding exploitation of vulnerable adults. The facility had policies in place to govern financial exploitation as defined in state statute. The alleged perpetrator (AP's) personnel file revealed the AP received training in regards to policies and procedures related to financial exploitation.

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

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

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

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

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

**State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Not Met**

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

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

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

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

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

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

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

**Facility Corrective Action:**

The facility took the following corrective action(s):

**Definitions:**

Minnesota Statutes, section 626.5572, subdivision 9 - Financial exploitation

"Financial exploitation" means:

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

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

**Other pertinent medical records:**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Hospital Records         | <input type="checkbox"/> Ambulance/Paramedics | <input type="checkbox"/> Medical Examiner Records | <input type="checkbox"/> Death Certificate |
| <input checked="" type="checkbox"/> Police Report |   |   |  |

**Additional facility records:**

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

Number of additional resident(s) reviewed: 6

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

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

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

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

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

If unable to contact complainant, attempts were made on:

Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_

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

Did you interview the resident(s) identified in allegation:  Yes  No  N/A Specify: \_\_\_\_\_

Did you interview additional residents:  Yes  No

Total number of resident interviews: 7

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

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

Total number of staff interviews: 4

Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

Interview with Alleged Perpetrator(s):  Yes  No  N/A Specify: Would not return a phone call

Attempts to contact: Date/time: 9/1/15, @ 2:05 p.m. Date/time: 9/2/15, @ 9:25 a.m. Date/time: 9/3/15, @ 5:15 p.m.

If unable to contact was subpoena issued:  Yes , date subpoena was issued 9/2/15  No

Were contacts made with any of the following:

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

**Observations were conducted related to:**

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

Was any involved equipment inspected:  Yes  No  N/A

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

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

xc: Health Regulation Division – Home Care & Assisted Living Program  
The Office of Ombudsman for Long-Term Care  
Edina City Police Department  
Hennepin County Attorney  
Edina City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H26486</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2015</b>
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>HOME CARE PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been 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><b>INITIAL COMMENTS:</b></p> <p>On August 27 &amp; 28, 2015, a complaint investigation was initiated to investigate complaint #HL26486002. At the time of the survey, there were 35 clients that were receiving services under the comprehensive license. The following correction orders are issued.</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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</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:</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 interview and document review, the licensee failed to ensure that 6 of 6 clients (C1, C2, C3, C4, C5, C6) were free from financial exploitation maltreatment when the clients had money taken by a personal care attendant (PCA)-B.</p> <p>This practice resulted in 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), and is issued at an isolated scope (1 or a limited number of clients are affected).</p> <p>Findings include:</p> <p>C1-C6's medical records were reviewed.</p> <p>On 8/28/15, at 10:15 a.m. the resident services manager (RSM)-A stated she had spoken with the clients after there had been reports of money stolen. The RSM-A stated a couple of the clients were suspicious of one of their caregivers. RSM-A stated the police were contacted and the clients were interviewed by them. RSM-A stated the police interviewed PCA-B offsite and she confessed to the thefts. RSM-A stated there were not witnesses to the thefts.</p> <p>The licensee documented the reported thefts which indicated the following: C1-reported in 12/14, \$60 dollars was missing</p>	0 325		
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0 325	<p>Continued From page 2</p> <p>and in 1/15, \$30 dollars was missing. C2-reported in 1/15, \$100 dollars was missing, 3/15, \$60 dollars was missing, and in 4/15, \$40-\$60 dollars was missing C3-reported in 2/15, \$200 dollars was missing C4-reported since 6/15, approximately \$2500 dollars was missing C5-reported in 2014, \$100 dollars and \$40 dollars was missing C6-reported in 3/15, \$30 dollars was missing on 3/18 or 3/19/15</p> <p>On 8/27/15, at 9:42 a.m. C4 was interviewed in her room. C4 stated she had figured it out, and PCA-B was the only one she figured who could have been in her apartment. C4 stated she had her billfold on her walker and money in her dresser drawer. In addition, she had money in the safe in her closet. C4 stated when PCA-B would put her laundry away, the money in her dresser drawer would disappear. C4 stated she had \$1000 dollars in her safe for her grandchildren and great-grandchildren. C4 stated her advocate had checked her safe and found hundreds of dollars were missing. C4 stated she was not sure of the exact amount of money that was taken. C4 stated she had trouble opening up the safe and not thinking she had put the combination of the safe on top of it.</p> <p>At 10:35 a.m. C5 was interviewed in her room. C5 stated she reported the missing money to the previous executive director (ED) who contacted the police.</p> <p>At 11:07 a.m. C2 stated each time she was missing money she notified the previous ED. C2 stated she had suspicions PCA-B was the one taking the money. C2 stated one day she had her purse open on the kitchen counter. C2 stated she</p>	0 325		
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0 325	<p>Continued From page 3</p> <p>went into the kitchen and PCA-B was standing in front of the purse and she looked almost "guilty." C2 stated she than went into her purse and all her money was missing. C2 stated the first time it happened she thought it was \$60 dollars, but was not sure. C2 stated the second time it happened it was \$100-\$140 dollars. C2 stated PCA-B had brought her dry cleaning in and C2 told her to put it in the front hall closet. C2 stated she was on her computer at the time. After PCA-B left C2 checked her purse and the money was gone.</p> <p>On 8/28/15, at 9:05 a.m. C3 was interviewed in her room. C3 stated she had went to the bank on a Thursday and taken \$200 dollars out from the ATM. C3 stated there were (10) twenty dollar bills. C3 stated she kept her billfold in the basket on her walker. C3 stated the following Sunday she noted the money was missing. C3 stated she felt the money had been taken when she was in the lunch room, as staff would move her walker out of the way. C3 stated she reported the theft to RSM-A.</p> <p>At 9:20 a.m. C6 was interviewed in her room. C6 stated she kept her purse in her walker and \$35 dollars was taken. C6 stated money was only taken from her the one time and she did not know who had done it.</p> <p>At 10:40 a.m. C1 was interviewed in her room. C1 stated she had her money in a billfold on the coffee table and money went missing. C1 stated she reported the theft and had no further details about the incident.</p> <p>The licensee's policy titled, Abuse, Neglect, and Exploitation Investigation and Reporting revised 5/11, indicated exploitation was the unauthorized expenditure of the client's funds in their care</p>	0 325		

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0 325	Continued From page 4  which results or is likely to result in detriment to the client.  TIME PERIOD FOR CORRECTION: Twenty one (21) days	0 325		
0 805	144A.479, Subd. 6(a) Reporting Maltrx of Vulnerable Adults/Minors  This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure that an allegation of financial exploitation maltreatment was reported to the common entry point (CEP) as required in a timely manner for 6 of 6 clients (C1, C2, C3, C4, C5, C6) reviewed.  This practice resulted in 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), and is issued at an isolated scope (1 or a limited number of clients are affected).  Findings include:  C1-C6's medical records were reviewed.  The licensee documented the reported thefts which indicated the following: C1-reported in 12/14, \$60 dollars was missing and in 1/15, \$30 dollars was missing. C2-reported in 1/15, \$100 dollars was missing, 3/15, \$60 dollars was missing, and in 4/15, \$40-\$60 dollars was missing	0 805		

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0 805	<p>Continued From page 5</p> <p>C3-reported in 2/15, \$200 dollars was missing C4-reported since 6/15, approximately \$2500 dollars was missing C5-reported in 2014, \$100 dollars and \$40 dollars was missing C6-reported in 3/15, \$30 dollars was missing on 3/18 or 3/19/15</p> <p>On 8/28/15, at 9:40 a.m. the resident services manager (RSM)-A stated on 7/9/15, they were told by their attorney to report the thefts. RSM-A stated she did not document the date she reported the thefts to the CEP. RSM-A stated none of the thefts were reported to CEP within 24 hours as she was not aware of the requirement.</p> <p>The licensee's policy titled, Abuse, Neglect, and Exploitation Investigation and Reporting, revised 5/11, indicated the administrator or designee should make a report to the CEP as soon as practicable.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 805		
0 880	<p>144A.4791, Subd. 11 Client Complaint and Investigative Process</p> <p>Subd. 11. Client complaint and investigative process. (a) The home care provider must have a written policy and system for receiving, investigating, reporting, and attempting to resolve complaints from its clients or clients' representatives. The policy should clearly identify the process by which clients may file a complaint or concern about home care services and an explicit statement that the home care</p>	0 880		

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0 880	<p>Continued From page 6</p> <p>provider will not discriminate or retaliate against a client for expressing concerns or complaints. A home care provider must have a process in place to conduct investigations of complaints made by the client or the client's representative about the services in the client's plan that are or are not being provided or other items covered in the client's home care bill of rights. This complaint system must provide reasonable accommodations for any special needs of the client or client's representative if requested.</p> <p>(b) The home care provider must document the complaint, name of the client, investigation, and resolution of each complaint filed. The home care provider must maintain a record of all activities regarding complaints received, including the date the complaint was received, and the home care provider's investigation and resolution of the complaint. This complaint record must be kept for each event for at least two years after the date of entry and must be available to the commissioner for review.</p> <p>(c) The required complaint system must provide for written notice to each client or client's representative that includes:</p> <p>(1) the client's right to complain to the home care provider about the services received;</p> <p>(2) the name or title of the person or persons with the home care provider to contact with complaints;</p> <p>(3) the method of submitting a complaint to the home care provider; and</p> <p>(4) a statement that the provider is prohibited</p>	0 880		

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0 880	<p>Continued From page 7</p> <p>against retaliation according to paragraph (d).</p> <p>(d) A home care provider must not take any action that negatively affects a client in retaliation for a complaint made or a concern expressed by the client or the client's representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to document the investigation into the client's complaints of missing money and the resolution to each complaint filed for 6 of 6 clients (C1, C2, C3, C4, C5, C6) reviewed.</p> <p>This practice resulted in 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), and is issued at an isolated scope (1 or a limited number of clients are affected).</p> <p>Findings include:</p> <p>C1-C6's medical records were reviewed.</p> <p>The licensee documented the reported thefts which indicated the following: C1-reported in 12/14, \$60 dollars was missing and in 1/15, \$30 dollars was missing. C2-reported in 1/15, \$100 dollars was missing, 3/15, \$60 dollars was missing, and in 4/15, \$40-\$60 dollars was missing C3-reported in 2/15, \$200 dollars was missing C4-reported since 6/15, approximately \$2500 dollars was missing C5-reported in 2014, \$100 dollars and \$40 dollars was missing C6-reported in 3/15, \$30 dollars was missing on</p>	0 880		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H26486</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE EDINA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3330 EDINBOROUGH WAY</b> <b>EDINA, MN 55435</b>		
(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
0 880	<p>Continued From page 8</p> <p>3/18 or 3/19/15</p> <p>On 8/28/15, at 9:40 a.m. The resident services manager (RSM)-A stated the first three to four reports of theft she just remembered and did not document the date when it was reported. Than in March 2015, the RSM-A stated she created a word document and identified the client's name and the amount of missing money. At 10:05 a.m. the RSM-A stated she did not document her conversations with the police department. The RSM-A stated she had no documentation of the internal investigations or the resolution of the complaints.</p> <p>On 8/28/15, at 10:15 a.m. the (RSM)-A stated the various clients would report the missing money to the case manager, herself or the executive director (ED) . The RSM-A stated the ED would go and speak with the clients. The RSM-A stated at one point one of the clients that it was one of their caregivers. The RSM-A stated the police became involved in February of 2015, and the detectives spoke with the clients. The RSM-A stated there were not witnesses to the missing money.</p> <p>The licensee's policy titled, Abuse, Neglect, and Exploitation Investigation and Reporting, revised 5/11, indicated the administrator or designee should maintain a written record of the investigation. A summary of interviews should be prepared by the administrator or designee, including the date, time, name of person being questioned and an impartial report of the facts.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H26486</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE EDINA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3330 EDINBOROUGH WAY EDINA, MN 55435</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
02015	Continued From page 9	02015		
02015	<p>626.557, Subd. 3 Timing of Report</p> <p>Subd. 3. Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p>	02015		



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H26486</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE EDINA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3330 EDINBOROUGH WAY EDINA, MN 55435</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
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02015	<p>Continued From page 10</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure that an allegation of maltreatment-financial exploitation was reported to the common entry point (CEP) as required in a timely manner for 6 of 6 clients (C1, C2, C3, C4, C5, C6) reviewed.</p> <p>This practice resulted in 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), and is issued at an isolated scope (1 or a limited number of clients are affected).</p> <p>Findings include:  C1-C6's medical records were reviewed.</p>	02015		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H26486</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE EDINA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3330 EDINBOROUGH WAY EDINA, MN 55435</b>		
(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
02015	<p>Continued From page 11</p> <p>The licensee documented the reported thefts which indicated the following:            C1-reported in 12/14, \$60 dollars was missing and in 1/15, \$30 dollars was missing.            C2-reported in 1/15, \$100 dollars was missing, 3/15, \$60 dollars was missing, and in 4/15, \$40-\$60 dollars was missing            C3-reported in 2/15, \$200 dollars was missing            C4-reported since 6/15, approximately \$2500 dollars was missing            C5-reported in 2014, \$100 dollars and \$40 dollars was missing            C6-reported in 3/15, \$30 dollars was missing on 3/18 or 3/19/15</p> <p>On 8/28/15, at 9:40 a.m. the resident services manager (RSM)-A stated on 7/9/15, they were told by their attorney to report the thefts. RSM-A stated she did not document the date she reported the thefts to the CEP. RSM-A stated none of the thefts were reported to CEP within 24 hours as she was not aware of the requirement.</p> <p>The licensee's policy titled, Abuse, Neglect, and Exploitation Investigation and Reporting, revised 5/11, indicated the administrator or designee should make a report to the CEP as soon as practicable.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02015		

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number H26486	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/16/2015
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Name of Facility BROOKDALE EDINA	Street Address, City, State, Zip Code 3330 EDINBOROUGH WAY EDINA, MN 55435
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>00325</u> Reg. # <u>144A.44, Subd. 1(14)</u> LSC _____	Correction Completed 10/16/2015	ID Prefix <u>00805</u> Reg. # <u>144A.479, Subd. 6(a)</u> LSC _____	Correction Completed 10/16/2015	ID Prefix <u>00880</u> Reg. # <u>144A.4791, Subd. 11</u> LSC _____	Correction Completed 10/16/2015
ID Prefix <u>02015</u> Reg. # <u>626.557, Subd. 3</u> LSC _____	Correction Completed 10/16/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 9/14/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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