



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Keystone Communities Management
401 North 3rd Street, Suite 350
Minneapolis, MN 55401
Hennepin County

Report #: HL27702011

Date: ~~July 25, 2014~~ July 25, 2013

Revised: September 18, 2014

Date of Visit: February 10, 2014
Time of Visit: 8:30 a.m. to 2:00 p.m.

By: Annette Winters, R.N., Special Investigator
Revised By: Stella French, Director

- Type of Facility:**
- Nursing Home
 - SLF
 - Hospital
 - HHA
 - ICF/IID
 - Other: _____
 - Home Care Provider/Assisted Living
 - Home Care

- Facility Self Report
- Complaint

Allegation(s): It is alleged that financial exploitation occurred when a staff, resident assistant, used a client's credit card without authorization to make purchases of approximately \$1300.00.

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 did occur. The AP while employed by the facility used the client's credit card for personal use totaling approximately \$1300.00 to \$1400.00.

The client was not able to manage her/his own finances due to confusion and memory impairments. The client had a power of attorney (POA) who assisted the client to pay for living expenses.

Interviews and documentation indicated that the client's credit card statement from September ~~2014~~ 2013 to October ~~2014~~ 2013 had multiple unauthorized transactions totaling over \$700.00 for gas stations, fast food, grocery stores, liquor stores, discount super stores, restaurants, and DVD rentals.

According to the client's POA, additional charges on the client's credit card from October 2014 to November 2014 for miscellaneous unauthorized purchases accrued an additional \$600.00 to \$700.00. The total credit card charges from September ~~2014~~ 2013 to November ~~2014~~ 2013 made by the AP totaled approximately \$1300.00 to \$1400.00.

The police report was reviewed and the AP stated s/he bought gas, groceries, clothes and other necessities with the client's credit card for the AP's personal use.

The AP did not respond to subpoena requesting an interview.

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 policies in place that addressed theft. The AP was educated and trained by the licensee on their Vulnerable Adults Reporting Policy that included financial exploitation. Core training for unlicensed personnel included Home Care Licensure, Home Care Bill of Rights, and the Vulnerable Adult Act.

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 Met**

The facility was found to be in compliance with State Licensing Rules for Home Care (MN Rules Chapter 4668). No state licensing orders were issued.

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met

The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557). No state licensing orders were issued.

State Statutes Chapters 144 & 144A – Compliance Met

The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:**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.

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;

(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

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 checked="" 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 checked="" type="checkbox"/> Assessments |
| <input type="checkbox"/> Skin Assessments | <input checked="" 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:

- | | |
|--|--|
| <input type="checkbox"/> Resident/Family Council Minutes | <input checked="" type="checkbox"/> Personnel Records/Background Check, etc. |
| <input checked="" type="checkbox"/> Staff Time Sheets, Schedules, etc. | <input checked="" type="checkbox"/> Facility In-service Records |

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: _____

Number of additional resident(s) reviewed: 0

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: Deceased

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s): Yes No N/A Specify: Facility Report

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: Deceased

Did you interview additional residents: Yes No

Total number of resident interviews: 4

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: Did not respond to Subpoena

Attempts to contact: Date/time: 4/24/14 at 4:27 p.m. Date/time: _____ Date/time: _____

If unable to contact was subpoena issued: Yes , date subpoena was issued 4/25/14 No

Were contacts made with any of the following:

Emergency personnel Police Officers Medical Examiner Other: Specify _____

Observations were conducted related to:

- | | | |
|--|---|---|
| <input type="checkbox"/> Wound Care | <input type="checkbox"/> Medication Pass | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Personal Care | <input type="checkbox"/> Dignity/Privacy Issues | <input type="checkbox"/> Restorative Care |
| <input type="checkbox"/> Nursing Services | <input type="checkbox"/> Safety Issues | <input type="checkbox"/> Facility Tour |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Use of Equipment | <input type="checkbox"/> Transfers | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Call Light | <input type="checkbox"/> 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: Division of Compliance Monitoring - Licensing & Certification
St. Paul City Police Department
Ramsey County Attorney
St. Paul City Attorney