



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

Facility:

Compassioncare
100 North Third Street Suite 100
Moorhead, MN 56560
Clay County

Report #: HL27792002

Date: June 4, 2013

Date of Visit: May 23, 2013
Time of Visit: 7:50 a.m. – 12:30 p.m.

By: Deborah Neuberger, R.N., Special Investigator

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

- Facility Self Report Complaint

Allegation(s): It is alleged that financial exploitation occurred when a staff person, alleged perpetrator (AP) took a \$50.00 store gift card from a client and made purchases without permission.

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:

A preponderance of evidence established that financial exploitation is substantiated. The AP admitted taking the gift card from the client's home and purchasing items for her own home without the client's knowledge or permission.

Interview and document review revealed the client received services from the agency including assistance with activities of daily living and showers. The client was assessed by the agency to be vulnerable to abuse, but able to accurately report abuse. The AP was one of the staff responsible to assist the client with daily cares. The client discovered that a gift card she had received was missing from her purse. The client contacted the family member who gave her the gift card about the missing card. The family member contacted the store to get a new card issued and discovered the card had been used to purchase items from the store. The police were contacted and surveillance video of the purchase was obtained. The surveillance video revealed the AP purchasing items at the store with the client's gift card.

The client was interviewed and stated she received the gift card as a gift from a family member at Christmas time. The client stated she kept the gift card in her billfold next to her chair. The client stated she noticed the gift card missing in about February. The client stated there was also a \$20.00 bill in the billfold that was missing as well. The client stated she called her family member about the missing card. The family member had the sales receipt and contacted the store and discovered the card had been used to purchase items. The police were contacted and surveillance video revealed the AP using the gift card.

The AP was interviewed and admitted she took the client's gift card from the client's billfold one day while the client was in the shower. The AP denied taking the \$20.00 bill. The AP stated she used the client's gift card to purchase locks for her own home without the client's permission or knowledge.

The AP was no longer an employee of the agency when the financial exploitation was discovered.

The police report of the incident was reviewed and revealed the AP admitted taking the gift card from the client. The police requested charges against the AP of gross misdemeanor theft from a vulnerable adult.

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 agency had policies and procedures in place to protect vulnerable adults against abuse and financial exploitation. The agency trained staff, including the AP, on the protection policies. Despite the training the AP took the client's gift card and used it without the client's permission.

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:

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Records | <input checked="" type="checkbox"/> Care Guide |
| <input type="checkbox"/> Medication Administration Records | <input checked="" type="checkbox"/> Treatment Sheets |
| <input checked="" type="checkbox"/> Facility Incident Reports | <input checked="" type="checkbox"/> Physician Progress Notes |
| <input type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input type="checkbox"/> Laboratory and X-ray Reports |
| <input checked="" type="checkbox"/> Physician Orders | <input type="checkbox"/> Social Service Notes |
| <input checked="" 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 |
| <input checked="" type="checkbox"/> Facility Internal Investigation Reports | <input checked="" type="checkbox"/> 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: No other residents reported missing money or property.

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: This was a facility self-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: _____

Did you interview additional residents: Yes No

Total number of resident interviews: 3

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: _____

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:

- 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: Division of Compliance Monitoring - Licensing & Certification
Moorhead City Police Department, Officer Vogel
Clay County Attorney
Moorhead City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H27792	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/03/2013
NAME OF PROVIDER OR SUPPLIER COMPASSIONCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NORTH 3RD STREET, SUITE 100 MOORHEAD, MN 56560		
(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 A complaint investigation was initiated on May 23, 2013 to investigate case #HL27792002. No correction orders are issued.	0 000			

Minnesota Department of Health

TITLE

(X6) DATE

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