

**Office of Health Facility Complaints Investigative Report  
PUBLIC**

<b>Facility Name:</b> Cottagewood Senior Community of Rochester			<b>Report Number:</b> HL29354010	<b>Date of Visit:</b> 06/28/2016
<b>Facility Address:</b> 4220 55th Street NW			<b>Time of Visit:</b> 10:30AM - 2:30PM	<b>Date Concluded:</b> 09/02/2016
<b>Facility City:</b> Rochester			<b>Investigator's Name and Title:</b> Darin Hatch	
<b>State:</b> Minnesota	<b>ZIP:</b> 55901	<b>County:</b> Olmsted		

☒ **Home Care**

**Allegation(s):**

It is alleged that a client was financially exploited when the alleged perpetrator (AP) took the client's money.

☒ 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 occurred when the alleged perpetrator took the client's credit card and made several purchases for his/her own personal use.

The client received services from the comprehensive home care provider for activities of daily living, medication administration, meals, housekeeping, laundry, and housing with services according to the client's service agreement and care plan.

Interview with the family of the client and interviews with facility staff revealed the family contacted the facility and said there were charges on the client's credit card at several gas stations that the client and the family member did not make. The family and facility staff contacted police. Facility staff were later contacted by police and they e-mailed them a photo of the person who used the client's credit card. Two facility staff identified the AP to police as the person who used the client's credit card. Facility staff said police told him/her that they had an audio recording of the AP that they received from AP's housekeeper. S/he said police said the AP paid the housekeeper in gift cards and the housekeeper became suspicious and wondered if they were stolen. S/he said police told him/her the housekeeper recorded the AP saying s/he stole the credit card that was used to buy the gift cards.

A police report indicated the family member gave police a credit card statement that showed the client's credit card was used at several gas station stores as follows: March 25, 2016-\$100.00, March 28, 2016-\$200.00, April 1, 2016-\$150.00, April 7, 2016-\$225.00, April 7, 2016-\$200.00 totaling \$875.00. The police report indicates police retrieved video surveillance footage from the gas stations of the person who used the client's credit card. The police report indicates facility staff identified the AP as the person in the videos that used the client's credit card. The police report indicated police sent their findings to the county attorney for formal charging.

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The AP declined to interview when offered.

**Minnesota Vulnerable Adults Act (MN 626.557)**

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Abuse                    | <input type="checkbox"/> Neglect           | <input checked="" type="checkbox"/> Financial Exploitation                |
| <input checked="" type="checkbox"/> Substantiated | <input type="checkbox"/> Not Substantiated | <input type="checkbox"/> 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 related to financial exploitation. The AP was trained regarding the policies and had received the employee handbook which indicated any theft was unacceptable and was grounds for involuntary termination.

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 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 Not Met - Compliance Not Met

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

State licensing orders were issued: ☒ Yes ☐ No

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

**Compliance Notes:**

**Facility Corrective Action:**

The facility took the following corrective action(s):

**Definitions:**

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**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:**

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

**Other pertinent medical records:**

- ☒ Police Report

**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: 0

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?

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☒ Yes ☐ No ☐ N/A

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

**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: \_\_\_\_\_

Did you interview additional residents? ☒ Yes ☐ No

Total number of resident interviews: 10

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

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### Tennessee Warnings

Tennessee Warning given as required: ☒ Yes ☐ No

Total number of staff interviews: 12

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:

- ☒ 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: \_\_\_\_\_

cc:

Health Regulation Division - Home Care & Assisted Living Program

The Office of Ombudsman for Mental Health and Developmental Disabilities

Rochester Police Department

Olmsted County Attorney

Rochester City Attorney



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

August 15, 2017

Mr. Kelly Adamson, Administrator  
Cottagewood Senior Community Rochester  
4220 55th Street NW  
Rochester, MN 55901

RE: Complaint Number HL29354010

Dear Mr. Adamson :

On August 11, 2017 an investigator of the Minnesota Department of Health, Office of Health Facility Complaints completed a re-inspection of your facility, to determine correction of orders found on the complaint investigation completed on July 6, 2017 with orders received by you on September 8, 2016. At this time these correction orders were found corrected and are listed on the attached State Form.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Matthew Heffron'.

Matthew Heffron, JD, NREMT  
Health Regulations Division  
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

MH/ja  
Enclosure

cc: Home Health Care Assisted Living File  
Olmstead County Adult Protection  
Office of Ombudsman  
MN Department of Human Services

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H29354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 08/11/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COTTAGEWOOD SR CMTY ROCHESTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4220 55TH STREET NW ROCHESTER, MN 55901</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}	Initial Comments  A licensing order follow-up was completed to follow up on correction orders issued related to complaint HL29354010. Cottagewood Senior Community Rochester was found in compliance with state regulations.	{0 000}		

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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NAME OF PROVIDER OR SUPPLIER  <b>COTTAGEWOOD SR CMTY ROCHESTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4220 55TH STREET NW ROCHESTER, MN 55901</b>		
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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 June 28, 2016, a complaint investigation was initiated to investigate complaint #HL29354010. At the time of the survey, there were 182 clients that were receiving services under the comprehensive license. The following correction order is 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 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 is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors ' findings is 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.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 1441.474 subd. 11 (b) (1) (2)</p>	
0 325 SS=D	<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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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 and interview, the licensee failed to ensure that one of one client reviewed (C1) was free from maltreatment when the client was financially exploited by a staff when he took the client's credit card and used the client's credit card without permission to make purchases for his own personal use. This resulted in a level two 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 an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or that a situation has occurred only occasionally.) The findings include:</p> <p>C1's file was reviewed. C1 received services from the comprehensive home care provider for activities of daily living, medication administration, meals, housekeeping, laundry, and housing with services according to C1's service agreement and care plan dated October 1, 2014.</p> <p>Interview with campus administrator (CA)-D on June 28, 2016 at 1:14 p.m. revealed she was notified by resident care coordinator (RCC)-F that family member (F)-E had called RCC-F on April 8, 2016 to report C1 had charges on her credit card that C1 or F-E did not make. CA-D said F-E last saw C1's credit card about a month prior. CA-D said the total charges on C1's credit card</p>	0 325		

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0 325	<p>Continued From page 2</p> <p>totaled \$875.00. CA-D said RCC-F called police to report the incident. CA-D said RCC-F and maintenance coordinator (MC)-A were contacted by police and shown surveillance video from Kwik Trip stores of the person who used C1's credit card. CA-D did not see the surveillance video but said RCC-F and MC-A identified the person as maintenance assistant (MA)-G. CA-D said she terminated MA-G's employment.</p> <p>Interview with MC-A on June 28, 2016 at 11:09 a.m. revealed he was notified by RCC-F to identify a picture RCC-F had in her e-mail, of a photo from police, of the person who used C1's credit card at Kwik Trip stores. MC-A said he identified the person in the photo as MA-G.</p> <p>Interview with RCC-F on June 30, 2016 at 3:02 p.m. revealed she was contacted by F-E on April 8, 2016. F-E told her there were fraudulent charges on C1's credit card at Kwik Trip stores. RCC-F called police and the common entry point. RCC-F meet with Kwik Trip staff and police on April 8, 2016 to review video surveillance footage but she was unable to determine who used C1's credit card. RCC-F was later contacted by police on April 14, 2016 and they e-mailed her a photo of the person who used C1's credit card. She identified the person to police as MA-G as did MA-C when she showed MA-C the photo provided by police. RCC-F said police told her on April 18, 2016 that they had an audio recording of MA-G that they received from MA-G's housekeeper. Police said MA-G paid the housekeeper in gift cards and the housekeeper became suspicious and wondered if they were stolen. RCC-F said police told her the housekeeper recorded MA-G saying he stole the credit card that was used to buy the gift cards.</p>	0 325		

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0 325	<p>Continued From page 3</p> <p>A police report dated April 8, 2016 indicated police were notified of suspicious credit card use of C1's credit card by RCC-F and F-E. F-E gave police a credit card statement that showed C1's credit card was used at several Kwik Trip stores as follows: March 25, 2016-\$100.00, March 28, 2016-\$200.00, April 1, 2016-\$150.00, April 7, 2016-\$225.00, April 7, 2016-\$200.00 totaling \$875.00. The report indicates police retrieved video surveillance footage from the Kwik Trip stores of the person who used C1's credit card. The report indicates RCC-F and MA-C identified MA-G as the person in the videos that used C1's credit card. The report indicated police sent their findings to the county attorney for formal charging.</p> <p>A document titled "Employee Handbook" dated March 1, 2016 indicates on page 36 theft is unacceptable in the workplace and grounds for termination of employment. A copy of the homecare bill of rights signed by C1 on April 5, 2015 was provided by the comprehensive home care provider during the onsite investigation.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 325		