



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: Everyday Living LLC			Report Number: HL29863002 and HL29863003		Date of Visit: November 10, 2016
Facility Address: 355 15th Avenue N			Time of Visit: 10:00 a.m. - 12:30 p.m.		Date Concluded: November 23, 2016
Facility City: South Saint Paul			Investigator's Name and Title: Darin Hatch		
State: Minnesota	ZIP: 55075	County: Dakota			

Home Care Provider/Assisted Living

Allegation(s):

It is alleged that a client was financially exploited when the alleged perpetrator (AP) stole the client's gift card and used it for her own personal use.

- 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 (AP) used the client's gift card without permission.

The client received comprehensive home care services from the provider according to a service agreement and care plan.

The client was interviewed and said s/he noticed a gift card s/he had recently received from a family member was missing. The client called the family member. The family member called the store where the gift card was issued, and learned the gift card had recently been used at the store. The client and a facility staff member went to the store to see if they could determine who had used the gift card. The client described the AP to an employee at the store, showed the employee a picture of the AP, and the employee identified the AP as the person who used the client's gift card. The client said s/he did not give or sell the gift card to the AP.

The family member was interviewed and said s/he recently gave the client a gift card to an area store. The client called and said the gift card was missing, so the family member called the store to see if the gift card had been spent. The family member learned from the store the gift card had been spent recently, and s/he called the client and told the client to get the police involved.

Interview with a staff member revealed the client recently received a gift card from a family member. The next day the client told him/her s/he was missing the gift card. The staff member said the client called the family member and learned the gift card had recently been spent at the store where the gift card was

issued. The staff member and the client went to the store. The client described the AP to an employee at the store, showed the employee a picture of the AP, and the employee identified the AP as the person who used the client's gift card.

The police were contacted by the client. The police investigation was forwarded to the city attorney for formal charges against the AP.

The AP was interviewed, and admitted she used the client's gift card at the store for his/her own personal use.

Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557)

Under the Minnesota Vulnerable Adults Act (Minnesota Statutes, section 626.557):

- Abuse
- Neglect
- Financial Exploitation
- Substantiated
- Not Substantiated
- 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 to prevent financial exploitation. The AP's personnel file showed the AP's acknowledgment of receiving the "Employee Handbook" which indicated any theft was unacceptable in the workplace and was grounds for involuntary termination. The AP's personnel file showed the AP received training in regards to the policies in place.

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:

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:

- Care Guide
- 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?

Yes No N/A

Specify: Discharged to the hospital

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: 1

Interview with staff: Yes No N/A Specify: _____

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: 1

Physician Interviewed: Yes No

Nurse Practitioner Interviewed: Yes No

Physician Assistant Interviewed: Yes No

Interview with Alleged Perpetrator(s): Yes No N/A Specify: _____

Facility Name: Everyday Living LLC

Report Number: HL29863002 and HL29863003

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
- 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 Long-Term Care

South Saint Paul Police Department

Dakota County Attorney

South Saint Paul City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H29863	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/23/2016
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NAME OF PROVIDER OR SUPPLIER EVERYDAY LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 355 15TH AVENUE N S ST PAUL, MN 55075
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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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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 November 10, 2016, a complaint investigation was initiated to investigate complaint #HL29863002 & HL29863003. At the time of the survey, there were 2 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

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 document review and interview, the licensee failed to ensure that one of one clients (C1) reviewed was free from maltreatment (financial exploitation) when a staff member took the client's gift card valued at \$100 and used it for her own personal use. The practice occurred at 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, 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 comprehensive home care services from the provider according to a service agreement and care plan dated July 28, 2016.</p> <p>Document review during the onsite investigation revealed a document dated September 20, 2016 and titled "Daily Supervisory Notes" which indicated C1 called family member (F)-B because she could not find the \$100 gift card that she received from F-B. The report indicated site supervisor (SS)-C spoke with F-B and learned C1's gift card had recently been spent at the store where the gift card was issued. C1 and SS-C went to the store and C1 asked the employee to describe the person who spent C1's gift card. C1</p>	0 325		
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0 325	<p>Continued From page 2</p> <p>showed the employee a picture of unlicensed professional (ULP)-D and the employee identified ULP-D as the person that spent C1's gift card. SS-C called police and the Minnesota Adult Abuse Reporting Center (MAARC) to report C1's gift card was stolen.</p> <p>Interview with F-B on November 10, 2016 at 2:57 p.m. revealed she recently gave C1 a \$100 gift card to an area store. C1 called her and told her the gift card was missing so she called the store to see if the gift card had been spent. F-B learned from the store that the gift card had recently been spent. She called C1 and told her to get the police involved.</p> <p>Interview with SS-C on November 10, 2016 at 4:00 p.m. revealed C1 received a \$100 gift card from F-B on September 19, 2016 and C1 put it in her purse. On September 20, 2016 C1 told her she was missing the gift card. SS-C said C1 called F-B and learned the gift card had recently been spent at the store where the gift card was issued. SS-C and C1 went to the store and an employee described the person who used C1's gift card. C1 showed the employee a picture of ULP-D and the employee identified ULP-D as the person who spent C1's gift card. SS-C called police and the MAARC.</p> <p>Interview with C1 on November 15, 2016 at 12:19 p.m. revealed C1 noticed her gift card was missing on September 20, 2016. C1 told SS-C and C1 called F-B. F-B told her the gift card had recently been used at the store where the gift card was issued so C1 and SS-C went to the store. C1 said an employee at the store identified ULP-D as the person who used C1's gift card. C1 said the gift card was in her purse on her dresser when she went to bed the night before.</p>	0 325		
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0 325	<p>Continued From page 3</p> <p>C1 said she did not give or sell the gift card to ULP-D.</p> <p>Interview with ULP-D on November 22, 2016 at 1:52 p.m. revealed ULP admitted she used C1's gift card at the store for her own personal use.</p> <p>A policy dated May 10, 2016 and titled "Policy and Procedure Manual" indicates on page 46 the licensee adopts the Home Care Bill of Rights to ensure preservation of those rights for clients.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 325		



Protecting, Maintaining and Improving the Health of All Minnesotans

August 23, 2017

Mr. Blake Elliott, Administrator
Everyday Living LLC
355 15th Avenue N
S St Paul, MN 55075

RE: Complaint Number HL29863002

Dear Mr. Elliott :

On May 24, 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 November 23, 2016 with orders received by you on December 28, 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
Dakota County Adult Protection
Office of Ombudsman
MN Department of Human Services