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**The compliance revisit was completed on 10/12/16.**



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

Facility:

Edgewood Blaine LLC  
12450 Cloud Drive NE  
Blaine, MN 55449  
Anoka County

Report#: HL29941004

Date: July 13, 2016

Date of Visit: April 20, 2016

By: Darin Hatch, Special Investigator

Time of Visit: 10:00 a.m. – 1:00 p.m.

**Type of Facility:**     Nursing Home                       HHA                       Home Care Provider  
                                  SLF     ICF/IID  
                                  Hospital     Other: \_\_\_\_\_

Facility Self Report                       Complaint

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

**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 Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
- 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 the client's credit card and used it to make an unauthorized purchase totaling \$94.00.

The client received services from the home care provider for housekeeping, laundry, medication administration, and safety checks three times daily.

The client was interviewed and said her family member told her that someone took her credit card. The client said s/he recently received an apology letter from the AP along with a check for restitution from the AP.

Interview with family revealed s/he noticed a credit card purchase on a Saturday for \$94. S/he said the client only goes to the store on Mondays and only spends \$20-\$30 each time. The family member called police, police went to the store and obtained video surveillance footage.

Interview with the facility executive director revealed police responded to the facility and showed her/him a surveillance photo from a retailer of a person who used the client's credit card. The executive director identified the AP as the person in the photo and police arrested the AP at the facility. The executive director said s/he learned from police the AP confessed to taking the credit card during her/his shift on January 30, 2016 between 7:00 a.m. and 3:00 p.m. from the client's apartment, used the credit card at an area retailer that evening at 5:02 p.m., then returned the credit card to the client's apartment on January 31, 2016 during her/his 7:00 a.m. to 3:00 p.m. shift so that the client would have it to use on her/his normal shopping day which was Monday February 1, 2016.

A police report indicated the police arrested the AP at the facility, and forwarded their investigation to the city attorney for formal charges. A letter from the city attorney's office indicated the AP pled guilty to financial exploitation of a vulnerable adult and was sentenced by a judge.

Attempts to interview the AP 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 home care provider had policies in place to prevent financial exploitation. The AP's personnel file showed the AP's acknowledgement 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 Home Care Providers (MN Statutes, section 144A.43-144A.483) – Compliance Not Met**  
The requirements under State Statutes for Home Care Providers (MN Statutes, section 144A.43-144A.483) 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 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**  
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 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.

**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 checked="" type="checkbox"/> Medication Administration Records            | <input type="checkbox"/> Treatment Sheets             |
| <input checked="" type="checkbox"/> Facility Incident Reports                    | <input type="checkbox"/> Physician Progress Notes     |
| <input checked="" 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 |

Service Plan

Other, specify: \_\_\_\_\_

**Other pertinent medical records:**

Hospital Records     Ambulance/Paramedics     Medical Examiner Records     Death Certificate

Police Report     Other, specify: \_\_\_\_\_

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

**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 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: Unable to contact

Attempts to contact: Date/time: 4-22-16/1:37 PM Date/time: 4-25-16/8:01 AM Date/time: 4-25-16/2:33 PM

If unable to contact was subpoena issued:  Yes , date subpoena was issued 4-25-16  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 Specify: \_\_\_\_\_

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

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

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



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H29941</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/16/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD BLAINE SENIOR LVG LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12450 CLOUD DRIVE NE BLAINE, MN 55449</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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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 April 20, 2016, a complaint investigation was initiated to investigate complaint #HL29941004. At the time of the survey, there were 57 clients that were receiving services under the comprehensive license. The following correction order is issued.</p>	0 000		
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: (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</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>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 she took the client's credit card and used the client's credit card without permission to make purchases for her 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 record was reviewed. C1 received services from the comprehensive home care provider for housekeeping, laundry, medication administration, and safety checks three times daily according to C1's service plan and care plan dated March 31, 2016.</p> <p>Interview with C1 on April 20, 2016 at 11:45 a.m. revealed her family member told her that someone took her credit card. She said she recently received an apology letter from nursing assistant (NA)-C along with a check for restitution from NA-C.</p> <p>Interview with family member (F)-B on April 22, 2016 at 3:00 p.m. revealed F-B is the power of attorney for C1 and noticed C1's credit card was used to make a purchase at Walmart on Saturday January 30, 2016 at 5:02 p.m. for \$94.00. F-B said C1 never goes to Walmart on Saturdays because she goes on Mondays and never spends more than \$20.00 to \$30.00 at a time so this alerted F-B. F-B contacted police and said police went to Walmart to obtain a surveillance photo.</p>	0 325		

Minnesota Department of Health

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0 325	<p>Continued From page 2</p> <p>F-B said police obtained a photo of the person who used C1's credit card and showed it to executive director (ED)-A and she identified the person as NA-C. F-B said police arrested NA-C at the facility.</p> <p>Interview with ED-A revealed police responded to the facility and showed her a surveillance photo from Walmart of a person who used C1's credit card on January 30, 2016 at 5:02 p.m.. ED-A identified NA-C as the person in the photo and police arrested NA-C at the facility. ED-A spoke to C1, F-B, and police, and learned NA-C used C1's credit card to make a purchase at Walmart Saturday January 30, 2016 and C1 only goes to Walmart on Mondays and this alerted F-B. F-B contacted police. ED-A said she learned from police NA-C admitted to taking the credit card belonging to C1 during her shift on January 30, 2016 between 7:00 a.m. and 3:00 p.m. from C1's apartment, used the credit card at Walmart that evening at 5:02 p.m., then returned the credit card to C1's apartment on January 31, 2016 during her 7:00 a.m. to 3:00 p.m. shift so that C1 would have it to use on her normal shopping day which was Monday February 1, 2016.</p> <p>A police report dated March 7, 2016 indicated the F-B noticed C1's credit card was used at Walmart on a day other than Monday as C1 only goes to Walmart on Mondays. This alarmed F-B so he contacted police. Police went to Walmart and obtained a video surveillance photo of the person who used C1's credit card and brought that photo to the ED-A at the facility. ED-A identified NA-C as the person in the photo, police arrested NA-C at the facility, and forwarded their investigation to the city attorney for formal charges. A letter from the city attorney's office dated March 17, 2016 indicated NA-C pled guilty to financial exploitation</p>	0 325		

Minnesota Department of Health

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0 325	<p>Continued From page 3</p> <p>of a vulnerable adult and was sentenced by a judge.</p> <p>A policy dated April 2016 and titled "Abuse Prevention, Intervention, Reporting, and Investigation" indicated on page one "residents are to be free from misappropriation of resident property at all times".</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 325		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER H29941	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/10/2016
NAME OF FACILITY EDGEWOOD BLAINE SENIOR LVG LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 12450 CLOUD DRIVE NE BLAINE, MN 55449

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 00325	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 144A.44, Subd. 1(14)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/10/2016	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/16/2016	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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