



Minnesota Department of Health

Office of Health Facility Complaints Investigative Report PUBLIC

Facility Name: The Waters Senior Living Management LLC			Report Number: HL30281003	Date of Visit: October 7, 2016
Facility Address: 1600 Hopkins Crossroad			Time of Visit: 9:30 a.m. - 12:00 p.m.	Date Concluded: October 17, 2016
Facility City: Minnetonka			Investigator's Name and Title: Darin Hatch	
State: Minnesota	ZIP: 55305	County: Hennepin		

Home Care Provider/Assisted Living

Allegation(s):

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

- 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) took the client's Bose radio.

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

Interviews revealed a family member reported to staff that the client's Bose radio, valued at \$1200, was missing from his/her room. Staff searched for the radio and reviewed video camera footage of the entry way to the client's room. The video revealed the AP removed the radio from the client's room and exited the secure living area with the radio in his/her hands. Staff called the police but the family member declined to press criminal charges against the AP. Staff interviewed the AP and s/he admitted to taking the client's radio. The AP returned the radio to the client. Family and staff interviews indicated the AP did not have permission from the family to borrow the radio.

During an interview, the AP admitted to taking the client's radio but stated she had a family member's permission to do so.

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 Not Met

The requirements under State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) were not met.

State licensing orders were issued: Yes No

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

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:

- Medical Records
- Care Guide
- Medication Administration Records
- Nurses Notes
- Assessments
- Care Plan Records
- Facility Incident Reports
- 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 for review

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: not cognitively intact

Did you interview additional residents? Yes No

Total number of resident interviews: 0

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: _____

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 _____

Facility Name: The Waters Senior Living
Management LLC

Report Number: HL30281003

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

Minnesota Board of Nursing

The Office of Ombudsman for Long-Term Care

Minnetonka Police Department

Hennepin County Attorney

Minnetonka City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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	<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, these correction orders are 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 October 7, 2016, a complaint investigation was initiated to investigate complaint #HL30281003. At the time of the survey, there were 26 clients that were receiving services under the comprehensive license. The following correction orders are 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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
0 325	<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 financial exploitation when a staff member took the client's Bose radio valued at \$1200.00. 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 June 1, 2016.</p> <p>Document review during the onsite investigation revealed a document titled "Adult Abuse and Neglect Report" dated July 22, 2016 and a report dated August 8, 2016 to the Office of Health Facility Complaints which indicated family member (F)-B reported to registered nurse (RN)-A on July 18, 2016 that C1's Bose radio was missing from her room. The document indicated facility staff searched for the radio and on July 21, 2016 reviewed video camera footage from July 16, 2016 at 4:04 p.m. of the entry way to C1's room which revealed RN-C removed the radio</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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
0 325	<p>Continued From page 2</p> <p>from C1's room and exited the secure living area with the radio in her hands. The reports indicated the licensee called the police but F-B declined to press criminal charges against RN-C. The reports indicated RN-A interviewed RN-C and RN-C admitted to taking the Bose radio from C1.</p> <p>Interview with RN-A on October 7, 2016 at 10:50 a.m. and again on October 17, 2016 at 12:07 p.m. revealed F-B informed her on July 18, 2016 that C1's Bose radio was missing from her room. RN-A said staff members looked for the radio to see if another client had taken it. RN-A said she reviewed video camera footage on July 21, 2016 of the entry way to C1's room and saw RN-C remove C1's radio on July 16, 2016 at 4:04 p.m. and saw RN-C leave the secured unit with the radio in her hands. RN-A said she called police to report the theft and F-B declined to press criminal charges against RN-C. RN-A said she interviewed RN-C on July 21, 2016 and RN-C admitted she took the radio from C1 and returned the radio to C1. RN-A said RN-C never mentioned that she had permission to borrow the radio during the interview. RN-A terminated RN-C's employment.</p> <p>Interview with F-B on October 7, 2016 at 3:43 p.m. and again on October 17, 2016 at 10:37 a.m. revealed he reported to RN-A on July 18, 2016 that C1's Bose radio valued at \$1200.00 was missing. He said RN-A reviewed some camera footage and told him RN-C had taken the radio from C1's room and RN-A called police. F-B said he declined to press criminal charges against RN-C because RN-C gave the radio back. F-B said he never gave RN-C permission to borrow the radio.</p> <p>A policy titled "Home Care Bills of Rights" and</p>	0 325		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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
0 325	Continued From page 3 dated December 30, 2015 indicates on page one that "resident rights are absolute". TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 325		
0 805 SS=D	144A.479, Subd. 6(a) Reporting Maltrx of Vulnerable Adults/Minors This MN Requirement is not met as evidenced by: Based on document review and interview the licensee failed to ensure that an incident of financial exploitation of one of one clients (C1) reviewed was reported to the state reporting agency, Minnesota Adult Abuse Reporting Center (MAARC). 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: C1's file was reviewed. C1 received comprehensive home care services from the provider according to a service agreement and care plan dated June 1, 2016. Document review during the onsite investigation revealed a document titled "Adult Abuse and Neglect Report" dated July 22, 2016 and a report dated August 8, 2016 to the Office of Health Facility Complaints which indicated family	0 805		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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
0 805	<p>Continued From page 4</p> <p>member (F)-B reported to registered nurse (RN)-A on July 18, 2016 that C1's Bose radio was missing from her room. The document indicated facility staff searched for the radio and on July 21, 2016 reviewed video camera footage from July 16, 2016 at 4:04 p.m. of the entry way to C1's room which revealed RN-C removed the radio from C1's room and exited the secure living area with the radio in her hands. The reports indicated the licensee called the police but F-B declined to press criminal charges against RN-C. The reports indicated RN-A interviewed RN-C and RN-C admitted to taking the Bose radio from C1.</p> <p>Interview with RN-A on October 7, 2016 at 10:50 a.m. and again on October 17, 2016 at 12:07 p.m. revealed F-B informed her on July 18, 2016 that C1's Bose radio was missing from her room. RN-A said staff members looked for the radio to see if another client had taken it. RN-A said she reviewed video camera footage on July 21, 2016 of the entry way to C1's room and saw RN-C remove C1's radio on July 16, 2016 at 4:04 p.m. and saw RN-C leave the secured unit with the radio in her hands. RN-A said she called police to report the theft and F-B declined to press criminal charges against RN-C. RN-A said she interviewed RN-C on July 21, 2016 and RN-C admitted she took the radio from C1 and returned the radio to C1. RN-A said RN-C never mentioned that she had permission to borrow the radio during the interview. RN-A terminated RN-C's employment. RN-A said she attempted to report the financial exploitation to the MAARC on July 22, 2016 online but she did not think the report was sent through. She said she sent an e-mail to her supervisor on July 25, 2016 indicating she was not sure if the report went through and wanted to know how she was to know if the report was made. RN-A said she</p>	0 805		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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
0 805	<p>Continued From page 5</p> <p>learned from her supervisor on July 27, 2016 that she should have received a confirmation page on July 22, 2016 after making the online report successfully and did not, therefore the report was not made. RN-A said she did not call the MAARC via telephone until July 27, 2016 to report the financial exploitation.</p> <p>A policy titled "Reporting of Maltreatment of Vulnerable Adults" and dated September 28, 2015 indicates on page two the licensee will make an immediate report for any suspected maltreatment online to the MAARC and if unable to submit a report electronically, will contact the MAARC by telephone to make a verbal report.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 805		
02015 SS=D	<p>626.557, Subd. 3 Timing of Report</p> <p>Subd. 3. Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in</p>	02015		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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
02015	<p>Continued From page 6 the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p>	02015		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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
02015	<p>Continued From page 7</p> <p>This MN Requirement is not met as evidenced by: Based on document review and interview the licensee failed to ensure that an incident of financial exploitation of one of one clients (C1) reviewed was reported to the state reporting agency, Minnesota Adult Abuse Reporting Center (MAARC). 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 June 1, 2016.</p> <p>Document review during the onsite investigation revealed a document titled "Adult Abuse and Neglect Report" dated July 22, 2016 and a report dated August 8, 2016 to the Office of Health Facility Complaints which indicated family member (F)-B reported to registered nurse (RN)-A on July 18, 2016 that C1's Bose radio was missing from her room. The document indicated facility staff searched for the radio and on July 21, 2016 reviewed video camera footage from July 16, 2016 at 4:04 p.m. of the entry way to C1's room which revealed RN-C removed the radio from C1's room and exited the secure living area with the radio in her hands. The reports indicated the licensee called the police but F-B declined to</p>	02015		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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
02015	<p>Continued From page 8</p> <p>press criminal charges against RN-C. The reports indicated RN-A interviewed RN-C and RN-C admitted to taking the Bose radio from C1.</p> <p>Interview with RN-A on October 7, 2016 at 10:50 a.m. and again on October 17, 2016 at 12:07 p.m. revealed F-B informed her on July 18, 2016 that C1's Bose radio was missing from her room. RN-A said staff members looked for the radio to see if another client had taken it. RN-A said she reviewed video camera footage on July 21, 2016 of the entry way to C1's room and saw RN-C remove C1's radio on July 16, 2016 at 4:04 p.m. and saw RN-C leave the secured unit with the radio in her hands. RN-A said she called police to report the theft and F-B declined to press criminal charges against RN-C. RN-A said she interviewed RN-C on July 21, 2016 and RN-C admitted she took the radio from C1 and returned the radio to C1. RN-A said RN-C never mentioned that she had permission to borrow the radio during the interview. RN-A terminated RN-C's employment. RN-A said she attempted to report the financial exploitation to the MAARC on July 22, 2016 online but she did not think the report was sent through. She said she sent an e-mail to her supervisor on July 25, 2016 indicating she was not sure if the report went through and wanted to know how she was to know if the report was made. RN-A said she learned from her supervisor on July 27, 2016 that she should have received a confirmation page on July 22, 2016 after making the online report successfully and did not, therefore the report was not made. RN-A said she did not call the MAARC via telephone until July 27, 2016 to report the financial exploitation.</p> <p>A policy titled "Reporting of Maltreatment of Vulnerable Adults" and dated September 28,</p>	02015		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H30281	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE WATERS SR LVG MGMT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HOPKINS CROSSROAD MINNETONKA, MN 55305
---	---

(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
02015	<p>Continued From page 9</p> <p>2015 indicates on page two the licensee will make an immediate report for any suspected maltreatment online to the MAARC and if unable to submit a report electronically, will contact the MAARC by telephone to make a verbal report.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02015		