



Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL306962888M

Date Concluded: June 6, 2023

Compliance #: HL306964832C

Name, Address, and County of Licensee

Investigated:

White Pine
9056 Buchanan Trail
Inver Grove Heights, MN 55076
Dakota County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Peggy Boeck, RN

Special Investigator

Finding: Substantiated, individual responsibility

Nature of Visit:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):

The alleged perpetrator (AP), a facility pool staff, financially exploited a resident when the AP stole the resident's credit card and charged \$420.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined financial exploitation was substantiated. The AP was responsible for the maltreatment. The facility trained the AP on maltreatment of vulnerable adults, resident rights, appropriate boundaries, and expectations to not steal. The AP stole the resident's credit card from their apartment and used it to purchase two gift cards. The store surveillance video showed the AP leaving the store with the purchase.

The investigator conducted interviews with facility staff members, including administrative staff and unlicensed staff. The investigator contacted law enforcement and a family member. The investigation included review of police reports, medical records, personnel files, incident

reports, policies and procedures related to maltreatment of vulnerable adults. Also, the investigator observed the resident's apartment and staff/resident interactions.

The resident lived in an assisted living facility in an apartment with their spouse. The resident's diagnoses included Parkinson's disease. The resident's service plan included assistance with nursing assessments, housekeeping, and laundry. The resident's spouse's service plan included assistance with transfers, toileting, and grooming.

A police report indicated the resident received an e-mail from his bank that someone fraudulently used the resident's credit card to charge \$407.66 for Visa gift cards. The report indicated an officer contacted the business and obtained a receipt copy (which verified use of the resident's credit card) and video of the person who used the resident's credit card at the business. The police showed a photo from the video to a facility manager, who positively identified the AP.

During an interview, the facility manager stated the AP worked for the company float pool, picking up night shifts. The manager stated the AP had access to all resident apartments. The manager stated she identified the AP in the photo shown by the police and immediately removed him from the schedule.

During an interview, the resident stated the AP came into the apartment to help the resident's spouse with transfers and toileting. The resident stated the AP assisted the spouse in the bedroom of the apartment when the resident was in the living room. The resident stated he always emptied his pockets and left his wallet on the nightstand next to the bed and that must have been how the AP got his credit card.

County public records indicated the AP had three outstanding arrest warrants, two of which were felony financial credit card fraud and theft.

In conclusion, financial exploitation is substantiated.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"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.

Vulnerable Adult interviewed: Yes

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: No, did not respond to requests to interview

Action taken by facility:

The AP no longer works at the facility.

Action taken by the Minnesota Department of Health:

The facility was issued a correction order regarding the vulnerable adult's right to be free from maltreatment.

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.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Dakota County Attorney

Eagan City Attorney

Eagan Police Department

Inver Grove Heights Police Department

Burnsville Police Department

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30696	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/16/2023
NAME OF PROVIDER OR SUPPLIER INVER GROVE HEIGHTS WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 9056 BUCHANAN TRAIL INVER GROVE HEIGHTS, MN 55077		
(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/ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction orders is issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a 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>#HL306964832C/#HL306962888M</p> <p>On May 16, 2023, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 61 residents receiving services under the provider's Assisted Living license.</p> <p>The following correction order is issued for #HL306964832C/#HL306962888M, tag identification 2360..</p>	0 000		
02360	144G.91 Subd. 8 Freedom from maltreatment	02360		
	Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act.			
	This MN Requirement is not met as evidenced			

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: 30696	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/16/2023
NAME OF PROVIDER OR SUPPLIER INVER GROVE HEIGHTS WHITE PINE		STREET ADDRESS, CITY, STATE, ZIP CODE 9056 BUCHANAN TRAIL INVER GROVE HEIGHTS, MN 55077		
(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
02360	<p>Continued From page 1</p> <p>by:</p> <p>The facility failed to ensure one of one resident(s) reviewed (R1) was free from maltreatment.</p> <p>Findings include:</p> <p>The Minnesota Department of Health (MDH) issued a determination maltreatment occurred, and an individual was responsible for the maltreatment, in connection with incidents which occurred at the facility. Please refer to the public maltreatment report for details.</p>	02360	No plan of correction is required for this tag.	