



Office of Health Facility Complaints Investigative Report
PUBLIC

Facility Name: Maple Hill Senior Living LLC			Report Number: HL31955008	Date of Visit: June 20, 2017
Facility Address: 3030 Southlawn Drive			Time of Visit: 8:00 a.m. to 4:30 p.m.	Date Concluded: January 2, 2018
Facility City: Maplewood			Investigator's Name and Title: Kathleen Smith, DNP, RN, PHN, Special Investigator	
State: Minnesota	ZIP: 55109	County: Ramsey		

Home Care Provider/Assisted Living

Allegation(s):

It is alleged that a client was exploited when staff/alleged perpetrator (AP) took jewelry from the client and pawned it for \$60.00.

An unannounced visit was made at this facility and an investigation was conducted under:

- State Statutes for Home Care Providers (MN Statutes, section 144A.43 - 144A.483)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

Conclusion:

Based on a preponderance of the evidence, financial exploitation is substantiated. The alleged perpetrator (AP) pawned jewelry belonging to a client.

The home care provider provided assistance with housekeeping, laundry, and activities of daily living. The client was wheelchair bound and able to communicate needs. The client was able to state jewelry was missing, and recognized the jewelry when a picture was presented. A family member stated some jewelry was returned.

An interview with home care provider administration revealed reports of missing items were received two to three weeks after the items were found to be missing. Administration reviewed video footage of the public areas, however nothing was discovered. Family members and clients began to contact administration regarding missing items and a possible AP name. Administration contacted law enforcement, and the AP's name was run through the Automated Pawn System, that indicated the AP had pawned items and some of the items were still in inventory. This client's items were pawned for \$60.00. Forty-four items were pawned over an eight month period, sixteen remained in the pawn shop and were valued at \$1820.50.

Law enforcement retrieved some of the items along with the transaction receipts, many of which were in the AP's maiden name. Photos were taken of the items and provided to administration for identification by the clients. Items were returned to clients as they were able to identify the items.

The AP was employed with the home care provider for over a year and had a clear background study report. The AP received vulnerable adult training, as well as Bill of Rights education from the home care provider. The home care provider completed a performance evaluation for the AP with no unsatisfactory areas related to care, job knowledge, or relationships.

A police report dated April 26, 2017, indicated the AP stated jewelry was found in the laundry area of the facility and these items were pawned. Additionally, the report revealed the AP admitted taking items from client homes. Law enforcement arrested the AP.

During an interview, the AP stated restitution was being paid after pleading guilty at a court hearing. The AP also stated some of the pawned items were her own.

Two clients were interviewed and stated either clothing or jewelry was missing.

The home care provider terminated the AP intermediately as investigation findings were received.

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 individual is responsible for the financial exploitation. The alleged perpetrator received education on client rights, but chose to pawn items which s/he knew or should have known were the property of clients.

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 Met

The facility was found to be in compliance with State Statutes for Home Care Providers (MN Statutes section 144A.43 - 144A.483). No state licensing orders were issued.

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 Met
The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

Compliance Notes:

No correction orders were issued because the incident occurred under a previous license, which is now closed.

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
- 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 Policies and Procedures

Number of additional resident(s) reviewed: None

Were residents selected based on the allegation(s)? Yes No N/A

Specify: _____

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 reporter(s) Yes No N/A

Specify: _____

If unable to contact reporter, 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: Four

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

Tennessee Warnings

Tennessee Warning given as required: Yes No

Total number of staff interviews: Four

Physician Interviewed: Yes No

Nurse Practitioner Interviewed: Yes No

Physician Assistant Interviewed: Yes No

Facility Name: Maple Hill Senior Living LLC

Report Number: HL31955008

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:

- Nursing Services
- Call Light
- 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: Available in the police report

cc:

Health Regulation Division - Home Care & Assisted Living Program

The Office of Ombudsman for Long-Term Care

Maplewood Police Department

Ramsey County Attorney

Maplewood City Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H31955	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/15/2017
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NAME OF PROVIDER OR SUPPLIER MAPLE HILL SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3030 SOUTH LAWN DRIVE MAPLEWOOD, MN 55109
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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	<p>Initial Comments</p> <p>On June 22, 2017, a complaint investigation was conducted to investigate complaints #HL31955008, HL31955009, and HL31955010. No 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/rules for Nursing Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are 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/RULES.</p>	

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Protecting, Maintaining and Improving the Health of All Minnesotans

January 30, 2018

Ms. Stephanie Arpinar, Administrator
Maple Hill Senior Living
3030 South Lawn Drive
Maplewood, MN 55109

Re: Project Number HL31955008

Dear Ms. Arpinar:

On December 15, 2017, an investigation was completed at your facility by the Minnesota Department of Health, Office of Health Facility Complaints, to determine if your facility was in compliance with state regulations. The investigator did not find violations.

The state licensing order was sent to you previously. The investigative report is now completed and a copy is enclosed.

If you have questions related to this investigation, please contact the investigator identified in the report.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads 'Lindsey L. Krueger'.

Lindsey Krueger, Interim Assistant Director
Health Regulation Division
Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: (651) 201-4135 Fax: (651) 281-9796
General Information: (651) 201-4201 - 1-800-369-7994

Enclosure

LK/tn