



Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL344517426M

Date Concluded: April 26, 2024

Compliance #: HL344514015C

Name, Address, and County of Licensee

Investigated:

2Care4U

6001 Egan Drive 150

Savage, MN 55378

Scott County

Facility Type: Home Care Provider

Evaluator's Name: Kathy Barnhardt, RN,
Special Investigator,
Michele Larson, RN Special Investigator

Finding: Inconclusive

Nature of Investigation:

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) financially exploited the client when she took \$400.00 dollars and an unknown amount of gas money from the client.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined financial exploitation was inconclusive. The family member stated the AP asked the resident for money a few times shortly after she was terminated from her job at the agency. The client stated he gave the AP a couple hundred dollars a couple of times, but it was his money to give away. The client denied giving the AP money for gas. The AP denied taking money from the client and stated she refused the client's offer of money.

The investigator conducted interviews with facility administrative staff, nursing staff, unlicensed staff, a family member, the AP and contacted law enforcement (LE). The investigation included

review of the resident record(s), facility internal investigation, facility incident reports, personnel files, staff schedules, related facility policy and procedures, bank statement records, receipts, and text messages.

The client received comprehensive services in their home. The client's diagnoses included Diabetes and traumatic brain injury (TBI). The client's service plan included assistance with medication setup, meal preparation, housekeeping, laundry, and shopping. The client's assessment indicated the client was alert and oriented. The client was not susceptible to abuse by others and was able to report abuse.

An agency investigation indicated the AP drove to the client's home and told the client her employment with the agency was terminated and she needed money. The AP drove the client to a gas station where he withdrew money from an automated teller machine (ATM) and gave the money to the AP. Text messages from the AP to the client did not indicate the AP requested money from the client.

The client's ATM receipts indicated two separate ATM withdrawals for \$200.00 each. The first withdrawal occurred four days after the AP was terminated by the agency, and the second withdrawal occurred ten days later. The ATM receipts lacked evidence the client gave the AP the \$400.00.

During an interview, unlicensed personnel stated the client told her the AP stopped by his home one evening to tell him she was no longer employed with the agency. The ULP stated the client told her the AP stopped by his home during the evenings or weekends after other agency staff left for the day.

During an interview, another ULP stated the agency trained them on maintaining professional boundaries and staff were aware of the client's history of offering money to staff. The ULP stated they did not observe the client giving money to the AP.

During an interview, the AP stated she went to the client's home approximately four days after her employment ended with the home care agency because she wanted to be a "resource" to the client because the client was not supposed to drive. The AP stated she did not want the client to feel sad and lonely. The AP stated she was concerned the client would "internalize" and blame himself for the AP's dismissal from the agency. The AP stated the client asked if she could drive him to a nearby store, and the AP drove the client to a gas station where the client used the ATM to withdraw money. The AP stated she was unaware how much money the client withdrew from the ATM but stated she never accepted money from him. The AP stated the client had a history of giving money to prior agency staff.

During an interview, the client's family member stated he knew the client gave money to the AP and stated the client had a history of giving money to others in need. The family member stated

the AP knew about the client's history and stated the AP took advantage of the client's generosity.

During an interview, the client stated he gave the AP "a couple hundred dollars maybe once or twice," and stated the AP never asked him for money. The client stated it was his money to give away.

In conclusion, the Minnesota Department of Health determined financial exploitation was inconclusive.

Inconclusive: Minnesota Statutes, section 626.5572, Subdivision 11.

"Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"Financial exploitation" means:

- (a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:
 - (1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or
 - (2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

Vulnerable Adult interviewed: Yes

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: Yes

Action taken by facility:

The home care agency conducted an internal investigation. The AP is no longer employed by the home care agency.

Action taken by the Minnesota Department of Health:

No further action taken at this time.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H34451	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER 2CARE4U SOUTH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6001 EGAN DRIVE STE 150 SAVAGE, MN 55378		
(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	Initial Comments On February 29, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL344514015C/#HL344517426M. No correction orders are issued.	0 000		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE