

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL344961220M
Compliance #: HL344968646C

Date Concluded: June 18, 2024

Name, Address, and County of Licensee

Investigated:

Empathy Home Care
7025 Logan Ave N
Brooklyn Center, MN 55430-1022
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name:

Kathy Barnhardt RN, Special Investigator

Finding: Not Substantiated

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 facility financially exploited the resident when an unknown amount of money was removed from an envelope addressed to the resident.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined financial exploitation was not substantiated. Another resident of the facility mistakenly opened the letter addressed to the resident. The envelope contained a funeral announcement and family photographs. Through the facility investigation, it was determined no money had been in the envelope.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff and the resident. The investigator contacted law enforcement, the licensee's attorneys, and the case manager. The investigation included review of the resident record, facility internal investigation, facility incident reports, personnel files, staff schedules, law enforcement reports, related facility policy and procedures.

The resident resided in an assisted living facility. The resident's diagnoses included traumatic brain injury, opioid abuse disorder, and major depressive disorder. The resident's service plan included assistance with behavioral health, appointment reminders, meal assistance and medication management. The resident was at high risk for falls, required one to one staff interaction and supervision at times for aggressive behaviors, had a history of alleging theft of personal items. The resident had memory deficits, was not at risk for abuse, however, was verbally and physically abusive towards others, and continued to use substances that caused impaired judgement.

Review of police reports indicated the resident had on previous occasions called law enforcement to report theft of various amounts of money taken during unknown timeframes. The police reports indicated the call status of visits made by law enforcement to the facility were considered mental health calls not theft calls after law enforcement visited the resident.

During an interview, the owner stated she recalled an incident where the resident reported another resident had opened her mail sent by the resident's family. Family photos had been removed from the envelope by the other resident. The owner stated the facility conducted an incident investigation and determined the other resident had mistakenly opened the envelope but returned the envelope to the resident upon learning of the mistake. The owner stated the envelope contained a funeral announcement and family pictures, but no money. The owner stated the resident had a history of making false accusations against staff and other residents due to her mental health and the resident "accuses people of stealing her money, then apologizes later."

During an interview, the nurse stated the resident's family had mailed a letter to the facility for the resident that contained family pictures and a funeral announcement. The nurse stated the envelope was addressed to the resident, however, had mistakenly been opened by another resident. The other resident returned the envelope to the resident with all the original contents of the envelope. The resident did not report money missing from the envelope to nursing, administration, or staff at the time of the incident.

During an interview, the resident stated she recalled an envelope had been sent to her from family and was "picked off" before she received it. Initially, the resident stated she had not received the contents of the envelope, as she would not know what had been in the envelope since it was opened before the resident received the envelope. However, the resident later stated she had received six or seven family pictures in the envelope and did not think family had money to put in the envelope.

In conclusion, the Minnesota Department of Health determined financial exploitation was not substantiated.

"Not Substantiated" means:

An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

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;
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

Vulnerable Adult interviewed: Yes

Family/Responsible Party interviewed: No, attempted but did not reach.

Alleged Perpetrator interviewed: Not Applicable

Action taken by facility:

The facility conducted an internal investigation and determined the mail was mistakenly opened by another resident and implemented new procedures for mail to be handed directly to each resident.

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: 34496	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2024
NAME OF PROVIDER OR SUPPLIER EMPATHY HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7025 LOGAN AVENUE NORTH BROOKLYN CENTER, MN 55430		
(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 June 11, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL344961220M/#HL344968646C. No correction orders are issued.	0 000	Assisted Living Provider 144G. Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. 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 evaluators' findings is the Time Period for Correction. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	

Minnesota Department of Health

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

TITLE

(X6) DATE