Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL237496484M
Compliance #: HL237499782C

Date Concluded: February 21, 2025

Name, Address, and County of Licensee Investigated:
Dr Thomas H Johnson Home
2221 West 55th Street
Minneapolis, MN 55419
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Lisa Coil, RN, BSN
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 alleged perpetrator (AP) emotionally abused the resident when the AP suggested their significant other would harm the resident following a disagreement between the resident and the AP. The resident was upset and worried they would have to defend themselves.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined abuse was not substantiated. The resident denied the incident occurred.

The investigator conducted interviews with facility staff members, including administrative staff, and unlicensed staff. The investigator contacted the mental health case worker. The investigation included review of the resident record, and personnel files. Also, the investigator observed staff interactions with the resident.

The resident resided in an assisted living facility. The resident's diagnoses included memory loss and depression. The resident's service plan included assistance with behavior management (anxiety, agitation, and false accusations) and medication management. The resident's care plan indicated the resident had impaired judgment, became anxious and harassed staff and residents when he did not get his way. The resident's assessment indicated the resident was confused, forgetful, and disoriented.

A concern arose following a disagreement between the resident and AP, during which the AP suggested her significant other would harm the resident.

During an interview, the resident stated he did not recall having a disagreement with the AP and did not recall the AP threatening to have her significant other come after him. The resident denied feeling scared or threatened at the facility.

During an interview, a manager stated she was unaware of any incidents between the resident and the AP, or the resident and any other staff.

During an interview, an AP stated she did not recall an incident with the resident. The staff member stated she had never had any issues with the resident.

In conclusion, the Minnesota Department of Health determined abuse 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.

Abuse: Minnesota Statutes section 626.5572, subdivision 2.
"Abuse" means: …
(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
(1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening.

Vulnerable Adult interviewed: Yes.
Family/Responsible Party interviewed: Attempts were unsuccessful.
Alleged Perpetrator interviewed: Yes.

Action taken by facility:
No action required.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23749	A. BUILDING: _____ B. WING _____	C 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DR THOMAS H JOHNSON HWS	2221 WEST 55TH STREET MINNEAPOLIS, MN 55419

(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 5, 2025, the Minnesota Department of Health initiated an investigation of complaint #HL237499782C / #HL237496484M. No correction orders are issued.	0 000		