

Protecting, Maintaining and Improving the Health of All Minnesotans

Office of Health Facility Complaints Investigative Public Report

Maltreatment Report #: HL28733003M

Compliance #: HL28733004C

Name, Address, and County of Licensee

Investigated:
Zumbro House
525 Commons Drive
Woodbury, MN 55125
Washington County

Facility Type: Home Care Provider

Date Concluded: March 2, 2021 Date of Visit: January 28, 2021 January 29, 2021

Name, Address, and County of Housing with

Services location:

The Wings of Newport 2300 Hastings Avenue Newport, MN 55055 Washington County

Investigator's Name:

Carrie Euerle MPH, MSN, RN

Special Investigator

Finding: Substantiated, facility and individual responsibility

Nature of Visit:

An unannounced visit was conducted to investigate 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.

Allegation(s):

It is alleged that a client was abused by a staff member/alleged perpetrator (AP) when the AP pushed her breasts in the client's face and stated, "I can make you love me." This incident occurred multiple times.

Investigative Findings and Conclusion:

Abuse was substantiated. The facility and the alleged perpetrator (AP) were responsible for the maltreatment. The AP engaged in sexual contact with the client when she put her breasts on the client. During this investigation, allegations of verbal abuse and resident to resident altercations involving the client were also investigated and found not substantiated.

The investigation included interviews with facility staff, including administrative staff, nursing staff, and unlicensed staff. Observations, record and policy review as well as client interviews were completed during the onsite visit.

The client was admitted to the facility with diagnoses which included hypertension, chronic pain and depression. Upon admission, facility staff assessed the client and determined the client was alert and oriented to person, place, time, and situation. The facility identified on the client's vulnerability risk assessment that the client was able to report abuse accurately and consistently.

The client was interviewed and indicated that he felt targeted, uncomfortable, and sexually harassed by the AP. The client stated the AP would bend over and put her breasts on the client's shoulder and say "I'm gonna make you love me". The client indicated he had reported his concerns with the AP to staff and facility administration but felt no follow up had occurred.

Staff interviews completed during the onsite investigation supported the client's report of the AP's behavior toward the client. Staff interviewed indicated that the nurse and/or administration were aware of the client's report of the AP's behavior.

Facility administration denied any knowledge of the client's concern with the AP's behavior. No report of the allegations were identified in the facility's documentation.

During staff and client interviews, further concerns were identified regarding the AP. These concerns included instances of drinking alcohol with a client, working while impaired, falling asleep in the medication room, and having a sexual relationship with another client. Facility administration was questioned on these incidents and indicated knowledge of the events. However, none of these incidents had been reported or investigated as possible maltreatment, despite the AP being terminated from her position due to violations of the facility drug and alcohol policy.

Several attempts to contact the AP were unsuccessful.

In conclusion, abuse was substantiated. The AP engaged in sexual contact with the client by intentionally placing her intimate parts in contact with the client, with apparent sexual intent. The facility is also responsible for the abuse because the facility systematically failed to document, investigate, report, or follow-up on concerns from the client and others regarding the AP's behavior and other issues. Licensing orders were issued in relation to maltreatment, reporting of maltreatment, and additional violations identified during the onsite investigation.

Abuse: Minnesota Statutes section 626.5572, subdivision 2

"Abuse" means:

- (a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:
- (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;
- (2) the use of drugs to injure or facilitate crime as defined in section 609.235;

- (3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and
- (4) criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451.

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

- (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;
- (3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
- (4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.
- (c) Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.
- (d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

Vulnerable Adult interviewed: Yes.

Family/Responsible Party interviewed: No, client is own responsible party.

Alleged Perpetrator interviewed: No, requests for interview were not returned. The AP was

unable to be contacted for interview.

Action taken by facility:

No action was taken by the facility in relation to this allegation of abuse, however the AP was later terminated in relation to violations of facility policies unrelated to this incident.

Action taken by the Minnesota Department of Health:

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit

http://www.health.state.mn.us/divs/fpc/directory/surveyapp/provcompselect.cfm, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

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:

Health Regulation Division – Home Care and Assisted Living Program
The Office of Ombudsman for Long-Term Care
Washington County Attorney
Newport City Attorney
Washington County Sheriff's Office

Minnesota Department of Health

H28733 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 525 COMMONS DRIVE WOODBURY, MN 55125 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		X3) DATE SURVEY COMPLETED	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Minnesota Department of Health

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	receives home care in an assisted living chapter 144G has t	eople who are properly trained					
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ´	CONSTRUCTION	l \ '	(X3) DATE SURVEY COMPLETED	
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0 315	has affected or has portion or all of the Findings include: IMPAIRED STAFF I A report made to the 12/28/2020 included member "got drunk found sleeping in the During an onsite continuity of the Directing interviewed upon entangement and no grievances of last three months and (VA) reports that has months. An interview with a staff personnel/ULP-I) which client's room "drinking later fired for this begins was sexually assuad was inappropriate whad reported these management but no regarding his concern the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope on 1/28/2021 at 11: unaware of any continuity of the Director of Ope of	poresent a systemic failure that potential to affect a large clients). The findings include: MEMBER e state agency (SA) on d an allegation that a staff at the facility and was later the medication room. Implaint investigation on external end stated the facility or complaints on file from the nd no formal vulnerable adult and been filed in the last three client (C1) on 1/28/2021 at d that he was aware of an member (unlicensed ho was caught in another ing and fornicating" and was chavior. C1 also reported he lited by ULP-I and that ULP-I with other clients. C1 stated he concerns to staff and of follow up had been made	0 315			

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0 315	was sent home from intoxicated and was stated she was unatermination or incidintoxication involving. The Director of Nuron 1/28/2021 at 1:0 called by a staff merpersonnel/ULP-C) at the facility. The facility and assessed ULP-I was intoxicated had been drinking with the DON indicated had been drinking with the ULP-I was in a client (C3). The DOULP-I had returned had sent her home to work a night shift and she had not be evening of 12/18/20 know if ULP-I returned had sent her home to work a night shift and she had not be evening. In additionattempted to follow the rumors she head clients swore at her look into the allegation of file a VA report incident involving U	in the facility due to appearing a later terminated. The DO aware of the details of the ent surrounding the alleged g ULP-I. Ising (DON) was interviewed as p.m. who stated she was ember (Unlicensed around 7:00 p.m. on corted ULP-I was intoxicated DON stated she came to the ed ULP-I, and determined ed. The DON stated she sent g the interview with the DON, she later found out that ULP-I with one of the clients (C2) and relationship with another en stated she had heard that to the facility after the DON on 12/18/2020 and continued at, but that this was a "rumor" en called by staff later in the 20-12/19/2020 so she did not need or if she worked again that in, the DON stated she up with C2 and C3 regarding and regarding ULP-I but both is so she did not continue to clions. The DON stated she did as she did not view the LP-I's drinking and alleged				
	confirmed she did return	and C3 in that way. The DON not follow up into review of rned to the facility or if she				
	DON indicated she regarding this incide	hift after being sent home. The had completed a statement ent and ULP-I was terminated had not returned to the				

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facility.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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	indicated the follow "Staff called me at 7pm to report that [work. I came into w situation. [ULP-I] with e elevator. She weyes were red and walk a straight line. minutes and I made home and I told her car. I found out the to work and worked night shift. Staff resileeping in the med night. When I aske evening, she left with car. She was driving places. She was also one of our other resithat she was in resitawhile and [ULP-I] with that she wanted to land the medication room sleeping of also called me to the medication room sleeping sitting up it to wake up. I then can medication room ar sleeping sitting up it to wake up. She fir her, she was confus waited for her to full waited for her to full situation.	I's statement dated 12/19/2020 ing regarding ULP-I: home Saturday night around ULP-I] is drunk and high at work to investigate the ras on 3rd floor. I found her by was slurring her words, her half closed. She could not I talked with her for about 10 is the decision to send her to go home. She left in her enext day that she came back her shift and stayed for the ported to me that she was lication room on the floor all do her to go home Saturday the one of our residents in her reg him around to different so seen in another truck with sidents. It was reported to me dent's apartment for quite was telling the other charges have sex with male resident. It was included on the DON's cluded the following: the 13th of December. Staff II me [ULP-I] was in the reping and they couldn't get in the because she had the key, on the door but she didn't me into work to unlock the not wake [ULP-I] up. She was a chair and was very difficult hally woke up after shaking sed and disorientated. I ly wake up. She was very has been working a lot of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l `´	E CONSTRUCTION	` ′	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
0 315	questions correctly. home that day but I ULP-I's timecard day was reviewed, which punched in from 2:5 12/18/2020 and from 12/19/2020. ULP-C was interviewed and confirmed she contacted the DON 12/18/2020. ULP-C the evening of 12/15 facilty to help a client promised earlier in arrived at the facility p.m. and found ULP-C she was drug tequila shots and a about ULP-I's behar ULP-I to come back C2 she was at the finant as promised and ULP-C stated she the member (unlicensed DON regarding ULP-C stated she the facility until the facility until the facility until the spoke with ULP-I, Ustated she recieved returned later in the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until the follow-up, if any, she returning to the facility until t	coherent and answering my I was going to send her gave her a second chance". Ited 12/18/2020 - 12/19/2020 h indicated ULP-I was 59 p.m 12:00 a.m. on m 12:00 a.m 7:25 a.m. on wed on 1/28/2021 at 2:10 p.m. was the staff member who regarding ULP-I's behavior on c stated she was not working 8/2020 but had came to the nt (C2) with a plant as she had the day. ULP-C stated she between 5:30 p.m. and 6:30 P-I in her car with C2. ULP-C I her over to the car and told ink; ULP-I stated she had four beer. ULP-C was concerned vior and convinced C2 and c in to the facilty. ULP-C told acility to assist him with his and had C2 return to his room. hen called another lead staff d personnel/ULP-H) and the P-I's behavior and statement ULP-C stated she remained he DON arrived to speak with d after the DON arrived and JLP-I left in her car. ULP-C d a text message that ULP-I e shift but did not recall any he completed regarding ULP-I lity.				
	· •	statement regarding the				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H28733	B. WING		01/2) 19/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COM	DRESS, CITY, S MONS DRIVE RY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
0 315	ULP-C arrived at the C2 in ULP-I's car. In ULP-I's car. In ULP-I's car. In ULP-I's car. In ULP-C had ULP-C had ULP-C had ULP-C had ULP-C had ULP-C had ULP-C have sex with C3; C3's room to make any mistakes." When room, she found ULP-C's statement ULP-C's statement ULP-C's statement ULP-C and the DOWN ULP-E and ULP-F had ULP-E had ulp-	the following information: e facility and found ULP-I and JLP-I told ULP-C that she was drunk on the job". ULP-C uld barely open her eyes". LP-I and C2 return to the served alcohol and alcohol a. ULP-C stated C2 was LP-I, and that ULP-I wanted to C2 asked ULP-C to go to sure ULP-I was not "making en ULP-C arrived at C3's LP-I "flirting and talking to [C3] LP-C's statement indicated she but she did not want her d returned to C2's room. indicated she then called N to report ULP-C's behavior. Were interviewed on 1/28/2020 Infirmed they were also g of 12/18/2020. ULP-E and ey heard from other staff I was drunk during their shift. Istated the DON came to speak DON and ULP-I left the ULP-F stated ULP-I later ity and asked which staff on her. ULP-E and ULP-F ed ULP-I later leave the facility told ULP-E and ULP-F ed ULP-I later leave the facility told ULP-E and ULP-F ed ULP-I later seven the stayed to work for the night e only lead worker scheduled and ULP-F stated they told shift staff (ULP-G) about LP-G later text ULP-E and JLP-I was "out of it" and "kept chift and later fell asleep in the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		·	_
		H28733	B. WING		01/29/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	_	
ZUMDD/	NOUSE INC	525 COM	MONS DRIVE			
ZUMBRO	ZUMBRO HOUSE INC WOODBI		JRY, MN 5512	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
0 315	Continued From pa	ge 7	0 315			
	and stated she received 12/18/2020 from UI intoxicated and unature. ULP-H stated ULP-behavior as ULP-I intoxcated during he cooperating with UI ULP-C to call the D come to the facility DON. ULP-H state the DON spoke with ULP-I, the DON and ULP-H stated when was in the car with who the male was a facility. ULP-H furth ULP-I returned to the overnight shift and room. ULP-H state had heard this from been reported. ULI was aware of the in assumed this incide aware of any further					
	and stated she wor 12/18/2020-12/19/2 worked the night sh	wed on 2/4/2021 at 12:23 p.m. ked the night shift 2020. ULP-J confirmed ULP-I ift. ULP-J stated she was taff members that ULP-I had				
	been drinking with rule of ULP-J stated ULP-I impaired" and she froom. ULP-J stated aware of ULP-I's been done as at the factors.	residents and was intoxicated. "definately did seem fell asleep in the medication she thought the DON was shavior as she had heard the cility earlier, and ULP-I told her "snitched" on her and talked				
	about a text messa	ge she sent to the DON and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	CONSTRUCTION	l \ '	(X3) DATE SURVEY COMPLETED	
	H28733	B. WING			C 29/2021	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
ZUMBRO HOUSE INC	525 COM	MONS DRIVE				
	WOODBU	JRY, MN 5512	25			
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
0 315 Continued From pa	ige 8	0 315				
administrator. ULP asleep in the medic the shift and staff he wake ULP-I up who opened the door for ULP-J stated ULP-during the overnight any, services or who ulp-J stated she hat the facility follow. A follow-up interview DON on 1/29/2021 interview the DON made aware of allectients, leaving with sent home intoxical relationship with a cafter ULP-I was asleand did not report to not feel that these work poon to confirmed ulpower to work she sent her home an answer to work she sent her home an answer to why so ulp-I's return to the behavior with client 12/18-12/19/2020 to been working at the The DON stated she had adult reporting train this incident would report. The DON do	P-J stated ULP-I later fell cation room towards the end of ad to come back twice to try to eventually woke up and r staff to pass medications. I did not pass medications at work ULP-I completed. eard ULP-I no longer worked					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H28733	B. WING			C 2 9/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COMI	DRESS, CITY, S MONS DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	ULD BE	(X5) COMPLETE DATE
0 315	the incidents to the questioned about hindicating a previous where ULP-I was all The DON stated she second chance and work her shift after. The DON indicated charge" and had be The DON confirmed concern at the time her shift with no add asked about what in DON could not recastated she was una requirements regard could not provide domissing narcotics. The facility was ask missing narcotics, himsing narcotics was date of 12/13/2021 while ULP-I was worked about what in the facility was ask missing narcotics. The facility was ask missing narcotics was date of 12/13/2021 while ULP-I was worked as the DON recieved vulnerable 1/20/2021. C2 and C3 both decord C2 was admitted to diagnoses which indisorder, hypertens and substance deposafety and risk asset indicated C2 was all indic	that she thought she reported DO. The DON was er continued statement is incident on 12/13/2020 (seep in the medication room. It is wanted to give ULP-I a lallowed ULP-I to continue to falling asleep on 12/13/2020. That ULP-I was the "lead sen working multiple shifts. It is but allowed ULP-I to finish ditional supervision. When arcotics were missing, the fall specific narcotics and also ware of any reporting ding missing narcotics and etails on her follow up on the seed to provide reports of nowever no report regarding reas available surrounding the or regarding missing narcotics wrking or passing medications. It's personnel file indicated she adult (VA) training on the clined to be interviewed. If was reviewed and indicated the facility on 9/01/2020 with cluded schitzoaffective ion, diabetes mellitus type II endence. C2's vulerability, essment dated 11/24/2020 ert and oriented to person, able to provide accurate and	0 315			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		H28733	B. WING		01/2	C 2 9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ZUMBRO	HOUSE INC	525 COM	MONS DRIVE			
		WOODBU	JRY, MN 5512	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 315	Continued From pa	ge 10	0 315			
	consistent informati	on.				
	C3 was admitted to diagnoses which indicated, PTSD, and safety and risk asses indicated C3 was all place and time and consistent information assessment include marijuana use and paranoia, anxiety, be depression. The asswas able to accurate ULP-I was terminate 12/21/2020 due to a and alcohol policy. ULP-I was unavailad ULP-I's employee fill ULP-I had recieved professional bounday.	It was reviewed and indicated the facility on 9/01/2020 with cluded bipolar disorder, depression. C3's vulerability, essment dated 9/1/2020 ert and oriented to person, able to provide accurate and on. C3's vulerability ed C3 had a history of identified vulnerabilities due to ipolar disorder, PTSD and sessment further indicated C3 ely report abuse and neglect. The definition of the facility on a violation of the facility's drug ble for interview. The was reviewed and indicated vulnerable adult training, aries and ethics training as y's drug and alcohol policy				
	on 2/17/2021 at 2:1 unaware of the specture of the situation corporation's policies.	w was completed with the DO 8 p.m. who stated she was cifics of the incident regarding ated and later termination. The ssumed the DON and HR had in in accordance with the es. The DO indicated she was cifics of the incident and				
	indicated the incide VA report upon the alleged actions of d	nt should have been filed as a DON learning about ULP-I's rinking with clients, the a sexual relationship with a				

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AND PLAN OF CORRECTION TO IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` ′	(X3) DATE SURVEY COMPLETED	
		H28733	B. WING			C 29/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COMI	DRESS, CITY, S MONS DRIVE IRY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES (EACH)	ULD BE	(X5) COMPLETE DATE
0 315	should have been of she was unaware of medication room are stated ULP-I should accordance with condition accordance with condition accordance with condition accordance with condition accordance with accordance of the DO recieved training restaff who work at the indicated she was accordance of the facility according to the accordance of the spenand if anyone had for the incident from the upon what was writted from the DON and the indicated the "use of drugs, chemical about the indicated the "use of drugs,	narcotics, and an investigation completed. The DO indicated of ULP-I asleep in the and missing narcotics, however thave been disciplined in reporate procedures and the collowed the appropriate steps tion at the time the incident further indicated the DON had garding VA reporting as had all the facility. The DO also concerned that ULP-I had all the facility. The DO had not report this and allowed ULP-I cility. The DO had not recard and was unaware that ight shift after being sent tening shift. The DO was cifics of ULP-I's termination collowed up on the specifics on uman resources or corporate se allegations and based ten in the statements provided	0 315			

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AND PLAN OF CO	PEFICIENCIES PRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H28733	B. WING			C 2 9/2021
NAME OF PROVID	ER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
ZUMBRO HOU	ISE INC		RY, MN 551			
	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
maltand Dire staff productive staff prod	Administrator actor of Operation would be training edures and upper notice would be treed and an interest and	be investigated by the RN and then consulted with the ons. The policy indicated all ed on reporting policies and on report of maltreatment a be provided to the internal ment on the follow up of the ernal investigation would be leged incident. T BETWEEN STAFF				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		H28733	B. WING		I	C 29/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COM	DRESS, CITY, S MONS DRIVE JRY, MN 5512			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
0 315	During an interview C1 stated he was sand that ULP-I was clients. C1 said ULF "she would come or boobs on her should you love me." C1 fur sexually inappropriated he had report and management be made regarding his wanted to sue ULP-said ULP-I had been being "drunk on the not feel safe at the placement at a differ vulnerable adult (Vathree months from were provided as the last three month. ULP-D was intervied and indicated she was concerns with ULP-I be he did not like it; ULI like it.	ers and identified C1 as able information consistently. on 1/28/2021 at 11:03 a.m., exually assaulted by ULP-I inappropriate with other P-I had sexually harassed him; ver and bend over and put her der" and say "I'm gonna make of their reported ULP-I was ate with other clients. C1 ted these concerns to staff out no follow up had been concerns. C1 indicated he led for sexual harassment and in fired from the facility due to job." C1 further stated he did facility and was looking into erent facility. A) reports dating back the last the onsite date of 1/28/2021 in the facility, however none here were no reports filed in				

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		H28733	B. WING		- 1	C 29/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COMN	DRESS, CITY, S MONS DRIVE RY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
0 315	in my face" and star [C1]] love me." ULP reported to them the ULP-I was aware of build a relationship to make him like he ULP-H was also into p.m. who stated she involving ULP-I. UL was uncomfortable incident where she shoulder. C1 told U around ULP-I and wand he felt disrespe was aware of how continued to try to be and did not respect that the DON was not regarding ULP-I. Ultiple that the DON was not regarding ULP-I. Ultiple that were unsuccessed by the concerns were being made aware of any several attempts we that were unsuccessed ULP-I's employee fill ULP-I had received professional bounds hire. C1's case manager at 2:36 pm and indicated to manager	them that ULP-I "shook her tits ted she was going to "make P-E and ULP-F stated C1 at he did not like ULP-I, and I this and was always trying to with C1 saying she was going er. erviewed on 2/16/2021 at 2:13 as was aware of C1's concerns LP-H stated C1 had told her he with ULP-I because of her an rubbed her breasts on his LP-H he was uncomfortable wanted nothing to do with her ected. ULP-H indicated ULP-I can be aware of C1's concerns LP-H further indicated she he DON and administration's she knew knew these greported but was not ever follow up action taken.	0 315			

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	COMPLETED	
		H28733	B. WING		01/2	2 9/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COM	DRESS, CITY, S MONS DRIVE RY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
0 315	regarding ULP-I's be the nurse were frier indicated that she were terminated due to use behavior and that Cabuse and ULP-I had buse and ULP-I had The Director of Ope on 1/28/2021 at 11: not aware of any concluding C1. The DON was interpm and stated she complaints or allegatinvolving ULP-I. The Executive Director on 1/28/2021 at and concerns or allegatinvolving ULP-I. In an interview with p.m. she confirmed neglect or maltreatment would and/or police depart accordance with the The facility's Vulner Investigation Policy that staff were expensive and federal large maltreatment would and Administrator and Director of Operation	e a report to the nurse ehavior because ULP-I and ods. The case manager vas aware ULP-I was later nrelated inappropriate ed's concerns with sexual ad been reported to the facility. The case manager vas aware ULP-I was later nrelated inappropriate ed's concerns with sexual ad been reported to the facility. The case manager vas aware of any and indicated she was incerns regarding ULP-I and of any allegations of abuse viewed on 1/28/2021 at 1:08 was unaware of any ations of abuse by C1 The case manager vas aware of any and indicated she was incerns regarding ULP-I and of any allegations of any ations of abuse involving C1 and the ED on 1/29/2021 at 1:52 that any allegations of abuse, ment should be internally ed to the state agency (SA) the timent immediately in				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					С	
		H28733	B. WING		01/2	9/2021
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO	HOUSE INC		RY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
0 315	Continued From pa	ge 16	0 315			
	written notice would reporter of maltreat	on report of maltreatment a libe provided to the internal ment on the follow up of the rnal investigation would be leged incident.				
	TIME PERIOD FOR	R CORRECTION: Seven Days				
0 325	144A.44, Subd. 1(a)(14) Free From Maltreatment	0 325			
	receives home care in an assisted living chapter 144G has to (14) be free from planed extends and the atment cover maltreatment cover	ment of rights. (a) A client who e services in the community or facility licensed under hese rights: hysical and verbal abuse, eploitation, and all forms of ed under the Vulnerable Maltreatment of Minors Act;				
	by: Based on observati	,		No Plan of Correction (PoC) requi Please refer to the maltreatment preport for details.		
	Findings include:					
	facility and an indiving responsible for the with incidents which	•				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		H28733	B. WING		01/2	9/2021
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 0 1.72	
	HOUSE INC	525 COMI	MONS DRIVE	E .		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	TION SHOULD BE THE APPROPRIATE	
0 325	Continued From pa	ge 17	0 325			
	evidence that maltre	eatment occurred.				
0 805 SS=F	144A.479, Subd. 6(Vulnerable Adults/M	a) Reporting Maltrx of linors	0 805			
	adults and minors. In must comply with resonant of maltreatment of the requirements for maltreatment of vul 626.557. Each home and implement a with the requirement of the requirement o	maltreatment of vulnerable (a) All home care providers equirements for the reporting minors in section 626.556 and or the reporting of nerable adults in section le care provider must establish ritten procedure to ensure that ted maltreatment are reported.				
	by: Based on interview facility failed to implement procedures to ensumaltreatment are re-	and document review, the nediately report incidents of ment of vulnerable adults and the facility's written re that cases of suspected eported for 3 of 3 clients (C1, ed for maltreatment.				
	violation that did no safety but had the policent's health or safe cause serious injury was issued at a wide problems are perval	ed in a level two violation (a t harm a client's health or otential to have harmed a fety, but was not likely to y, impairment, or death) and lespread scope (when sive or represent a systemic cted or has potential to affect I of the clients).				
	Findings include:					
	During an onsite co	mplaint investigation on				

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	IENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	` '	(X3) DATE SURVEY COMPLETED	
		H28733	B. WING	_		C 29/2021
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ZUMBRO	O HOUSE INC	WOODBU	JRY, MN 5512	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
0 805	Continued From pa	ge 18	0 805			
	interviewed upon en had no grievances last three months a	ctor of Nursing (DON) was ntrance and stated the facility or complaints on file from the nd no formal vulnerable adult nd been filed in the last three				
	on 12/18/2020 which sexual abuse involvements who was plant and wheelchair and me" three times over C1 to feel uncomfor facility. The complaints	ade to the state agency (SA) the included an allegation of wing a client (C1) and a staff outting her breasts in C1's face I stating "I can make you love er the last two weeks, causing trable and targeted at the lint said these concerns were lity but nothing had been done.				
	the facility on 11/04 included hypertenside depression. C1's victor 11/05/2020 indicate person, time, place vulnerability assess risk for abuse or har report abuse by other	d indicated C1 was admitted to /2020 with diagnoses which on, chronic pain and ulnerability assessment dated ed C1 was alert and oriented to and situation. The sment indicated C1 was not a arm to others and was able to ers and identified C1 as able information consistently.				
	11:03 a.m. and report assualted by ULP-I inappropriate with of ULP-I had sexually come over and ben her shoulder" and sexually me". C1 further reported these conditions	interviewed on 1/28/2021 at orted he was sexually and that ULP-I was other clients. C1 reported harrassed him; "she would dover and put her boobs on ay "I'm gonna make you love forted ULP-I was sexually other clients. C1 stated he had been to staff and to follow up had been made				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
			D MINO			
		H28733	B. WING		01/2	29/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO	HOUSE INC		MONS DRIVE RY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
0 805	to sue ULP-I for sex ULP-I had been fire "drunk on the job." of feel safe at the facility placement at a differ vulnerable adult (Variance months from the were requested from were provided as the last three month. Staff interviews conknowledge of C1's related to the last three month. Staff interviews conknowledge of C1's related to the last three month. ULP-I: - ULP-D was interviewd concerns with ULP-I be the did not like ULP-I be the did not like it. - ULP-E and ULP-F and ulp-F are afraid to question ultheir supervisor; UL their shifts. ULP-E are afraid to question ultheir supervisor; UL them that ULP-I "shifts the did not like the did not l	erns. C1 indicated he wanted kual harrassmentand said of from the facility due to being C1 further stated he did not ity and was looking into erent facility. A) reports dating back the last the onsite date of 1/28/2021 on the facility, however none here were no reports filed in		DETICIENCY)		
		ewed on 2/16/2021 at 2:13 was aware of C1's concerns				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	H28733	B. WING		01/2) 9/2021
NAME OF PROVIDER OR SUPPLE	525 COM	DRESS, CITY, S MONS DRIVE JRY, MN 551			
PREFIX (EACH DEFICI	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
was uncomforta incident where shoulder. C1 to around ULP-I a and he felt disre was aware of he continued to try and did not resist that the DON we regarding ULP-I was sexulated the sexulated that sexulated the nurse were indicated that sexulated that sexulated the nurse were indicated that sexulated that sexulated that sexulated the nurse were indicated that sexulated that sexulated that sexulated the nurse were indicated that sexulated	ULP-H stated C1 had told her he able with ULP-I because of her an her breasts rubbed on his d ULP-H he was uncomfortable and wanted nothing to do with her espected. ULP-H indicated ULP-I bw C1 felt and that she still to build a relationship with him bect his wishes. ULP-H indicated as made aware of C1's concerns where was interviewed on 1/27/2021 indicated she was aware of C1's d to ULP-I's behavior. The case ted C1 had reported to her that ally abusing him by pushing be. C1 reported he was at one hake a report to the nurse behavior because ULP-I and friends. The case manager he was aware ULP-I was later to other, unrelated inappropriate at C1's concerns with sexual lad been reported to the facility. Operations (DO) was interviewed 11:37 a.m. and indicated she was y concerns regarding ULP-I and re of any allegations of abuse by C1				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	H28733	B. WING			C 2 9/2021
NAME OF PROVIDER OR SUPPLIER ZUMBRO HOUSE INC	525 COMN	DRESS, CITY, S MONS DRIVE RY, MN 551			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPROPRICE DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
on 1/28/2021 at and concerns or allegation ULP-I. In an interview with p.m. she confirmed negelct or maltreath reported and report and/or police depart accordance with the IMPAIRED STAFF ISEXUAL CONTACT CLIENTS (C2 and/or A report made to the 12/28/2020 included member "got drunk found sleeping in the During an onsite confidency interviewed upon end and no grievances of last three months and (VA) reports that has months. An interview with and 11:03 a.m. indicated incident with a staff personnel/ULP-I) which client's room "drinking later fired for this because was inappropriate with a reported these incidented incident	ctor (ED) was also interviewed was unaware of any ons of abuse involving C1 and the ED on 1/29/2021 at 1:52 that any allegations of abuse, nent should be internally ed to the state agency (SA) the timmediately in a facility policy. MEMBER, ALLEGED TRETWEEN STAFF AND or C3) e state agency (SA) on an allegation that a staff at the facility and was later				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		H28733	B. WING		01/2	29/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
7111400	525 COM					
ZUMBRO	HOUSE INC	WOODBU	RY, MN 551	25		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
PREFIX TAG	•	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
0 805	Continued From pa	ge 22	0 805			
	on 1/28/2021 at 11: unaware of any form made regarding UL unaware of any consexually inappropriatelients. However, the was sent home from intoxicated and was stated she was unatermination or incide intoxication involving. The Director of Nuron 1/28/2021 at 1:0 called by a staff meropersonnel/ULP-C) at 12/18/2020 who regat the facility. The facility and assessed ULP-I was intoxicated that been drinking with the DON indicated that been drinking with at ULP-I was in a staff meroperson.	rsing (DON) was interviewed 18 p.m. who stated she was ember (Unlicensed around 7:00 p.m. on corted ULP-I was intoxicated DON stated she came to the ed ULP-I, and determined ed. The DON stated she sent in the interview with the DON, she later found out that ULP-I with one of the clients (C2) and relationship with another				
	ULP-I had returned had sent her home	N stated she had heard that to the faciliy after the DON on 12/18/2020 and continued				
	and she had not be	t, but that this was a "rumor" en called by staff later in the				
	•	020-12/19/2020 so she did not ned or if she worked again that				
		n, the DON stated she				
	•	up with C2 and C3 regarding				
	-	ard regarding ULP-I but both				
		so she did not continue to				
		tions. The DON stated she did				
	•	as she did not view the				
	incident involvina U	LP-I's drinking and alleged				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BUILDING:	A. BUILDING:		
		H28733	B. WING	_		C 29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO	O HOUSE INC		IONS DRIVE			
			RY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
0 805	Continued From pa	ge 23	0 805			
	confirmed she did not whether ULP-I return worked the night she DON indicated she regarding this incide	and C3 in that way. The DON not follow up into review of med to the facility or if she lift after being sent home. The had completed a statement ent and ULP-I was terminated and had not returned to the				
	"Staff called me at 7pm to report that [I work. I came into we situation. [ULP-I] we the elevator. She walk a straight line. minutes and I made home and I told her car. I found out the to work and worked night shift. Staff regulations she left with car. She was driving places. She was also one of our other resultant she was in resiliawhile and [ULP-I] with that she wanted to I Narcotics are also restatement which income	I's statement dated 12/19/2020 ing regarding ULP-I: home Saturday night around ULP-I] is drunk and high at work to investigate the ras on 3rd floor. I found her by was slurring her words, her half closed. She could not I talked with her for about 10 at the decision to send her to go home. She left in her enext day that she came back I her shift and stayed for the borted to me that she was lication room on the floor alled her to go home Saturday th one of our residents in her ag him around to different so seen in another truck with sidents. It was reported to me dent's apartment for quite was telling the other charges have sex with male resident. This sing from Narcotic drawer." It was included on the DON's cluded the following: the 13th of December. Staff				
	also called me to te medication room sle	Il me [ULP-I] was in the eping and they couldn't get in because she had the key.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H28733	B. WING		01/2) 2 9/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COMI	DRESS, CITY, S MONS DRIVE IRY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 805	wake up. I then can medication room ar sleeping sitting up it to wake up. She firsher, she was confus waited for her to full apologetic and she doubles. She was questions correctly, home that day but I ULP-I's timecard day was reviewed, which punched in from 2:512/18/2020 and from 12/18/2020. ULP-C was intervied and confirmed she contacted the DON 12/18/2020. ULP-C the evening of 12/15 facilty to help a client promised earlier in arrived at the facilty p.m. and found ULF stated ULP-I waved ULP-C she was druttequila shots and a about ULP-I's behar ULP-I to come back C2 she was at the follow plant as promised at the facility until the	on the door but she didn't me into work to unlock the ad wake [ULP-I] up. She was a chair and was very difficult ally woke up after shaking sed and disorientated. I by wake up. She was very has been working a lot of coherent and answering my I was going to send her gave her a second chance". Atted 12/18/2020 - 12/19/2020 h indicated ULP-I was 59 p.m 12:00 a.m. on m 12:00 a.m 7:25 a.m. on m 12:00 a.m 7:25 a.m. on consistency was the staff member who regarding ULP-I's behavior on the staff of the consistency of t	0 805			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		H28733	B. WING			9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO	O HOUSE INC		MONS DRIVE			
		WOODBU	IRY, MN 551	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 805	Continued From pa	ge 25	0 805			
	stated she recieved returned later in the	JLP-I left in her car. ULP-C d a text message that ULP-I shift but did not recall any e completed regarding ULP-I lity.				
	12/18/2020 incident statement included ULP-C arrived at the C2 in ULP-I's car. I "drunk and had got observed ULP-I "confer ULP-C had Ulbuilding, ULP-C observed about Ulbuilding, ULP-C observed ULP-C observed ULP-C observed ULP-C observed ULP-C observed ulbuilding, ULP-C observed ULP-C observed ULP-C observed ULP-C observed ulbuilding, ULP-C observed ULP-C observed ulbuilding, ULP-C observed ULP-C observed ulbuilding, ULP-C ob	statement regarding the with ULP-I. ULP-C's the following information: e facility and found ULP-I and JLP-I told ULP-C that she was drunk on the job". ULP-C uld barely open her eyes". P-I and C2 return to the served alcohol and alcohol and ICP-C stated C2 was LP-I, and that ULP-I wanted to C2 asked ULP-C to go to sure ULP-I was not "making en ULP-C arrived at C3's LP-I "flirting and talking to [C3] P-C's statement indicated she I but she did not want her d returned to C2's room. indicated she then called N to report ULP-C's behavior.				
	at 3:50 p.m. and co working the evening ULP-F indicated the members that ULP- ULP-E and ULP-F s with ULP-I, and the facility. ULP-E and returned to the facil member "snitched" stated they witnesse with C3, and ULP-I	vere interviewed on 1/28/2020 nfirmed they were also of 12/18/2020. ULP-E and ey heard from other staff. I was drunk during their shift. Stated the DON came to speak DON and ULP-I left the ULP-F stated ULP-I later ity and asked which staff on her. ULP-E and ULP-F ed ULP-I later leave the facility told ULP-E and ULP-F that harijuana with C3. ULP-E and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7 to 2012011101		С	
		H28733	B. WING			9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
71114004	NI OLIOF INO	525 COMI	MONS DRIVE			
ZUMBRO	O HOUSE INC	WOODBU	IRY, MN 5512	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 805	Continued From pa	ge 26	0 805			
	ULP-F stated ULP-shift as she was the for the shift. ULP-E the oncoming night ULP-I's behavior. UULP-F stating that It talking" during the smedication room. ULP-H was intervie and stated she recently and stated she recently and stated she recently and stated ulp-behavior as ULP-I intoxicated and unaulup-H stated ULP-behavior as ULP-I intoxicated during he cooperating with ULUP-C to call the Don come to the facility DON. ULP-H stated when was in the car with who the male was of facility. ULP-H furth ULP-I returned to the overnight shift and room. ULP-H stated had heard this from been reported. ULF was aware of the interview.	I stayed to work for the night e only lead worker scheduled and ULP-F stated they told shift staff (ULP-G) about LP-G later text ULP-E and JLP-I was "out of it" and "kept shift and later fell asleep in the wed on 2/16/2021 at 2:13 p.m. eived a phone call on LP-C that ULP-I was able to perform her duties. C called her regarding ULP-I's had admitted she became er shift and was not LP-C. ULP-H then directed ON and stated she would to meet ULP-C, ULP-I and the d she arrived at the facility and in ULP-I left the facility. ULP-I left the facility a male her but she was not sure of or if it was a client from the er stated she later heard that he facility and worked the fell asleep in the medication d she could not recall who she but stated that it should have P-H indicated that the DON cident with ULP-I and ent would be reported, but not				
	and stated she work 12/18/2020-12/19/2 worked the night sh	wed on 2/4/2021 at 12:23 p.m. ked the night shift 020. ULP-J confirmed ULP-I ift. ULP-J stated she was taff members that ULP-I had				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H28733	B. WING) 2 9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ZUMBR	O HOUSE INC	525 COMI	MONS DRIVE			
	- 11000L IIIO	WOODBU	RY, MN 5512	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
0 805	Continued From pa	ge 27	0 805			
	ULP-J stated ULP-I impaired" and she froom. ULP-J stated aware of ULP-I's be DON was at the fact that someone had "about a text message administrator. ULP asleep in the medicate shift and staff has wake ULP-I up who opened the door for ULP-J stated ULP-I during the overnight any, services or who ULP-J stated she has at the facility following					
	interview the DON a made aware of allegations, leaving with sent home intoxicate relationship with a cafter ULP-I was asleand did not report the not feel that these was DON confirmed UL staff member on 12 had assessed ULP-competent to work she sent her home an answer to why sulley-I's return to the behavior with clients 12/18-12/19/2020 been working at the	w was completed with the at 1:45 p.m. During the again confirmed she was gations of ULP-I drinking with clients in her car after being ed, wanting to have a sexual client, and narcotics missing eep in the medication room nese allegations as she did were reportable incidents. The P-I was assigned as the lead /18/2020 and that the DON I to be intoxicated and not on 12/18/2020 and that is why The DON could not provide the did not further look into e facility or further alleged as C2 and C3 on the evening of ut stated she should not have a facility after being sent home. The efelt ULP-I was being taken				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 525 COMMONS DRIVE	21
H28733 B. WING	21
525 COMMONS DRIVE	
ZUMBRO HOUSE INC WOODBURY, MN 55125	
, 	(VE)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CON	(X5) MPLETE DATE
0 805 Continued From page 28 0 805	
advantage of by the clients (C2, C3) and said she did not view the clients as vulnerable adults. The DON stated she had not recieved vulnerable adult reporting training upon hire and not aware this incident would constitute a vulnerable adult report. The DON did indicate she completed a statement regarding this incident and that human resources (HR) should have been aware of what had happened and that she thought she reported the incidents to the DO. The DON was questioned about her continued statement indicating a previous incident on 12/13/2020 where ULP-I was alseep in the medication room. The DON stated she wanted to give ULP-I a second chance and allowed ULP-I to continue to work her shift after falling asleep on 12/13/2020. The DON indicated that ULP-I was the "lead charge" and had been working multiple shifts. The DON confirmed she had not reported this concern at the time but allowed ULP-I to finish her shift with no additional supervision. When asked about what narcotics were missing, the DON could not recall specific narcotics and could not provide details on her follow up on the missing narcotics. The facility was asked to provide reports of missing narcotics was available surrounding the date of 12/13/2021 or regarding missing narcotics was available surrounding the date of 12/13/2021 or regarding missing narcotics was available surrounding the date of 12/13/2021 or regarding missing narcotics was available surrounding the date of 12/13/2021 or regarding missing narcotics while ULP-I was working or passing medications. Review of the DON's personnel file indicated she recieved vulnerable adult (VA) training on 1/20/2021.	

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		H28733	B. WING		01/2) 2 9/2021
ZUMBRO HOUSE INC			DRESS, CITY, S MONS DRIVE JRY, MN 551			
(X4) ID PREFIX TAG	ÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				(X5) COMPLETE DATE	
0 805	C2 was admitted to diagnoses which indisorder, hypertens and substance depresafety and risk assessindicated C2 was applace and time and consistent informated. C3's medical record C3 was admitted to diagnoses which invanciety, PTSD, and safety and risk assessindicated C3 was applace and time and consistent informated assessment include marijuana use and paranoia, anxiety, because the depression. The assessment includes and alcohol policy. ULP-I was terminated 12/21/2020 due to a cand alcohol policy. ULP-I was unavailated ULP-I was unavailated C3 was applaced and alcohol policy. ULP-I was terminated 12/21/2020 due to a cand alcohol policy. ULP-I was unavailated to diagnose with the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific professional bound well as the companion of the specific profession of th	d was reviewed and indicated the facility on 9/01/2020 with cluded schitzoaffective ion, diabetes mellitus type II endence. C2's vulerability, essment dated 11/24/2020 lert and oriented to person, able to provide accurate and ion. d was reviewed and indicated the facility on 9/01/2020 with cluded bipolar disorder, depression. C3's vulerability, essment dated 9/1/2020 lert and oriented to person, able to provide accurate and ion. C3's vulerability ed C3 had a history of identified vulnerabilities due to bipolar disorder, PTSD and sessment further indicated C3 tely report abuse and neglect. ed from the facility on a violation of the facility's drug				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
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	H28733	B. WING		_	9/2021
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
ZUMBRO HOUSE INC		MONS DRIVE RY, MN 5512	5		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
0 805 Continued From pa	ge 30	0 805			
DO indicated she a handled the situation corporation's policical unaware of the special indicated the incided VA report upon the alleged actions of displaying allegation of having client, and missing should have been on the was unaware of the was unaware of the complete this act occurred. The DO recieved training restaff who work at the indicated she was considered to the facilist staff did not further to remain at the facilist staff did not further to remai	ssumed the DON and HR had on in accordance with the es. The DO indicated she was cifics of the incident and nt should have been filed as a DON learning about ULP-I's trinking with clients, the a sexual relationship with a narcotics, and an investigation completed. The DO indicated of ULP-I asleep in the nd missing narcotics, however thave been disciplined in imporate procedures and the collowed the appropriate steps tion at the time the incident further indicated the DON had garding VA reporting as had all be facility. The DO also concerned that ULP-I had ity after being sent home, that report this and allowed ULP-I cility. The DO had not mecard and was unaware that ight shift after being sent rening shift. The DO was cifics of ULP-I's termination collowed up on the specifics on uman resources or corporate se allegations and based ten in the statements provided ULP-C.				

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
• • • •			A. BUILDING:		С	
		H28733	B. WING			29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO	O HOUSE INC		MONS DRIVE JRY, MN 551:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 805	Continued From pa	age 31	0 805			
	clients indicated the regarding not receive supposed to receive On February 1, 202	months. In addition, multiple ey had made complaints ving all services they were e. 21, law enforcement reports any law enforcement calls to				
	this housing with see enforcement agency and stated to their calls to this houseved by the licens	ervices. The local law by responsed to the state there were multiple reports of busing with services location see.				
	Vulnerable adult (VA) reports dating back the last three months from the onsite date of 1/28/2021 were requested from the facility and none were provided that indicate the facility had self-reported incidents involved a female client possibly having been sexually assaulted, law enforcement responding to the facility, or clients not receiving ordered services; there were no reports filed in the last three months.					
	Investigation Policy that staff were expense of suspected maltre state and federal land maltreatment would and Administrator a Director of Operation staff would be trained procedures and upon written notice would reporter of maltreat incident and an inter conducted of the all					
	TIME PERIOD FOR	R CORRECTION: Seven Days				

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 525 COMMONS DRIVE WOODBURY, MN 55125 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 02015 SS=F Subd. 3. Timing of Report Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to specify applied to specify applied and subtraction to the common entry point. If an individual is admitted to a facility, a mandated reporter is not required to specify applied to specify applied to the report of the part of the content of the content of the report of the part of the content of the conten		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 525 COMMONS DRIVE WOODBURY, MN 55125 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 02015 SS=F Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not		H28733					
CX4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE			П20/33			01/2	9/2021
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 02015 SS=F Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 02015 SS=F (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 02015 O2015 Subd. 3 Timing of Report Subd. 3.Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not	ZUMBR	O HOUSE INC					
SS=F Subd. 3.Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	_D BE	COMPLETE
individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section		Subd. 3. Timing of rewho has reason to is being or has been knowledge that a very a physical injury whexplained shall immers to the common entroulinerable adult solution admitted to a facility required to report strindividual that occur unless: (1) the individual was another facility and believe the vulnerable previous facility; or (2) the reporter knowledge that the individual is in section 626.5572 (a), clause (4). (b) A person not reconstruction of this section of this section of this section of the composition of the section of the composition of the	eport. (a) A mandated reporter believe that a vulnerable adult in maltreated, or who has ulnerable adult has sustained ich is not reasonably nediately report the information by point. If an individual is a lely because the individu				

Minnesota Department of Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7 t. DOILDING.		С	
		H28733	B. WING			9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO	HOUSE INC		MONS DRIVE RY, MN 551			
(V4) ID	SHIMMARY STA	TEMENT OF DEFICIENCIES	•	PROVIDER'S PLAN OF CORRECTI		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
02015	Continued From pa	ge 33	02015			
	(5), occurred must a subdivision. If the rebelieves that an investigative agency determine that the reaccording to the critical subdivision 17, pararefer or facility mentry point or direct agency information meets the criteria usubdivision 17, paralead investigative agency information and the criteria usubdivision 17, paralead investigative agency information and the criteria usubdivision 17, paralead investigative agency information and the criteria usubdivision 17, paralead investigative agency information and the criteria usubdivision 17, paralead investigative agency information agency infor	on 17, paragraph (c), clause make a report under this eporter or a facility, at any time estigation by a lead y will determine or should reported error was not neglect teria under section 626.5572, agraph (c), clause (5), the nay provide to the common ly to the lead investigative explaining how the event nder section 626.5572, agraph (c), clause (5). The gency shall consider this naking an initial disposition of bdivision 9c.				
	Based on interview facility failed to immof vulnerable adults (CEP) when the facility allegations of maltre C2, C3) reviewed for This practice results violation that did no safety but had the problems are pervalent and the problems are pervalent.	ed in a level two violation (a t harm a client's health or otential to have harmed a fety, but was not likely to y, impairment, or death) and espread scope (when sive or represent a systemic cted or has potential to affect I of the clients).				
	During an onsite co	mplaint investigation on				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		H28733	B. WING			C 29/2021
	PROVIDER OR SUPPLIER HOUSE INC	525 COMI	DRESS, CITY, ST MONS DRIVE IRY, MN 5512			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
02015	interviewed upon erhad no grievances clast three months at (VA) reports that had months. SEXUAL CONTACTA complaint was made on 12/18/2020 which sexual abuse involvements who was pland wheelchair and me" three times over C1 to feel uncomfor facility. The complaint reported to the facility on 11/04/2020 indicates person, time, place vulnerability assess risk for abuse or had report abuse by oth to provide accurate. The client (C1) was 11:03 a.m. and report abuse by oth to provide accurate. The client (C1) was 11:03 a.m. and report abuse by oth to provide accurate to provide accurate. The client (C1) was 11:03 a.m. and report abuse by oth to provide accurate to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:03 a.m. and report abuse by oth to provide accurate the client (C1) was 11:05 a.m. and report abuse by oth to provide accurate the client (C1) was 11:05 a.m. and report abuse by oth to provide accurate the client (C1) was 11:05 a.m. and report abuse by oth to provide accurate the client (C1) was 11:05 a.m. and report abuse by oth to provide accurate the client (C1) was 11:05 a.m. and report abuse by oth to provide accurate the client (C1) was 11:05 a.m. and report abuse by oth to provide accurate the client (C1) was 11:05 a.m. and report abuse by oth to provide accurate the client	etor of Nursing (DON) was atrance and stated the facility or complaints on file from the and no formal vulnerable adult depend to the state agency (SA) the included an allegation of ring a client (C1) and a staff outting her breasts in C1's face stating "I can make you love or the last two weeks, causing rtable and targeted at the int said these concerns were ity but nothing had been done. If indicated C1 was admitted to (2020 with diagnoses which on, chronic pain and ulnerability assessment dated d C1 was alert and oriented to and situation. The ment indicated C1 was not a rm to others and was able to ers and identified C1 as able information consistently. Interviewed on 1/28/2021 at orted he was sexually and that ULP-I was other clients. C1 reported harrassed him; "she would dover and put her boobs on ay "I'm gonna make you love orted ULP-I was sexually other clients. C1 stated he had				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
H28733	B. WING _		01/29/2021	
NAME OF PROVIDER OR SUPPLIER ZUMBRO HOUSE INC	STREET ADDRESS, CITY 525 COMMONS DR WOODBURY, MN 5	Y, STATE, ZIP CODE	TO ITE OF THE STATE OF THE STAT	
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM	Y FULL PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
regarding his concerns. C1 indicated hit to sue ULP-I for sexual harrassmentan ULP-I had been fired from the facility d'drunk on the job." C1 further stated he feel safe at the facility and was looking placement at a different facility. Vulnerable adult (VA) reports dating bathree months from the onsite date of 1/2 were requested from the facility, however provided as there were no reports the last three months. Staff interviews conducted indicated standwledge of C1's report of sexual about ULP-I: - ULP-D was interviewed on 1/28/2021 p.m. and indicated she was aware that concerns with ULP-I's behavior. ULP-D did not like ULP-I because ULP-I huggine did not like it; ULP-I said she would like it. - ULP-E and ULP-F were interviewed on 1/28/2021 at 3:50 p.m. and indicated U unprofessional and inappropriate to boir residents. ULP-E and ULP-F stated the afraid to question ULP-I's behavior as a their supervisor; ULP-I was lead worke their shifts. ULP-E and ULP-F stated C them that ULP-I "shook her tits in my fastated she was going to "make you low ULP-E and ULP-F stated C1 reported that he did not like ULP-I, and ULP-I was of that and always tried to build a relation C1 saying she was going to "make him - ULP-H was interviewed on 2/16/2021 p.m. and stated she was aware of C1's	d said ue to being did not into ck the last /28/2021 /er none ifiled in aff had use by at 3:20 C1 had use by at 3:40 An			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
	H28733	B. WING		01/2) 9/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO HOUSE INC		MONS DRIVE RY, MN 551			
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
was uncomfortable incident where her shoulder. C1 told U around ULP-I and wand he felt disrespe was aware of how continued to try to kand did not respect that the DON was regarding ULP-I. Several attempts was were not successful. C1's case manager at 2:36 pm and indiconcerns related to manager indicated ULP-I was sexually herself in his face. point afraid to make regarding ULP-I's but the nurse were fried indicated that she was terminated due to behavior, and that the abuse and ULP-I had the content of the co	LP-H stated C1 had told her he with ULP-I because of her an breasts rubbed on his LP-H he was uncomfortable vanted nothing to do with her ected. ULP-H indicated ULP-I C1 felt and that she still ouild a relationship with him his wishes. ULP-H indicated made aware of C1's concerns	02015			

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AND DIAN OF CORRECTION INTERCATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		H28733	B. WING		01/2	C 2 9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO	O HOUSE INC	525 COMN	MONS DRIVE			
			RY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02015	Continued From pa	ge 37	02015			
	on 1/28/2021 at and concerns or allegation ULP-I.	the ED on 1/20/2021 et 1:52				
	p.m. she confirmed negelct or maltreatr reported and report	the ED on 1/29/2021 at 1:52 that any allegations of abuse, ment should be internally ed to the state agency (SA) tment immediately in a facility policy.				
	SEXUAL CONTACT CLIENTS (C2 and/o A report made to the 12/28/2020 included	e state agency (SA) on d an allegation that a staff at the facility and was later				
	1/28/2021 the Directinterviewed upon endand no grievances of last three months a	emplaint investigation on etor of Nursing (DON) was attrance and stated the facility or complaints on file from the nd no formal vulnerable adult and been filed in the last three				
	11:03 a.m. indicated incident with a staff personnel/ULP-I) we client's room "drinki later fired for this be was sexually assual was inappropriate what reported these	client (C1) on 1/28/2021 at d that he was aware of an member (unlicensed ho was caught in anothering and fornicating" and was chavior. C1 also reported he lted by ULP-I and that ULP-I with other clients. C1 stated he concerns to staff and o follow up had been made erns.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	` ′	(X3) DATE SURVEY COMPLETED	
			/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		C	
		H28733	B. WING			29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			MONS DRIVE			
ZUMBRO	HOUSE INC		RY, MN 551			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG	,	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUNDED TO THE APPRODES DEFICIENCY)		COMPLETE
02015	Continued From pa	ge 38	02015			
	on 1/28/2021 at 11: unaware of any form made regarding UL unaware of any consexually inappropriate clients. However, the was sent home from intoxicated and was stated she was unatermination or incide intoxication involving. The Director of Nuron 1/28/2021 at 1:0 called by a staff merpersonnel/ULP-C) at 12/18/2020 who regat the facility. The I facility and assessed ULP-I was intoxicated that ULP-I was intoxicated that ULP-I was in a client (C3). The DOULP-I had returned had sent her home to work a night shift and she had not be evening of 12/18/20 know if ULP-I returned to follow the rumors she head clients swore at her	sing (DON) was interviewed 8 p.m. who stated she was amber (Unlicensed around 7:00 p.m. on corted ULP-I was intoxicated DON stated she came to the ed ULP-I, and determined ed. The DON stated she sent g the interview with the DON, she later found out that ULP-I with one of the clients (C2) and relationship with another N stated she had heard that to the facility after the DON on 12/18/2020 and continued a, but that this was a "rumor" en called by staff later in the 20-12/19/2020 so she did not ned or if she worked again that n, the DON stated she up with C2 and C3 regarding and regarding ULP-I but both is so she did not continue to				
	look into the allegat not file a VA report a	so she did not continue to ions. The DON stated she did as she did not view the LP-I's drinking and alleged				

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AND DIAN OF CORRECTION INTERCATION NUMBER:					DATE SURVEY COMPLETED	
		H28733	B. WING		1	C 29/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COMN	DRESS, CITY, ST MONS DRIVE RY, MN 5512			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
02015	confirmed she did rewhether ULP-I return worked the night she DON indicated she regarding this incide after this incident are facility. Review of the DON indicated the follow "Staff called me at 7pm to report that [work. I came into we situation. [ULP-I] we the elevator. She we eyes were red and walk a straight line. minutes and I made home and I told her car. I found out the to work and worked night shift. Staff regaleeping in the med night. When I asked evening, she left with car. She was driving places. She was also one of our other rest that she was in residually and [ULP-I] we that she was in residually and [ULP-I] what she wanted to Narcotics are also reason and statement which income in the work and statement which income also called me to the medication room sleeping in the medication room sleeping of also called me to the medication room sleeping in the medication room sl	and C3 in that way. The DON not follow up into review of rined to the facility or if she ift after being sent home. The had completed a statement ent and ULP-I was terminated ind had not returned to the statement dated 12/19/2020 ing regarding ULP-I: home Saturday night around ULP-I] is drunk and high at work to investigate the as on 3rd floor. I found her by was slurring her words, her half closed. She could not I talked with her for about 10 at the decision to send her to go home. She left in her next day that she came back her shift and stayed for the ported to me that she was ication room on the floor all do her to go home Saturday the one of our residents in her ag him around to different so seen in another truck with sidents. It was reported to me dent's apartment for quite was telling the other charges have sex with male resident. The issues of the soluted on the DON's cluded the following: the 13th of December. Staff II me [ULP-I] was in the geping and they couldn't get in the because she had the key.	02015			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H28733	B. WING		01/2	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
7HMRR(O HOUSE INC	525 COM	MONS DRIVE			
ZUWIBK	J HOUSE INC	WOODBU	JRY, MN 5512	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	wake up. I then can medication room ar sleeping sitting up it to wake up. She fir her, she was confus waited for her to ful apologetic and she doubles. She was questions correctly, home that day but I ULP-I's timecard day was reviewed, which punched in from 2:8 12/18/2020 and from 12/18/2020. ULP-C was interviewed and confirmed she contacted the DON 12/18/2020. ULP-C the evening of 12/15 facilty to help a client promised earlier in arrived at the facilty p.m. and found ULF stated ULP-I waved ULP-C she was druit tequila shots and a about ULP-I's behard ULP-I to come back C2 she was at the facilty p.m. and found ULF stated ULP-I's behard ULP-I to come back C2 she was at the facilty p.m. and should use the facility p.m. and found ULF stated ULP-I's behard ULP-I's ULP-I's ULP-I's behard ULP-I's ULP-	ge 40 on the door but she didn't me into work to unlock the ad wake [ULP-I] up. She was a chair and was very difficult ally woke up after shaking sed and disorientated. I by wake up. She was very has been working a lot of coherent and answering my. I was going to send her gave her a second chance". Ated 12/18/2020 - 12/19/2020 h indicated ULP-I was 59 p.m 12:00 a.m. on m 12:00 a.m. on m 12:00 a.m 7:25 a.m. on was the staff member who regarding ULP-I's behavior on c stated she was not working 8/2020 but had came to the at (C2) with a plant as she had the day. ULP-C stated she between 5:30 p.m. and 6:30 p.I in her car with C2. ULP-C I her over to the car and told ank; ULP-I stated she had four beer. ULP-C was concerned vior and convinced C2 and c in to the facilty. ULP-C told acility to assist him with his and had C2 return to his room.	02015	DEFICIENCY)		
	member (unlicense DON regarding ULF regarding drinking. at the facility until the	hen called another lead staff d personnel/ULP-H) and the P-I's behavior and statement ULP-C stated she remained be DON arrived to speak with d after the DON arrived and				

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H28733 B. WING 01/29/20	021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 525 COMMONS DRIVE WOODBURY, MN 55125	
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	(X5) OMPLETE DATE
Spoke with ULP-I, ULP-I left in her car. ULP-C stated she recieved a text message that ULP-I returned later in the shift but did not recall any follow-up, if any, she completed regarding ULP-I returning to the facility. ULP-C completed a statement regarding the 12/18/2020 incident with ULP-I. ULP-C's statement included the following information: ULP-C arrived at the facility and found ULP-I and C2 in ULP-I's car. ULP-I told ULP-C that she was "drunk and had got drunk on the job". ULP-C observed ULP-I "could barely open her eyes". After ULP-C abserved alcohol and alcohol bottles in C2's room. ULP-C stated C2 was concerned about ULP-I, and that ULP-I wanted to "have sex" with C3; C2 asked ULP-C to go to C3's room to make sure ULP-I was not "making any mistakes." When ULP-C arrived at C3's room. she found ULP-I firing and talking to [C3] about her butt." ULP-C's statement indicated she tried to "help" ULP-I but she did not want her there so she left and returned to C2's room. ULP-C's behavior. ULP-E and ULP-F were interviewed on 1/28/2020 at 3:50 p.m. and confirmed they were also working the evening of 12/18/2020 ULP-E and ULP-F stated they heard from other staff members that ULP-I was drunk during their shift. ULP-E and ULP-F stated ULP-I later returned to the facility and asked which staff member "snitched" on her. ULP-E and ULP-F stated ULP-I later leave the facility with C3, and ULP-I end ol ULP-I end ulLP-F stated they here alove the facility with C3, and ULP-I told ULP-E and ULP-F that	

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	(3) DATE SURVEY COMPLETED	
H28733 B. WING 01/29/20	/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 525 COMMONS DRIVE WOODBURY, MN 55125		
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CON	(X5) COMPLETE DATE	
ULP-F stated ULP-I stayed to work for the night shift as she was the only lead worker scheduled for the shift. ULP-E and ULP-F stated they told the oncoming night shift staff (ULP-G) about ULP-I stating that ULP-I was "out of it" and "kept talking" during the shift and later fell asleep in the medication room. ULP-H was interviewed on 2/16/2021 at 2:13 p.m. and stated she received a phone call on 12/18/2020 from ULP-C that ULP-I was intoxicated and unable to perform her duties. ULP-H stated ULP-I was intoxicated and unable to perform her duties. ULP-H stated ULP-C called her regarding ULP-I's behavior as ULP-I had admitted she became intoxcated during her shift and was not cooperating with ULP-C. ULP-H then directed ULP-C to call the DON and stated she would come to the facility to meet ULP-C, ULP-I and the DON. ULP-H stated she arrived at the facility and the DON spoke with ULP-I and shortly after ULP-I, the DON and ULP-H left the facility. ULP-H stated when ULP-I left the facility is male was in the car with her but she was not sure of who the male was or if it was a client from the facility. ULP-I truther stated she later heard that ULP-I returned to the facility and worked the overnight shift and fell asleep in the medication room. ULP-H stated she could not recall who she had heard this from but stated that it should have been reported. ULP-H indicated that the DON was aware of the incident with ULP-I and assumed this incident would be reported, but not aware of any further action taken. ULP-J was interviewed on 2/4/2021 at 12:23 p.m. and stated she worked the night shift 12/18/2020-12/19/2020. ULP-J confirmed ULP-I worked the night shift.		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		H28733	B. WING			C 29/2021
NAME OF PROVIDER OR SUF	PPLIER		DRESS, CITY, S'	TATE, ZIP CODE	• •	
ZUMBRO HOUSE INC			RY, MN 5512			
PREFIX (EACH DEF	ICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
ULP-J stated impaired" and room. ULP-J aware of ULF DON was at that someone about a text radministrator asleep in the the shift and wake ULP-J topened the dulp-J stated during the owany, services ULP-J stated at the facility. A follow-up in DON on 1/29 interview the made aware clients, leaving sent home intrelationship was and did not renot feel that to DON confirm staff member had assessed competent to she sent her an answer to ULP-I's return behavior with 12/18-12/19/2 been working	with red state of the state of	ge 43 esidents and was intoxicated. "definately did seem ell asleep in the medication she thought the DON was havior as she had heard the ility earlier, and ULP-I told her snitched" on her and talked ge she sent to the DON and -J stated ULP-I later fell ation room towards the end of ad to come back twice to try to eventually woke up and staff to pass medications did not pass medications shift and was unaware of, if at work ULP-I completed. Eard ULP-I no longer worked the first incident. If was completed with the at 1:45 p.m. During the again confirmed she was gations of ULP-I drinking with clients in her car after being ed, wanting to have a sexual dient, and narcotics missing eep in the medication room these allegations as she did were reportable incidents. The D-I was assigned as the lead /18/2020 and that the DON of 12/18/2020 and that is why the DON could not provide the did not further look into the facility or further alleged as C2 and C3 on the evening of out stated she should not have facility after being sent home. The felt ULP-I was being taken as sent to the provide the facility after being sent home.				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 22 COMMONS DRIVE WOODBURY, MN 55125 MAILTO D		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE STATE, ZIP CODE STREET ADDRESS. CITY, STATE, ZIP CODE STATE, ZIP CODE				/ \. DOILDING:			<u> </u>
ZUMBRO HOUSE INC SUMMARY STATEMENT OF DEFICIENCIES FROMODBURY, MN 55125			H28733	B. WING			
Description	NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PRÉFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 44 advantage of by the clients (C2,C3) and said she did not view the clients as vulnerable adults. The DON stated she had not recieved vulnerable adult reporting training upon hire and not aware this incident would constitute a vulnerable adult report. The DON did indicates the completed a statement regarding this incident and that human resources (HR) should have been aware of what had happened and that she thought she reported the incidents to the DO. The DON was alseep in the medication room. The DON stated she wanted to give ULP-I as second chance and allowed ULP-I to continue to work her shift after falling asleep on 12/13/2020. The DON indicated that ULP-I was the "lead charge" and had been working multiple shifts. The DON confirmed she had not reported this concern at the time but allowed ULP-I to finish her shift with no additional supervision. When asked about what narcotics were missing, the DON could not recall specific narcotics and also stated she was unaware of any reporting requirements regarding missing narcotics and could not provide details on her follow up on the missing narcotics. The facility was asked to provide reports of missing narcotics. The facility was asked to provide reports of missing narcotics. Review of the DON's personnel file indicated she recieved vulnerable adult (VA) training on 1/20/2021.	ZUMBRO HOUSE INC						
advantage of by the clients (C2,C3) and said she did not view the clients as vulnerable adults. The DON stated she had not recived vulnerable adult reporting training upon hire and not aware this incident would constitute a vulnerable adult report. The DON did incicate she completed a statement regarding this incident and that human resources (HR) should have been aware of what had happened and that she thought she reported the incidents to the DO. The DON was questioned about her continued statement indicating a previous incident on 12/13/2020 where ULP-I was alseep in the medication room. The DON stated she wanted to give ULP-I a second chance and allowed ULP-I to continue to work her shift after falling asleep on 12/13/2020. The DON indicated that ULP-I was the "lead charge" and had been working multiple shifts. The DON confirmed she had not reported this concern at the time but allowed ULP-I to finish her shift with no additional supervision. When asked about what narcotics were missing, the DON could not recall specific narcotics and also stated she was unaware of any reporting requirements regarding missing narcotics. The facility was asked to provide reports of missing narcotics. The facility was asked to provide reports of missing narcotics. Nowever no report regarding missing narcotics while ULP-I was working or passing medications. Review of the DON's personnel file indicated she recieved vulnerable adult (VA) training on 1/20/2021.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
	02015	advantage of by the did not view the clied DON stated she has adult reporting train this incident would be report. The DON distatement regarding resources (HR) show had happened and the incidents to the questioned about he indicating a previous where ULP-I was all The DON stated shipsecond chance and work her shift after. The DON indicated charge" and had be the DON confirmed concern at the time her shift with no add asked about what in DON could not recast atted she was una requirements regard could not provide domissing narcotics. The facility was ask missing narcotics, himsing narcotics with the date of 12/13/2021 while ULP-I was woo Review of the DON recieved vulnerable 1/20/2021.	e clients (C2,C3) and said she ents as vulnerable adults. The d not recieved vulnerable ing upon hire and not aware constitute a vulnerable adult id indicate she completed a g this incident and that human ould have been aware of what that she thought she reported DO. The DON was er continued statement is incident on 12/13/2020 seep in the medication room. It is incident on 12/13/2020 seep in the medication room. It is incident on 12/13/2020 seep in the medication room. It is incident on 12/13/2020 seep in the medication room. It is incident on 12/13/2020 seep in the medication room. It is incident on 12/13/2020 seep in the medication room. It is incident on 12/13/2020 seep in the medication room. It is incident on 12/13/2020 seep in the medication room. It is incident on the medication of the seep in the seep i	02015			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVAND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVAND PLAN OF CORRECTION (X3) DATE SURVAND PLAN						
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	PROVIDER OR SUPPLIER O HOUSE INC	525 COM	DRESS, CITY, S' MONS DRIVE JRY, MN 5512			
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02015	C2 was admitted to diagnoses which indisorder, hypertens and substance deposafety and risk assessindicated C2 was alplace and time and consistent informations and risk assessindicated C3 was admitted to diagnoses which indicated C3 was alplace and time and consistent informations assessment include marijuana use and paranoia, anxiety, because and time and consistent informations assessment include marijuana use and paranoia, anxiety, because and time and consistent informations assessment include marijuana use and paranoia, anxiety, because and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was unavailated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was unavailated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy. ULP-I was terminated to a consistent information and alcohol policy.	d was reviewed and indicated the facility on 9/01/2020 with cluded schitzoaffective ion, diabetes mellitus type II endence. C2's vulerability, essment dated 11/24/2020 lert and oriented to person, able to provide accurate and ion. d was reviewed and indicated the facility on 9/01/2020 with cluded bipolar disorder, depression. C3's vulerability, essment dated 9/1/2020 lert and oriented to person, able to provide accurate and ion. C3's vulerability ed C3 had a history of identified vulnerabilities due to bipolar disorder, PTSD and sessment further indicated C3 tely report abuse and neglect. ed from the facility on a violation of the facility's drug				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE COMP	SURVEY
	H28733	B. WING			9/2021
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ZUMBRO HOUSE INC		MONS DRIVE			
		JRY, MN 5512			
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPROPRIECT (ACTION SHOW APPROPRIECT)	ULD BE	(X5) COMPLETE DATE
02015 Continued From pa	ige 46	02015			
DO indicated she a handled the situation corporation's policies unaware of the special indicated the incided VA report upon the alleged actions of configuration and missing should have been on the was unaware of the was unaware of the complete this accordance with configuration occurred. The DO recieved training restaff who work at the indicated she was conficted to the facing staff did not further to remain at the facing staff did	ssumed the DON and HR had on in accordance with the es. The DO indicated she was cifics of the incident and ant should have been filed as a DON learning about ULP-I's linking with clients, the a sexual relationship with a narcotics, and an investigation completed. The DO indicated of ULP-I asleep in the end missing narcotics, however do have been disciplined in prorate procedures and the collowed the appropriate steps tion at the time the incident further indicated the DON had garding VA reporting as had all the facility. The DO also concerned that ULP-I had lity after being sent home, that report this and allowed ULP-I cility. The DO had not mecard and was unaware that ight shift after being sent rening shift. The DO was cifics of ULP-I's termination collowed up on the specifics on uman resources or corporate as allegations and based ten in the statements provided ULP-C.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	l ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		H28733	B. WING		01/2	2 9/2021
	PROVIDER OR SUPPLIER D HOUSE INC	525 COM	DRESS, CITY, S MONS DRIVE RY, MN 551			
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02015	clients indicated the regarding not receive supposed to receive supposed to receive supposed to receive on the requested for this housing with seen forcement agency and stated their calls to this houserved by the licens of their calls to this houserved by the licens of their calls to this houserved by the licens of their calls to this houserved by the licens of the requested from the requested from the requested from the responding to the faction of the faction of the last three months. The facility's Vulner Investigation Policy that staff were expensive and federal last maltreatment would and Administrator and Investigation of the last three months and Administrator and procedures and upon the reporter of maltreatment would reporter of maltreatment and an interconducted of the all conducted of	nonths. In addition, multiple by had made complaints wing all services they were e. 11. Iaw enforcement reports any law enforcement calls to ervices. The local law by responsed to the state there were multiple reports of using with services location see. 12. A) reports dating back the last the onsite date of 1/28/2021 and the facility and none were the the facility had self-reported a female client possibly having ulted, law enforcement acility, or clients not receiving here were no reports filed in his. 13. Bable Adult Reporting and dated January 2020 included ected to report any allegations eatment in accordance with was and that allegations of the investigated by the RN and then consulted with the lons. The policy indicated alled on reporting policies and on report of maltreatment and the provided to the internal ment on the follow up of the ernal investigation would be	02015			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l `´	E CONSTRUCTION	(X3) DATE COMP	SURVEY
	H28733	B. WING		01/2) 29/2021
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	-	
ZUMBRO HOUSE INC		MONS DRIVE			
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Each facility shall e ongoing written pro applicable licensing of suspected maltre facility has an interr mandated reporter requirements of this internally. However responsible for comreporting requirements of the internal requirements of the written and that receives an interporter shall give the written notice station reported the incider The written notice in working days and inconfidentiality of the confidentiality of the confid	eporting of maltreatment. (a) stablish and enforce an cedure in compliance with rules to ensure that all cases eatment are reported. If a nal reporting procedure, a may meet the reporting section by reporting the facility remains aplying with the immediate ents of this section. Internal reporting procedure ernal report by a mandated he mandated reporter a g whether the facility has not to the common entry point. In the provided within two in a manner that protects the		DEFICIENCY		

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		H28733	B. WING		01/2) 19/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COM	DRESS, CITY, S MONS DRIVE JRY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02030	Continued From pa	ge 49	02030			
	by: Based on interview facility failed to intermaltreatment and fawritten procedure remaltreatment for 3 reviewed for maltre. This practice results violation that did no safety but had the policient's health or sa cause serious injury was issued at a wide problems are pervafailure that has affer a large portion or all. The findings include: During an onsite continuous interviewed upon enhad no grievances of last three months and (VA) reports that has months. SEXUAL CONTACTA complaint was made on 12/18/2020 which sexual abuse involvements and wheelchair and me" three times over the same of the continuous involvements of the continuous invol	ed in a level two violation (a t harm a client's health or potential to have harmed a fety, but was not likely to y, impairment, or death) and espread scope (when sive or represent a systemic cted or has potential to affect I of the clients). Example in the clients on the facility or complaints on file from the not no formal vulnerable adult and been filed in the last three				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE COMP	SURVEY	
		H28733	B. WING		01/2) 2 9/2021
NAME OF	PROVIDER OR SUPPLIER		, ,	TATE, ZIP CODE	1 0 17 -	
ZUMBRO	O HOUSE INC		MONS DRIVE RY, MN 551			
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02030	C1's medical record the facility on 11/04, included hypertenside depression. C1's virul/05/2020 indicate person, time, place vulnerability assess risk for abuse or har report abuse by oth to provide accurate. The client (C1) was 11:03 a.m. and report abuse by ULP-I inappropriate with outperson to sue over and ben her shoulder and sme. C1 further reginappropriate with or reported these conditions are understood to sue ULP-I for second	int said these concerns were ity but nothing had been done. It indicated C1 was admitted to /2020 with diagnoses which on, chronic pain and ulnerability assessment dated of C1 was alert and oriented to and situation. The ment indicated C1 was not a rm to others and was able to ers and identified C1 as able information consistently. Interviewed on 1/28/2021 at orted he was sexually and that ULP-I was other clients. C1 reported harrassed him; "she would dover and put her boobs on ay "I'm gonna make you love borted ULP-I was sexually other clients. C1 stated he had been to staff and of follow up had been made erns. C1 indicated he wanted wall harrassmentand said of from the facility due to being C1 further stated he did not lity and was looking into erent facility. A) reports dating back the last the onsite date of 1/28/2021 in the facility, however none here were no reports filed in	02030			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 2UMBRO HOUSE INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) O2030 Continued From page 51 ULP-I: - ULP-D was interviewed on 1/28/2021 at 3:20 p.m. and indicated she was aware that C1 had concerns with ULP-I's behavior. ULP-D stated C1 like it. - ULP-E and ULP-F were interviewed on 1/28/2021 at 3:50 p.m. and indicated ULP-I was unprofessional and inappropriate to both staff and residents. ULP-I shad and ulp-F stated they were afraid to question ULP-I sheaked Was their supervisor; ULP-I was lead worker during their shifts. ULP-E and ULP-F stated C1 had told them that ULP-I's bhook her itts in my face" and stated she was going to "make you love me". ULP-E and ULP-F stated C1 reported to them that the did not like ULP-I, and ULP-I was aware of that and always tried to build a relationship with C1 saying she was going to "make you love me". ULP-E and ULP-F stated C1 reported to them that the did not like ULP-I, and ULP-I was aware of that and always tried to build a relationship with C1 saying she was going to "make him" like her. - ULP-H was interviewed on 2/16/2021 at 2:13 p.m. and stated she was aware of C1's concerns involving ULP-I. ULP-I because of her an	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	(X3) DATE	E SURVEY PLETED	
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PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFINITION.) (ILP-I: - ULP-I: - ULP-I: - ULP-B and ULP-I's behavior, ULP-D stated C1 date date date was unprofessional and inappropriate to both staff and residents, ULP-E and ULP-F stated C1 had told the mate of the appropriate to both staff and residents, ULP-E and ULP-F stated C1 had told the mate of the appropriate to both staff and residents, ULP-E and ULP-F stated C1 had told the mate of the appropriate to both staff and residents, ULP-E and ULP-F stated C1 had told the mate of the appropriate to build a relationship with C1 saying she was going to "make him" like her. - ULP-H was interviewed on 2/16/2021 at 2:13 p.m. and stated she was aware of C1's concerns involving ULP-I. ULP-H stated C1 had told her he			525 COMI	MONS DRIVE			
ULP-I: - ULP-D was interviewed on 1/28/2021 at 3:20 p.m. and indicated she was aware that C1 had concerns with ULP-I's behavior. ULP-D stated C1 did not like ULP-I because ULP-I hugged him and he did not like it; ULP-I said she would make C1 like it. - ULP-E and ULP-F were interviewed on 1/28/2021 at 3:50 p.m. and indicated ULP-I was unprofessional and inappropriate to both staff and residents. ULP-E and ULP-F stated they were afraid to question ULP-I's behavior as she was their supervisor; ULP-I was lead worker during their shifts. ULP-E and ULP-F stated C1 had told them that ULP-I "shook her tits in my face" and stated she was going to "make you love me". ULP-E and ULP-F stated C1 reported to them that he did not like ULP-I, and ULP-I was aware of that and always tried to build a relationship with C1 saying she was going to "make him" like her. - ULP-H was interviewed on 2/16/2021 at 2:13 p.m. and stated she was aware of C1's concerns involving ULP-I. ULP-H stated C1 had told her he	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHORT CROSS-REFERENCED TO THE AP	HOULD BE	COMPLETE
incident where her breasts rubbed on his shoulder. C1 told ULP-H he was uncomfortable around ULP-I and wanted nothing to do with her and he felt disrespected. ULP-H indicated ULP-I was aware of how C1 felt and that she still continued to try to build a relationship with him and did not respect his wishes. ULP-H indicated that the DON was made aware of C1's concerns regarding ULP-I. C1's case manager was interviewed on 1/27/2021 at 2:36 pm and indicated she was aware of C1's concerns related to ULP-I's behavior. The case	02030	ULP-I: - ULP-D was intervipum, and indicated a concerns with ULP-I did not like ULP-I be he did not like it; UL like it. - ULP-E and ULP-F 1/28/2021 at 3:50 punprofessional and residents. ULP-E at afraid to question Ultheir supervisor; UL their shifts. ULP-E at them that ULP-I "shistated she was goin ULP-E and ULP-F and ULP-F and ULP-F and ULP-F and ULP-I was uncomfortable incident where her shoulder. C1 told Ultheir shoulder. C	lewed on 1/28/2021 at 3:20 she was aware that C1 had I's behavior. ULP-D stated C1 ecause ULP-I hugged him and IP-I said she would make C1 If were interviewed on Image inappropriate to both staff and Image in Imag				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l `´	E CONSTRUCTION	(X3) DATE COMP	SURVEY
	H28733	B. WING		01/2) 29/2021
NAME OF PROVIDER OR SUPPLIER ZUMBRO HOUSE INC	525 COMI	DRESS, CITY, S MONS DRIVE			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
ULP-I was sexually a herself in his face. O point afraid to make regarding ULP-I's be the nurse were frien indicated that she w terminated due to ot behavior, and that C abuse and ULP-I had The Director of Ope on 1/28/2021 at 11:3 not aware of any cor C1 and not aware of including C1. The DON was intervous many cordinated she was complaints or allegating involving ULP-I. The Executive Director on 1/28/2021 at and concerns or allegating ULP-I. IMPAIRED STAFF IN SEXUAL CONTACT CLIENTS (C2 and/o A report made to the 12/28/2020 included member "got drunk" found sleeping in the During an onsite cor 1/28/2021 the Directinterviewed upon en	C1 had reported to her that abusing him by pushing C1 reported he was at one a report to the nurse chavior because ULP-I and ds. The case manager as aware ULP-I was later ther, unrelated inappropriate C1's concerns with sexual ad been reported to the facility. The rations (DO) was interviewed C37 a.m. and indicated she was incerns regarding ULP-I and fany allegations of abuse was unaware of any ations of abuse by C1 Stor (ED) was also interviewed was unaware of any ons of abuse involving C1 and one of abuse involving C1 and one of any ons of abuse involving C1 and one C3) as state agency (SA) on an allegation that a staff of at the facility and was later				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING:		COIVIE	LETED
		H28733	B. WING			2 9/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO	HOUSE INC		MONS DRIVE			
		WOODBU	RY, MN 551	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02030	Continued From pa	ge 53	02030			
	last three months a (VA) reports that ha months.	nd no formal vulnerable adult adult adult been filed in the last three				
	11:03 a.m. indicated incident with a staff personnel/ULP-I) where the client's room "drink later fired for this between was sexually assuated was inappropriate where the contract of the cont	client (C1) on 1/28/2021 at d that he was aware of an member (unlicensed ho was caught in another ing and fornicating" and was chavior. C1 also reported he lited by ULP-I and that ULP-I with other clients. C1 stated he concerns to staff and o follow up had been made erns.				
	on 1/28/2021 at 11: unaware of any form made regarding UL unaware of any consexually inappropriately clients. However, the was sent home from intoxicated and was stated she was una	erations (DO) was interviewed 31 a.m. who stated she was mal complaints that C1 had P-I. The DO stated she was inplaints regarding ULP-I being ate with C1 or any other he DO did indicate that ULP-I in the facility due to appearing a later terminated. The DO ware of the details of the ent surrounding the alleged in ULP-I.				
	on 1/28/2021 at 1:0 called by a staff me personnel/ULP-C) a 12/18/2020 who repat the facility and assessed ULP-I was intoxicated the DON indicated	sing (DON) was interviewed 8 p.m. who stated she was ember (Unlicensed around 7:00 p.m. on corted ULP-I was intoxicated DON stated she came to the ed ULP-I, and determined ed. The DON stated she sent g the interview with the DON, she later found out that ULP-I with one of the clients (C2) and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
	H28733	B. WING		01/2) 2 9/2021
NAME OF PROVIDER OR SUPPLIER ZUMBRO HOUSE INC	525 COM	DRESS, CITY, S'MONS DRIVE			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES JST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
client (C3). The DON's ULP-I had returned to had sent her home on to work a night shift, be and she had not been evening of 12/18/2020 know if ULP-I returned evening. In addition, the attempted to follow up the rumors she heard clients swore at her so look into the allegation not file a VA report as incident involving ULP involvment with C2 and confirmed she did not whether ULP-I returned worked the night shift DON indicated she had regarding this incident after this incident and facility. Review of the DON's so indicated the following "Staff called me at ho 7pm to report that [UL work. I came into work situation. [ULP-I] was the elevator. She was eyes were red and hall walk a straight line. It minutes and I made the home and I told her to car. I found out the new to work and worked he night shift. Staff reports.	lationship with another stated she had heard that the faciliy after the DON 12/18/2020 and continued but that this was a "rumor" called by staff later in the 0-12/19/2020 so she did not dor if she worked again that the DON stated she with C2 and C3 regarding regarding ULP-I but both a she did not continue to she did not view the 0-I's drinking and alleged at C3 in that way. The DON follow up into review of ed to the facility or if she after being sent home. The lat completed a statement and ULP-I was terminated had not returned to the statement dated 12/19/2020 regarding ULP-I: one Saturday night around le-I] is drunk and high at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	A. BOILDING.			
H28733	B. WING	_		9/2021
NAME OF PROVIDER OR SUPPLIER STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO HOUSE INC	IMONS DRIVE URY, MN 551			
(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 CORRECTIVE ACTION SHOUNDSHOUN	JLD BE	(X5) COMPLETE DATE
evening, she left with one of our residents in her car. She was driving him around to different places. She was also seen in another truck with one of our other residents. It was reported to me that she was in resident's apartment for quite awhile and [ULP-I] was telling the other charges that she wanted to have sex with male resident. Narcotics are also missing from Narcotic drawer.' A second statement was included on the DON's statement which included the following: "On the evening of the 13th of December. Staff also called me to tell me [ULP-I] was in the medication room sleeping and they couldn't get in the medication room because she had the key. Staff was knocking on the door but she didn't wake up. I then came into work to unlock the medication room and wake [ULP-I] up. She was sleeping sitting up in a chair and was very difficult to wake up. She finally woke up after shaking her, she was confused and disorientated. I waited for her to fully wake up. She was very apologetic and she has been working a lot of doubles. She was coherent and answering my questions correctly. I was going to send her home that day but I gave her a second chance". ULP-I's timecard dated 12/18/2020 - 12/19/2020 was reviewed, which indicated ULP-I was punched in from 2:59 p.m 12:00 a.m. on 12/18/2020 and from 12:00 a.m 7:25 a.m. on 12/18/2020. ULP-C was interviewed on 1/28/2021 at 2:10 p.m and confirmed she was the staff member who contacted the DON regarding ULP-I's behavior or 12/18/2020. ULP-C stated she was not working the evening of 12/18/2020 but had came to the facility to help a client (C2) with a plant as she had				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					c	
		H28733	B. WING			9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
7HMDD/	O HOUSE INC	525 COM	MONS DRIVE			
ZUMBK	O HOUSE INC	WOODBU	RY, MN 551	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
02030	Continued From pa	ge 56	02030			
	p.m. and found ULF stated ULP-I waved ULP-C she was dru tequila shots and a about ULP-I's behard ULP-I to come back C2 she was at the finant as promised a ULP-C stated she the member (unlicense DON regarding ULF regarding drinking, at the facility until the ULP-I. ULP-C state spoke with ULP-I, Ustated she recieved returned later in the	between 5:30 p.m. and 6:30 P-I in her car with C2. ULP-C her over to the car and told nk; ULP-I stated she had four beer. ULP-C was concerned vior and convinced C2 and c in to the facilty. ULP-C told acility to assist him with his and had C2 return to his room. Hen called another lead staff d personnel/ULP-H) and the P-I's behavior and statement ULP-C stated she remained be DON arrived to speak with d after the DON arrived and JLP-I left in her car. ULP-C d a text message that ULP-I shift but did not recall any e completed regarding ULP-I lity.				
	12/18/2020 incident statement included ULP-C arrived at the C2 in ULP-I's car. I "drunk and had got observed ULP-I "confidence of the C2 of the ULP-C had Ulbuilding, ULP-C observed about Ulbuilding, Ulbui	statement regarding the with ULP-I. ULP-C's the following information: e facility and found ULP-I and JLP-I told ULP-C that she was drunk on the job". ULP-C uld barely open her eyes". P-I and C2 return to the served alcohol and alcohol and ILP-C stated C2 was LP-I, and that ULP-I wanted to C2 asked ULP-C to go to sure ULP-I was not "making on ULP-C arrived at C3's LP-I "flirting and talking to [C3] P-C's statement indicated she but she did not want her d returned to C2's room. indicated she then called				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			D 14/11/0			
		H28733	B. WING		01/2	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
7UMBR(O HOUSE INC	525 COMI	MONS DRIVE	• · · · · · · · · · · · · · · · · · · ·		
ZOMBIX	J HOOGE INC	WOODBU	JRY, MN 551	25		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02030	ULP-E and ULP-F vat 3:50 p.m. and coworking the evening ULP-F indicated the members that ULP-ULP-E and ULP-E and ULP-E and returned to the facility. ULP-E and returned to the facil member "snitched" stated they witness with C3, and ULP-I she was smoking mulp-F stated ULP-shift as she was the for the shift. ULP-E the oncoming night ULP-I's behavior. UULP-F stating that I talking" during the smedication room. ULP-H was intervie and stated she recent and stated she recent and stated she recent and stated and unauulp-H stated ULP-behavior as ULP-I intoxcated during he cooperating with ULUP-C to call the D come to the facility	ge 57 N to report ULP-C's behavior. Were interviewed on 1/28/2020 Infirmed they were also g of 12/18/2020. ULP-E and ey heard from other staff I was drunk during their shift. Istated the DON came to speak DON and ULP-I left the ULP-F stated ULP-I later ity and asked which staff on her. ULP-E and ULP-F ed ULP-I later leave the facility told ULP-E and ULP-F that harijuana with C3. ULP-E and I stayed to work for the night e only lead worker scheduled and ULP-F stated they told shift staff (ULP-G) about LP-G later text ULP-E and JLP-I was "out of it" and "kept shift and later fell asleep in the wed on 2/16/2021 at 2:13 p.m. eived a phone call on LP-C that ULP-I was able to perform her duties. C called her regarding ULP-I's had admitted she became er shift and was not LP-C. ULP-H then directed ON and stated she would to meet ULP-C, ULP-I and the d she arrived at the facility and		DEFICIENCY)		
	ULP-I, the DON and ULP-H stated when was in the car with	n ULP-I and shortly after d ULP-H left the facility. ULP-I left the facility a male her but she was not sure of or if it was a client from the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		H28733	B. WING		01/2) 29/2021
	PROVIDER OR SUPPLIER O HOUSE INC	525 COMN	DRESS, CITY, S MONS DRIVE RY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
02030	ULP-I returned to the overnight shift and the room. ULP-H state had heard this from been reported. ULF was aware of the in assumed this incide aware of any furthe. ULP-J was interviewed and stated she worked the night shinformed by other sheen drinking with rulp-J stated ULP-I impaired" and she froom. ULP-J stated aware of ULP-I's been drinking with rulp-J stated ulp-I impaired and she froom. ULP-J stated aware of ULP-I's been drinking with rulp-J stated ulp-I impaired aware of ULP-I's been drinking with rulp-J stated ulp-I asleep in the medicate shift and staff has wake ULP-I up who opened the door for ULP-J stated ULP-I during the overnight any, services or who ulp-J stated she had the facility following the overnight any, services or who ulp-J stated she had the facility following the overnight any, services or who ulp-J stated she had the facility following the overnight any, services or who ulp-J stated she had the facility following the overnight and aware of allegories, leaving with	er stated she later heard that he facility and worked the fell asleep in the medication d she could not recall who she but stated that it should have P-H indicated that the DON cident with ULP-I and ent would be reported, but not r action taken. wed on 2/4/2021 at 12:23 p.m. ked the night shift 020. ULP-J confirmed ULP-I ift. ULP-J stated she was taff members that ULP-I had residents and was intoxicated. "definately did seem fell asleep in the medication she thought the DON was shavior as she had heard the fility earlier, and ULP-I told her snitched" on her and talked ge she sent to the DON and -J stated ULP-I later fell ation room towards the end of ad to come back twice to try to reventually woke up and staff to pass medications t shift and was unaware of, if at work ULP-I completed. eard ULP-I no longer worked	02030			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING:		COMPLETED	
	H28733	B. WING			2 9/2021
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBRO HOUSE INC	525 COM	MONS DRIVE			
ZUMBRU HUUSE INC	WOODBU	IRY, MN 551	25		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02030 Continued From page	ge 59	02030			
relationship with a cafter ULP-I was asleand did not report the not feel that these we DON confirmed ULF staff member on 12 had assessed ULP-competent to work of she sent her home. An answer to why she uller list return to the behavior with clients 12/18-12/19/2020 be been working at the The DON stated she advantage of by the did not view the client DON stated she had adult reporting training this incident would be report. The DON distatement regarding resources (HR) sho had happened and the incidents to the questioned about he indicating a previous where ULP-I was also The DON stated she second chance and work her shift after for The DON indicated charge" and had be the DON confirmed concern at the time her shift with no add asked about what no DON could not recar.	lient, and narcotics missing sep in the medication room nese allegations as she did vere reportable incidents. The P-I was assigned as the lead /18/2020 and that the DON I to be intoxicated and not on 12/18/2020 and that is why The DON could not provide ne did not further look into e facility or further alleged a C2 and C3 on the evening of out stated she should not have facility after being sent home. It is efelt ULP-I was being taken clients (C2,C3) and said she out that as vulnerable adults. The did not recieved vulnerable ing upon hire and not aware constitute a vulnerable adult dindicate she completed a githis incident and that human and have been aware of what that she thought she reported				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/S AND PLAN OF CORRECTION IDENTIFICAT		l ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
	H28733	B. WING		01/2) 2 9/2021
OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOUSE INC					
		RY, MN 551			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE DATE
Continued From pag	ge 60	02030			
could not provide de missing narcotics.	etails on her follow up on the				
missing narcotics, housing narcotics whate of 12/13/2021 while ULP-I was wo	owever no report regarding as available surrounding the or regarding missing narcotics rking or passing medications.				
	•				
C2 and C3 both dec	clined to be interviewed.				
C2 was admitted to diagnoses which indisorder, hypertensional substance dependent and risk assembled C2 was all place and time and	the facility on 9/01/2020 with cluded schitzoaffective ion, diabetes mellitus type II endence. C2's vulerability, essment dated 11/24/2020 ert and oriented to person, able to provide accurate and				
diagnoses which included anxiety, PTSD, and safety and risk assemble and time and consistent informations aranoia, anxiety, be depression. The assemble to accurate was able to accurate was able to accurate the same and its consistent included and its con	the facility on 9/01/2020 with cluded bipolar disorder, depression. C3's vulerability, essment dated 9/1/2020 ert and oriented to person, able to provide accurate and on. C3's vulerability ed C3 had a history of dentified vulnerabilities due to ipolar disorder, PTSD and sessment further indicated C3 ely report abuse and neglect.				
	SUMMARY STATE (EACH DEFICIENCY REGULATORY OR LS) Continued From page could not provide demissing narcotics. The facility was ask missing narcotics which included the could not provide demissing narcotics while ULP-I was worth and could not provide the DON's recieved vulnerable 1/20/2021. C2 and C3 both decould not provide the could not provide the diagnoses which included an and consistent informations and the could not provide the could	H28733 ROVIDER OR SUPPLIER STREET ADI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 60 could not provide details on her follow up on the missing narcotics. The facility was asked to provide reports of missing narcotics, however no report regarding missing narcotics was available surrounding the date of 12/13/2021 or regarding missing narcotics while ULP-I was working or passing medications. Review of the DON's personnel file indicated she recieved vulnerable adult (VA) training on	H28733 B. WING	DOUDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SZE COMMONS DRIVE WOODBURY, MN 55125 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 60 Could not provide details on her follow up on the missing narcotics. The facility was asked to provide reports of missing narcotics was available surrounding the date of 12/13/2021 or regarding missing narcotics was available surrounding the date of 12/13/2021 or regarding missing narcotics was available surrounding the received vulnerable adult (VA) training on 1/20/2021. C2 and C3 both declined to be interviewed. C2's medical record was reviewed and indicated 22 was admitted to the facility on 9/01/2020 with diagnoses which included schitzoaffective indicated C2 was alert and oriented to person, place and time and able to provide accurate and consistent information. C3's medical record was reviewed and indicated 23 was admitted to the facility on 9/01/2020 with diagnoses which included solve accurate and consistent information. C3's medical record was reviewed and indicated 23 was admitted to the facility on 9/01/2020 with diagnoses which included bipolar disorder, PTSD, and depression. C3's vulerability, safety and risk assessment dated 41/2020 ndicated C3 was alert and oriented to person, place and time and able to provide accurate and consistent information. C3's medical record was reviewed and indicated 23 was admitted to the facility on 9/01/2020 with diagnoses which included bipolar disorder, PTSD, and depression. C3's vulerability safety and risk assessment dated 9/1/2020 ndicated C3 was alert and oriented to person, place and time and able to provide accurate and consistent information. C3's vulerability safety and risk assessment dated 9/1/2020 ndicated C3 was alert and oriented to person, place and time and able to provide accurate and consistent information. C3's vulerability safety and risk assessment dated 9/1/2020 ndicated C3 was alert and oriented to	H28733 B. WING DIVIDER OR SUPPLIER STREET ADDRESS, CITY. STATE, ZIP CODE \$25 COMMONS DRIVE WOODBURY, MN \$5125 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 60 could not provide details on her follow up on the missing narcotics. The facility was asked to provide reports of missing narcotics, however no report regarding missing narcotics was available surrounding the late of 12/13/2021 or regarding missing narcotics while ULP-1 was working or passing medications. Review of the DON's personnel file indicated she ecieved vulnerable adult (VA) training on 1/20/2021. C2 and C3 both declined to be interviewed. C2's medical record was reviewed and indicated 22 was admitted to the facility on 9/01/2020 with diagnoses which included schitzoaffective disorder, hypertension, diabetes mellitus type II and substance C2's vulerability, safety and risk assessment dated 11/24/2020 indicated C2 was alert and oriented to person, place and time and able to provide accurate and consistent information. C3's medical record was reviewed and indicated 23 was admitted to the facility on 9/01/2020 with diagnoses which included bipolar disorder, making the provide accurate and consistent information. C3's was derived to the facility on 9/01/2020 with diagnoses which included bipolar disorder, making the provide accurate and consistent information. C3's vulerability, safety and risk assessment dated 9/1/2020 indicated C3 was alert and oriented to person, place and time and able to provide accurate and consistent information. C3's vulerability assessment funded C3 had a history of marijuana use and identified vulnerabilities due to paranoia, anxiety, Dipolar disorder, PTSD and depression. The assessment further indicated C3 was able to accurately report abuse and neglect.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		l ` ′	(X3) DATE SURVEY COMPLETED		
ANDILAN	TOT CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:			COMPLETED	
			B. WING			C	
		H28733	B. WING		01/2	29/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ZUMBR(O HOUSE INC	525 COM	MONS DRIVE				
201110111		WOODBU	RY, MN 551	25			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
02030	Continued From pa	ge 61	02030				
	professional bound	vulnerable adult training, aries and ethics training as y's drug and alcohol policy					
	on 2/17/2021 at 2:1 unaware of the specular ULP-I being intoxicated she as handled the situation corporation's policies unaware of the specindicated the incide VA report upon the alleged actions of diallegation of having client, and missing should have been on the was unaware of medication room and stated ULP-I should accordance with control to complete this act occurred. The DO recieved training restaff who work at the indicated she was control to the facilies staff did not further to remain at the fact reviewed ULP-I's time ULP-I worked the number of the specind if anyone had factories and if anyone had factories and if anyone had factories are the specind and if any the specind and if any the specind and if any th	w was completed with the DO 8 p.m. who stated she was cifics of the incident regarding ated and later termination. The ssumed the DON and HR had in in accordance with the es. The DO indicated she was cifics of the incident and int should have been filed as a DON learning about ULP-I's rinking with clients, the a sexual relationship with a narcotics, and an investigation completed. The DO indicated if ULP-I asleep in the ind missing narcotics, however I have been disciplined in reporate procedures and the collowed the appropriate steps cion at the time the incident further indicated the DON had garding VA reporting as had all e facility. The DO also concerned that ULP-I had ity after being sent home, that report this and allowed ULP-I ility. The DO had not mecard and was unaware that ight shift after being sent ening shift. The DO was cifics of ULP-I's termination ollowed up on the specifics on uman resources or corporate					
	allegation of having client, and missing should have been or she was unaware or medication room ar stated ULP-I should accordance with corporate this act occurred. The DO recieved training restaff who work at the indicated she was or returned to the facilistaff did not further to remain at the fact reviewed ULP-I's tirruled to the on the even unaware of the speand if anyone had for the incident from his office regarding the	a sexual relationship with a narcotics, and an investigation completed. The DO indicated f ULP-I asleep in the nd missing narcotics, however I have been disciplined in reporate procedures and the collowed the appropriate steps cion at the time the incident further indicated the DON had garding VA reporting as had all e facility. The DO also concerned that ULP-I had ity after being sent home, that report this and allowed ULP-I ility. The DO had not mecard and was unaware that ight shift after being sent ening shift. The DO was cifics of ULP-I's termination ollowed up on the specifics on					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
			A. DOILDING.		С	
		H28733	B. WING			29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ZUMBR	O HOUSE INC		MONS DRIVI RY, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
02030	Continued From pa	ge 62	02030			
	from the DON and	ULP-C.				
	p.m. she confirmed neglect or maltreath reported and report and/or police depart accordance with the The facility's Vulner Investigation Policy that staff were experiented and federal large maltreatment would and Administrator at Director of Operation staff would be trained procedures and upon written notice would reporter of maltreat incident and an interconducted of the all	able Adult Reporting and dated January 2020 included ected to report any allegations eatment in accordance with ws and that allegations of the investigated by the RN and then consulted with the ens. The policy indicated alled on reporting policies and on report of maltreatment and the provided to the internal ment on the follow up of the ernal investigation would be				

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