

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL295368505M
Compliance #: HL295365829C

Date Concluded: November 13, 2023

Name, Address, and County of Licensee

Investigated:

Caring Meadows
7723 Brooklyn Boulevard
Brooklyn Park, MN 55443
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Peggy Boeck, RN
Special Investigator

Finding: Inconclusive

Nature of Visit:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):

Alleged Perpetrators (AP)-1 and AP-2, facility staff, physically abused a resident when they pulled covers off the resident to force changing her incontinence brief.

It is also alleged that AP2 sexually assaulted the resident when AP2 put her finger in the resident's rectum.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined abuse was inconclusive. There were conflicting reports of what occurred. The resident stated AP-1 and AP-2 forced changing her brief and sexual assault occurred. However, the APs denied the incidents occurred, and there was no corroborating evidence to support either report.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted family. The investigation included

review of facility incident reports, schedules, personnel files, medical records, policies, and procedures related to provision of service plans, incident reporting, and prevention of maltreatment of vulnerable adults. Also, the investigator observed staff/resident interactions.

The resident lived in an assisted living facility. The resident's diagnoses included diabetes, sacral wound, and bipolar disorder. The resident's service plan included assistance with dressing, grooming, hygiene, incontinence cares, and transfers. The resident received skilled nursing care by an outside agency for a pressure ulcer on her bottom.

The resident's record included documentation staff offered/completed incontinence changes every two hours.

During an interview, AP1 stated staff usually went in pairs to assist the resident. AP1 stated on the morning of the incident the resident was sleeping but they had to check her incontinent brief every two hours. AP1 stated AP2 completed cares and he stood in the doorway. AP2 stated he observed no abusive behaviors from AP2.

During an interview, AP2 stated she always worked with another staff with the resident. AP2 stated on the morning of the incident she assisted the resident who was angry about getting her incontinence cares completed. AP2 stated she did her job, because she did not want the resident to lay in a wet brief. AP2 stated she did not put a finger on the resident's rectum over or under the incontinence brief.

During an interview, the resident stated staff had never provided incontinence cares on the night shift in all the months she lived at the facility. The resident stated she felt the two staff involved in the incidents never liked her, and she was glad they no longer worked at the facility.

During an interview, a family member stated he heard of the incident from the resident. The family member stated when he visited, the day staff seemed helpful and caring, but he did not know how the night staff behaved toward the resident.

In conclusion, abuse is inconclusive.

Inconclusive: Minnesota Statutes, section 626.5572, Subdivision 11.

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

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.

Vulnerable Adult interviewed: Yes

Family/Responsible Party interviewed: Yes

Alleged Perpetrators interviewed: Yes

Action taken by facility:

The facility provided staff with re-education on resident rights, including the right to refuse cares.

AP2 received additional training and a warning in their personnel file.

The facility moved AP1 and AP2 to other facility locations.

Action taken by the Minnesota Department of Health:

No action taken at this time.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29536	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2023
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NAME OF PROVIDER OR SUPPLIER CARING MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 7723 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55443
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>On November 7, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL295365829C/#HL295368505M. No correction orders are issued.</p>	0 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____