

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL304117906M
Compliance #: HL304114832C

Date Concluded: October 24, 2023

Name, Address, and County of Licensee

Investigated:

Edgewater Brainerd
14890 Beaver Dam Road
Brainerd, Minnesota 65401
Crow Wing County

Facility Type: Assisted Living Facility with
Dementia Care (ALFDC)

Evaluator's Name: Holly German, RN
Special Investigator

Finding: Inconclusive

Nature of Investigation:

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

Initial Investigation Allegation(s):

The alleged perpetrator (AP) sexually abused a resident when the AP touched the resident's vagina.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined abuse was inconclusive. The investigation found there was conflicting evidence to determine if abuse occurred. The AP denied the allegations, and the resident could not be interviewed due to her cognitive impairment.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of the resident's medical record, the facility investigation, law enforcement report, personnel files, facility policies and staff schedules. Also, the investigator toured the facility and observed interactions between staff and residents.

The resident resided in an assisted living memory care unit. The resident's diagnoses included major neurocognitive disorder (a deterioration of cognitive function,) and dementia. The resident's service plan included assistance with toileting, dressing, bathing, and eating. The resident's assessment indicated she required full help with all activities of daily living and is sometimes understood by staff which is limited to yes or no questions.

During an interview, an unlicensed personnel (ULP) stated she witnessed the AP open the resident's brief and place his hand inside of it. She stated he used his fingers to spread her labia. The ULP stated she told the nursing supervisor about the incident. The ULP stated she then told an administrative staff member, who was also working on the floor that day. The ULP stated the administrative staff member sighed and walked away.

The incident was not reported until approximately two months later.

The law enforcement report indicated the officer arrived to the facility and spoke to the administrative staff and registered nurse, who stated they had not heard of any allegations of sexual contact between a resident and the AP. The report indicated the officer met with the ULP. The ULP stated the residents brief was obviously soaked, viewing it from a distance. The AP pulled back the brief and placed his ungloved fingers inside of the resident's labia. The ULP stated she reported the incident to administrative staff a couple days later.

The internal investigation report, conducted after law enforcement initiated their investigation, indicated the AP made many staff feel uncomfortable. It indicated an assessment was completed on the resident and no concerns were noted.

During an onsite visit, the investigator observed staff performing perineal care of the resident, The incontinence brief had moisture indicator lines on the outside of the brief. The staff performed appropriate perineal care. There was no adverse reaction noted from the resident. The staff member stated the resident often "leaks" urine while she is being turned.

During an interview, the administrative staff member stated the resident did not exhibit any signs or symptoms of abuse. Administrative staff stated there had not been previous complaints of the AP regarding resident care, and that he remained on the staff roster at this time with no scheduled shifts until the law enforcement investigation was complete.

During an interview, the AP denied ever inappropriately touching the resident. He stated he opened the brief and touched the inside of the brief to see if it was wet and needed to be changed.

During an interview, a family member stated she felt the resident was safe at the facility and did not have any concerns for care received. She felt the abuse allegation was handled appropriately by the facility.

The resident was unable to complete an interview.

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

Inconclusive: Minnesota Statutes, section 626.5572, Subdivision 11.

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

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:

(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:

(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.

Vulnerable Adult interviewed: No, unable to complete an interview.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The facility suspended the AP during the investigation.

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:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email

cc:

The Office of Ombudsman for Long Term Care
The Office of Ombudsman for Mental Health and Developmental Disabilities
Brainerd Police Department

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
--	--

(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>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>#HL304114832C/#HL304117906M</p> <p>On September 18, 2023 the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 99 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction orders are issued for #HL304114832C/#HL304117906M, tag identification 620, 2310.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 620 SS=D	144G.42 Subd. 6 (a) / 626.557, Subd. 3 Compliance with requirements for reporting ma	0 620		

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
---	--

(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
0 620	<p>Continued From page 1</p> <p>(a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported.</p> <p>The requirement in Minnesota Statute section 626.557, Subd. 3 is:</p> <p>(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 report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(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</p> <p>(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).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(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.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p>	0 620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
---	--

(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
0 620	<p>Continued From page 2</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the licensee failed to report allegations of abuse to the Minnesota Adult Abuse Reporting Center (MAARC) immediately, within 24 hours, as required for one of one residents (R1) reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally)</p> <p>The findings include:</p> <p>R1's diagnosis includes neurocognitive disorder</p>	0 620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
---	--

(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
0 620	<p>Continued From page 3</p> <p>and dementia. R1's service plan dated August 29, 2023, indicated R1 receives assistance with mobility, transfers, dressing, grooming, toileting, eating and medication administration.</p> <p>County case note dated August 16, 2023, indicated law enforcement arrived at the licensee on August 17, 2023. unlicensed personnel (ULP)-B reported the allegation of abuse to administrative staff in June [2023], a couple of days after the incident had occurred. ULP-B stated ULP-E placed his fingers between R1's labia and stated "she is wet."</p> <p>The licensee reported the incident to MAARC on August 30, 2023.</p> <p>During an interview on September 25, 2023, at 11:02 a.m., ULP-B stated the incident occurred sometime in June and she told her supervisor, the director of clinical services and the facility administrator about her concern of abuse. She stated they did nothing about it, so reported herself after she no longer worked at the facility in August 2023. ULP-B stated she did not know how to report it herself until that information was provided to her by a new employer.</p> <p>During an interview on September 28, 2023, at 10:02 a.m., licensed assisted living direction (LALD)-D stated she had concerns on ULP-B's reporting accuracy since she did not receive the allegation in writing as she had requested from ULP-B. LALD-D stated she should have reported the allegation based off of the verbal report received from ULP-B.</p> <p>The licensee-provided policy titled "Abuse prevention, intervention, reporting and investigation" dated May 2023 indicated the</p>	0 620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
---	--

(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
0 620	Continued From page 4 Executive Director is to report as soon as possible and not more than 24 hours from the time of the initial report. TIME PERIOD FOR CORRECTION: Seven (7) days	0 620		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure staff performed proper toileting care for one of one (R1) residents reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1's diagnosis includes neurocognitive disorder and dementia. R1's service plan dated August 29, 2023, indicated R1 receives assist with mobility, transfers, dressing, grooming, toileting, eating	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
---	--

(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
02310	<p>Continued From page 5</p> <p>and medication administration.</p> <p>Unlicensed personnel (ULP)-E's personnel file was reviewed. ULP-E's training record titled ULP-Training and Competency MN, dated May 2, 2023, indicated ULP-E demonstrated proper competency for female perineal care.</p> <p>Law enforcement report dated August 16, 2023, indicated ULP-E was interviewed by law enforcement on August 18, 2023, at 09:45 a.m. When asked by law enforcement how he performs a brief change, ULP-E stated you have to spread their legs apart to see if they are wet, and sometimes you have to feel their underwear on the inside or outside to see if they are wet. ULP-E denied touching the resident inappropriately. ULP-E stated he wore glove when changing the residents brief.</p> <p>During an interview on September 25, 2023, at 11a.m., ULP-B stated she observed ULP-E place an ungloved hand on the inside of R1's brief, and touched her vagina.</p> <p>During an interview on September 29, 2023, at 2:08 p.m, ULP-E stated he would always wear gloves when performing perineal care. ULP-E stated that sometimes you have to check inside the brief to see if they are wet. ULP-E stated some of the briefs did not have lines that turned blue indicating the brief was wet. ULP-E denied touching the resident inappropriately.</p> <p>During an interview on September 28, 2023, at 11:03 a.m, licensed assisted living director (LALD)-D stated she and ULP-B were assisting a resident with toileting cares, when ULP-B started to provide cares without gloves on her hands. LALD-D stated she had to stop ULP-B and</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD BRAINERD SENIOR LIVIN	STREET ADDRESS, CITY, STATE, ZIP CODE 14890 BEAVER DAM ROAD BRAINERD, MN 56401
---	--

(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
02310	<p>Continued From page 6</p> <p>instruct her to apply gloves.</p> <p>The licensee-provided document titled "Medline FitRight OptiFit Extra" dated October 6, 2023, indicated the briefs the facility supply and use for residents have wetness indicator lines visible on the outside of the brief.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02310		