

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL307854981M
Compliance #: HL307856563C

Date Concluded: November 8, 2024

Name, Address, and County of Licensee

Investigated:

Ecumen Prairie Hill
1305 Marshall Street
St. Peter, MN 56082
Nicollet County

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

Evaluator's Name: Christine Bluhm, RN
Special Investigator

Finding: Not Substantiated

Nature of Investigation:

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

Initial Investigation Allegation: The facility neglected the resident when an unlicensed caregiver left the resident standing alone without assistance to get a chair for her to sit on and she fell.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was not substantiated. The resident was being assisted by an unlicensed caregiver and became weak ambulating to the dining room. The caregiver left the resident's side to retrieve a chair for her to sit on when the resident fell before staff could get her safely to the chair. There were no other staff members nearby to assist. The resident sustained a thoracic compression fracture and rib fracture.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed caregiver staff. The investigation included review of the resident record, facility internal investigation, facility incident reports, personnel files, staff schedules,

related facility policy and procedures. Also, the investigator observed residents and staff interactions during a visit to the facility.

The resident resided in an assisted living facility and diagnoses included a history of a previous fall, osteoarthritis, and lower extremity weakness. The resident's service plan included assistance with personal cares and medication administration. The resident's assessment indicated she was at high risk for falls and required a physical assistance of one staff person for transfers and ambulation. The resident was oriented and could verbalize her needs.

The facility incident report indicated the unlicensed caregiver was walking the resident to the dining room when the resident lost her balance and fell. The report indicated the unlicensed caregiver stated he left the resident's side to retrieve a chair at the time of the fall. The resident was evaluated for injury and emergency services were called.

During interview, the unlicensed caregiver stated he was walking with the resident to supper using the walker and gait belt when she became tired just outside the dining room area. The caregiver stated he reached for a nearby chair when the resident fell. The caregiver stated there were no other staff nearby to assist at the time.

During an interview, a facility manager stated the unlicensed caregiver re-enacted the incident. The resident was assisted by the caregiver and using a walker and gait belt per her care plan. The manager stated there were no witnesses or cameras capturing the incident.

During interview, a nurse stated she interviewed the resident and the resident stated that the caregiver asked if she could stand a minute and then left. The resident did not know the caregiver was retrieving a chair for her at the time.

During interview, a family member stated the resident did sustain injury with the fall. The family member was pleased with the care the facility provided.

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

"Not Substantiated" means:

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

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means neglect by a caregiver or self-neglect.

(a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.

Vulnerable Adult interviewed: No, the resident was out of the building at the time of the visit.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The facility investigated the incident and was re-evaluated by physical therapy.

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30785 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/30/2024 |
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| NAME OF PROVIDER OR SUPPLIER ECUMEN PRAIRIE HILL | STREET ADDRESS, CITY, STATE, ZIP CODE 1305 MARSHALL STREET SAINT PETER, MN 56082 |
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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 September 30, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL307856563C/#HL307854981M. No correction orders are issued.</p> | 0 000 | | |

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