

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL354197442M
Compliance #: HL354197242C

Date Concluded: March 23, 2026

Name, Address, and County of Licensee

Investigated:

Primary Living INC
7636 3rd Avenue South
Richfield, MN 55423
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: James Larson, 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), a facility staff member, financially exploited the resident when the AP took funds from the resident for personal use.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined financial exploitation was inconclusive. There was not enough evidence available to determine if financial exploitation occurred. No financial records or information were available for review to determine if financial exploitation occurred. When facility staff were informed of the incident, police were contacted but the resident refused to press charges or provide further information and reported all money was returned.

The investigation included a review of the resident's records, facility internal documentation, and related facility policies and procedures. The investigator conducted interviews with facility nursing staff. The investigator toured the facility during an onsite visit.

The resident resided in an assisted living facility. The resident's diagnoses included Schizophrenia, depression, and post-traumatic stress disorder (PTSD). The resident's service plan included assistance with activities of daily living including dressing, bathing, housekeeping and laundry. The resident's assessment indicated the resident was independent with decision making including medical and finance decisions.

A review of the resident's medical records indicated the resident confided to a staff member that on multiple occasions another facility staff person/alleged perpetrator (AP) requested and accepted money from the resident. The facility notified authorities; however, the resident refused to press charges or provide further information over the alleged incidents.

A police report indicated the resident refused to press charges and the case was closed.

No financial records were provided or available to review if the incident occurred.

When facility staff learned of the incident, they immediately suspended and later terminated the AP.

During interview, the resident stated that on more than one occasion the AP asked to borrow money. The resident did not know how many times this occurred but stated that each time the amount would range from \$200-\$500. The resident stated the AP took cash with the agreement of repayment. The resident stated the total amount that he gave the AP was approximately \$1000 over a two month period. The resident stated that all funds given to the AP were eventually repaid after multiple requests.

During an interview, facility administrative staff stated that while speaking with the resident about unrelated concerns regarding the AP, the resident mentioned that he had borrowed the AP \$1000. The administrator spoke with the AP who admitted to borrowing money and the money was paid back. The administrator stated the AP was suspended and terminated following their learning of the incident.

Attempts to contact the AP for interview went unanswered.

In conclusion, the Minnesota Department of Health determined financial exploitation 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.

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"Financial exploitation" means:

(b) In the absence of legal authority a person:

- (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

Vulnerable Adult interviewed: Yes

Family/Responsible Party interviewed: Not Applicable

Alleged Perpetrator interviewed: No. Attempts to contact were not returned.

Action taken by facility:

Upon notification of the alleged incident, the facility notified the authorities, and the AP's employment was terminated.

Action taken by the Minnesota Department of Health:

No further action taken at this time.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/12/2026
NAME OF PROVIDER OR SUPPLIER PRIMARY LIVING INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7636 3RD AVENUE SOUTH RICHFIELD, MN 55423		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
0 000	Initial Comments On January 12, 2026, the Minnesota Department of Health initiated an investigation of complaint #HL354197242C/ #HL354197442M. No correction orders are issued.	0 000			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE