

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: H53162003M
Compliance #: H53168954C

Date Concluded: May 3, 2024

Name, Address, and County of Licensee

Investigated:

New Richland Care Center
312 1st Street NE
New Richland, MN 56072
Waseca County

Facility Type: Nursing Home

Evaluator's Name: Brooke Anderson, 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.

Initial Investigation Allegation(s):

A facility staff member/alleged perpetrator (AP) abused the resident when the AP told the resident she could not go back to bed and stuck up her two middle fingers while walking out of the room.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined abuse was not substantiated. There was not a preponderance of evidence to support that abuse occurred or if the actions of the staff member/alleged perpetrator (AP) met the definition of abuse.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of the resident's record, the facility internal investigation, facility incident reports, personnel files, staff schedules, related facility policies and procedures and the previous related federal complaint survey.

The resident resided in a nursing home. The resident's diagnoses included type 2 diabetes and anxiety disorder. The resident's care plan included assistance with toileting and behavior management. The resident's assessment indicated she was cognitively intact.

The facility internal investigation indicated the resident requested to go to bed and the AP told her she was not allowed to go to bed yet. The resident and the AP argued back and forth and the resident called the AP a "bitch". The resident reported that the AP then put her two middle fingers up in the air and walked out of the room. The investigation indicated there were no witnesses to the incident and that the resident returned to her baseline status after the incident.

During an interview, the AP denied putting her middle fingers up to the resident. The AP stated the resident wanted to go to bed and the AP asked the resident to wait because they were assisting other residents. The resident got upset and started calling the AP names. The AP stated that she walked away from the resident as she was trained to do.

During an interview, the resident stated that the AP put up two middle fingers as she walked out of the room and the resident made the same gesture back at the AP. The resident stated that the incident was "not a big deal" and had no concerns.

During an interview, the resident's family member stated that she had no concerns with the care provided by the facility.

In conclusion, the Minnesota Department of Health determined abuse 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.

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 Perpetrator interviewed: Yes.

Action taken by facility:

The facility reported the incident and completed an internal investigation. The AP was suspended during the facility investigation and the AP is no longer employed at the facility.

Action taken by the Minnesota Department of Health:

MDH previously investigated the issue during a complaint survey under federal regulations, and substantiated facility 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>.

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

The purpose of this investigation was to determine any individual responsibility for alleged maltreatment under Minn. Stat. 626.557, the Maltreatment of Vulnerable Adults Act

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: 00748	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/15/2024
NAME OF PROVIDER OR SUPPLIER NEW RICHLAND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 312 NORTHEAST 1ST STREET NEW RICHLAND, MN 56072			
(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
2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: The Minnesota Department of Health investigated an allegation of maltreatment, complaint #H53162003M and H53162002M, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557. No correction orders are issued. The facility is enrolled in the electronic Plan of Correction</p>	2 000			

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: 00748	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/15/2024
NAME OF PROVIDER OR SUPPLIER NEW RICHLAND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 312 NORTHEAST 1ST STREET NEW RICHLAND, MN 56072		
(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
2 000	Continued From page 1 (ePoC) and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents	2 000			