



*Protecting, Maintaining and Improving the Health of All Minnesotans*

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** H53613547M  
**Compliance #:** H53613074C

**Date Concluded:** July 5, 2024

**Name, Address, and County of Licensee**

**Investigated:**  
Meeker Manor Rehab Center LLC  
600 South Davis Avenue  
Litchfield, MN 55355  
Meeker County

**Facility Type:** Nursing Home

**Evaluator's Name:** Deb Schillinger, 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), who was nursing assistant from a staffing agency, abused the resident when the AP grabbed the resident's arm and threw a blanket at the resident.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined abuse was inconclusive. While the AP, who was a nursing assistant, may have behaved in a discourteous manner, there is insufficient evidence to support allegations of abuse.

The investigator conducted interviews with facility staff members, and nursing staff. The investigator contacted the resident's family member. The investigation included review of the resident record, facility internal investigation, facility incident reports, personnel files, staff schedules, and related facility policy and procedures.

The resident resided in a skilled nursing facility. The resident's diagnoses included dementia, anxiety and recent fall with rib and sacrum fractures. The resident's service plan included assistance with transferring, wheelchair mobility, and toileting. The resident's assessment indicated she was cognitively impaired, had behaviors and was a fall risk and had a history of falls.

The facility's internal investigation indicated a concern was made by nursing assistant #1, who said she saw the AP grab the resident harshly by the arm and throw a blanket at the resident. The same internal investigation report indicated the resident did not have any physical injury or signs of psychosocial distress from the alleged incident. The same report indicated there were no other witnesses or cameras present in the dining room.

The survey notes from the federal investigation indicated during an interview with nursing assistant #1, she reported the AP grabbed the resident, spoke to the resident in an inappropriate manner and threw a heavy blanket at the resident. The notes indicated nursing assistant #1 did not attempt to intervene in the incident.

Several attempts were made to contact nursing assistant #1, no calls or messages were returned to complete an in-person interview.

During an interview with nurse #1, stated she had completed a full physical assessment previously the same day for the resident's admission, and completed another assessment on the day following the incident and the resident showed no injuries or signs of physical abuse.

When contacted the AP declined to be interviewed but made a statement that he did not abuse the resident and denied any wrongdoing.

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:

- (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:** No; resident unable due to cognitive impairment

**Family/Responsible Party interviewed:** Yes

**Alleged Perpetrator interviewed:** No, declined interview

**Action taken by facility:**

The facility conducted an internal investigation and no longer utilized the AP who worked for a staffing agency

**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:  00775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/07/2024
NAME OF PROVIDER OR SUPPLIER  MEEKER MANOR REHABILITATION CENTER, I		STREET ADDRESS, CITY, STATE, ZIP CODE  600 SOUTH DAVIS AVENUE LITCHFIELD, MN 55355		
(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><b>NH LICENSING CORRECTION ORDER</b></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><b>INITIAL COMMENTS:</b> The Minnesota Department of Health investigated an allegation of maltreatment, complaint #H53613547M, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557. No correction orders are issued.</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:  00775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/07/2024
NAME OF PROVIDER OR SUPPLIER  MEEKER MANOR REHABILITATION CENTER, I		STREET ADDRESS, CITY, STATE, ZIP CODE  600 SOUTH DAVIS AVENUE LITCHFIELD, MN 55355		
(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  The facility is enrolled in the electronic Plan of Correction (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		