



Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL030812549M

Date Concluded: June 28, 2023

Compliance #: HL030814446C

Name, Address, and County of Licensee

Investigated:

Eon Inc.
1200 South Broadway Street
New Ulm, MN 56073
Brown County

Facility Type: Home Care Provider

Evaluator's Name: Erin Johnson-Crosby, 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):

A facility staff member/alleged perpetrator (AP) sexually abused the client when the AP made sexual comments, inappropriately touched the client, and exposed her breasts.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined sexual abuse was inconclusive. Due to conflicting information, it could not be determined if maltreatment occurred. The client declined to be interviewed, the AP denied the allegations, and there was no witness to the alleged sexual 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, police records, and facility documentation.

The client received comprehensive home care services from the provider in their home. The client's diagnoses included traumatic brain injury and seizures. The client's service plan included assistance with medication administration, blood sugar checks, and application of a brace. The client's assessment indicated the client was alert and oriented and had no vulnerabilities.

The facility's internal investigation indicated administration was informed of an incident that occurred six weeks prior, where the AP knelt in front of the client and made a sexually inappropriate comment while putting on the client's ankle brace. The AP then straddled the client and exposed her breasts.

The internal investigation identified administrative staff interviewed the client who reported the AP woke him up by grinding on him, made sexually inappropriate comments, and then exposed her breasts. Administrative staff also interviewed the AP, who denied the allegations.

Police records identified an investigation was initiated but no charges were filed.

During an interview, another staff member stated she witnessed the AP make sexually inappropriate comments about previous sexual encounters to the client but could not remember what the AP specifically said to the client. The staff member stated she had not witnessed the AP make sexually inappropriate comments to any other clients.

During an interview, the licensed practical nurse (LPN) indicated the AP was no longer employed at the facility. The LPN stated the client was alert, oriented, and a reliable reporter. The LPN indicated the AP felt bad that someone had accused her of this and denied the allegations. The LPN was not aware of any prior allegations of maltreatment involving the AP.

During an interview, the AP denied making sexual inappropriate comments, exposing herself, and straddling the client.

The client declined to be interviewed.

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; Stop here if it is not a restraints issue or sexual abuse.
- (3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
- (4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.

(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.

(d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

Vulnerable Adult interviewed: No, refused

Family/Responsible Party interviewed: No, client declined

Alleged Perpetrator interviewed: Yes

Action taken by facility:

The AP is no longer employed by the provider and all staff were provided re-education on vulnerable adult policies and procedures.

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: H03081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2023
NAME OF PROVIDER OR SUPPLIER EON INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SOUTH BROADWAY NEW ULM, MN 56073		
(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 May 25, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL030814446C/#HL030812549M. No correction orders are issued.	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 Home Care Providers. 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</p>	

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: H03081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/25/2023
NAME OF PROVIDER OR SUPPLIER EON INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SOUTH BROADWAY NEW ULM, MN 56073		
(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	Continued From page 1	0 000	ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	