

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL033837385M
Compliance #: HL033833949C

Date Concluded: February 27, 2024

Name, Address, and County of Licensee

Investigated:

Augustana Home Health Care Service
901 4th Avenue North
Minneapolis MN, 55405
Hennepin County

Facility Type: Home Care Provider

Evaluator's Name: Kris Detsch, 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):

An unknown alleged perpetrator (AP) abused a client when she pushed her down and hit her repeatedly. As a result, the client sustained bruising to her knees and legs.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined abuse was inconclusive. Although the client sustained bruising to her knees and legs, she had a history of falling and received blood thinning medication. Additionally, an AP could not be identified because when and how the bruising occurred was unclear.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted a family member. The investigation included review of resident records and employee files. Also, the investigator toured the facility and observed staff provide meal assistance and medication administration.

The client received comprehensive home care services in their home. The client's diagnoses included a stroke with right sided weakness, and hypertension (high blood pressure). The client's service plan included assistance with bathing, dressing, grooming, meals, housekeeping, and laundry. The client's nursing assessment indicated she had confusion and required frequent redirection. The client had chronic (long term) knee pain and required injections into her knees for pain control. The client received blood thinning medication and was at risk for bruising.

During an interview, a family member said a facility staff member sent him pictures of bruises on his mom, then called him and said she required emergency care. The family member said he arrived at the facility and his mother told him a staff member tried to give her medications, then tried to pull her up, and she fell. The family member said emergency responders (911) took his mother to the hospital but there were no major injuries and she returned to the facility. The family member said his mother did not say anyone hit her and he was unaware of anything like that occurring. The family member said she fell frequently.

During an interview, a nurse said the resident had a history of falling and staff told him they noticed the bruising two or three days before she went to the hospital.

During an interview, a manager said he investigated the incident upon the client's return and was unable to conclude an AP hurt her. The manager said the client fell frequently.

The client's progress notes indicated she required testing of her blood because she took blood thinning medication. The client had abnormal test results five days before her hospitalization. The abnormal result indicated the client's blood was too thin (at risk for bruising and bleeding) and the physician adjusted her blood thinning medication.

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:

(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;

Vulnerable Adult interviewed: Yes.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: No. Not determined.

Action taken by facility:

The facility provided education to staff members.

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: H03383	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/06/2024
NAME OF PROVIDER OR SUPPLIER AUGUSTANA HOME HEALTH CARE SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 901 4TH AVENUE NORTH MINNEAPOLIS, MN 55405		
(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 February 5, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL033833949C/#HL033837385M. No correction orders are issued.</p> <p>On February 6, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL033832347C/#HL033836584M. No correction orders are issued.</p>	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE