Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL306662760M
Compliance #: HL306662321C

Date Concluded: August 6, 2024

Name, Address, and County of Licensee Investigated:
Maple Woods Assisted Living
40170 County Road 257
Cohasset, MN 55721
Itasca County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name: Holly German, 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, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):
The alleged perpetrator (AP) abused the resident when he participated in sexual acts with the resident.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined abuse was not substantiated. While the AP did enter the resident's room twice during her scheduled care times on the overnight shift, the investigation did not find physical evidence of any inappropriate actions or sexual acts involving the resident. There was no witness to a sexual act made by the AP and staff reported the resident reporting she heard sexual noises was an unreliable reporter.

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 the resident records, facility internal investigation, facility

incident reports, personnel files, staff schedules, and related facility policy and procedures. Also, the investigator observed staff assisting the resident with cares.

The resident (resident 1) resided in an assisted living facility. The resident's diagnoses included dementia. Resident 1's service plan included assistance with repositioning, toileting, and safety checks. Resident 1's assessment indicated she had limited ability to make requests and may not report abuse or neglect. Resident 1 used a Geri chair (medical wheeled recliner chair) which required staff assistance for mobility.

One morning, a resident (resident 2) told staff she heard sex noises coming from the room next door the night before. Resident 2 stated the AP was having sex with the resident 1. Resident 2 was very adamant about what she heard and told several facility staff about the incident.

During investigative interviews, multiple staff members stated resident 2 was not a reliable reporter due to her dementia. Multiple staff members stated there were no noted concerns or previous allegations of the AP. Multiple staff stated they had no concerns about how the AP treated residents. They also stated they did not note any emotional or physical signs of abuse to resident 1.

During an interview, the registered nurse (RN) stated she reviewed video surveillance footage of the time frame of the allegation. The RN stated the AP entered the resident's room twice during routine care times and was in the room for an insignificant amount of time each time. The RN stated there was no noises heard on the audio of the surveillance footage.

During an interview, a family member stated she visited resident 1 three times a week and never noted any signs of abuse to resident 1. The family member stated she did not feel resident 2 was a reliable reporter due to the statements she heard resident 2 make when at the facility with resident 1. The family member stated she does not believe any abuse occurred to resident 1, and felt resident 1 was safe at the facility.

Resident 1 was not able to complete an interview due to her dementia.

Resident 2 was not able to complete an interview due to her dementia. R2 stated she did not recall ever reporting any abuse.

The investigator was unable to contact the AP for an interview.

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:
(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:
(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.

Vulnerable Adult interviewed: No, not able to complete interview due to dementia.
Family/Responsible Party interviewed: Yes.
Alleged Perpetrator interviewed: No, unable to contact.

Action taken by facility:
The facility reviewed camera security video when resident 2 reported allegations and interviewed staff.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30666	A. BUILDING: _____ B. WING _____	C 06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE WOODS ASSISTED LIVING	40170 COUNTY ROAD 257 COHASSET, MN 55721

(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 June 21, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL306662321C/#HL306662760M. No correction orders are issued.	0 000		