

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL310686969M  
**Compliance #:** HL310683377C

**Date Concluded:** September 27, 2023

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

**Investigated:**

Marywood  
925 Kenwood Avenue  
Duluth, MN 55811  
St Louis County

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

**Evaluator's Name:** Carol Moroney 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 the resident was found to have a bruise on her right forearm. It was also alleged the AP was heard yelling at the resident in the same time frame.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined abuse was not substantiated. There was not evidence of conduct by the AP that caused physical pain or injury. The resident had two small bruises on her forearm, spaced a part and red in color. The resident was on long term blood thinner use, causing increased risk for bruising. The AP reported she speaks in a loud tone, but there was not allegation the AP made verbal threats or used abusive language towards the resident.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator also contacted the resident's emergency

contact. The investigation included review of the resident's medical record. Also, the investigator observed the resident. The bruise present at the time of the report had since healed but the resident had several small bruises on both forearms each about the size of a dime.

The resident resided in an assisted living memory care unit. The resident's diagnoses included weakness and history of pulmonary embolism which required anticoagulant (blood thinner) medication. The resident's service plan indicated the resident required assistance with repositioning every two hours and used a ceiling mechanical lift for transfers. The resident's assessment indicated the resident took blood thinners daily and received hospice services.

The facility internal investigation indicated the nurse received an allegation an unlicensed personnel (ULP) heard the AP yell at the resident and the next morning the morning ULP reported a bruise on the resident's forearm. The nurse interviewed the resident who said she "fought" with the AP and the bruise was from the AP being rough. The resident stated she was fearful of the AP and the nurse removed the AP from working with the resident. The nurse assessed the resident and noted two small bruises to the resident forearm, red in color and the resident denied pain. Interventions included the AP no longer providing care to the resident and retraining provided to the AP regarding reporting of abuse and the resident bill of rights.

During an interview, the nurse stated she did not see any bruises that resembled fingerprints. The nurse stated when she talked with the resident, the resident said the AP was a little rough and talks loudly, but the AP did not try to hurt her.

During an interview, the resident's family member stated she was aware of the incident, and it was not unusual for the resident to have bruises due to being on a blood thinner. The family member stated she had no concerns about the resident's care.

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:

(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.

**Family/Responsible Party interviewed:** Yes.

**Alleged Perpetrator interviewed:** No.

**Action taken by facility:**

The facility completed an investigation, completed retraining with the AP and removed the AP from providing cares to the resident.

**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:  <b>31068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/31/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARYWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 KENWOOD AVENUE DULUTH, MN 55811</b>		
(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 July 31, 2023, the Minnesota Department of Health initiated an investigation of complaint HL310683377C/HL310686969M. No correction orders are issued.</p> <p>HL310687535C/HL310684463M was not the jursidication of MDH and referral was made to the appropriate agency.</p>	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE