

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Report #: HL326475322M

Date Concluded: September 27, 2024

The Homestead at Rochester
5530 Ballington Rd NW
Rochester, MN 55901-3331
Olmsted County:

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

Evaluator's Name: Julie Serbus, RN
Special Investigator

Finding: No determination

Nature of Investigation:

The Minnesota Department of Health initiated an investigation related to 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.

Allegation(s):

It is alleged the facility neglected the resident when staff did not respond to a call light for an extended period of time.

Investigative Findings and Conclusion:

During the course of the investigation, it was determined the individual was not a resident of the assisted living facility. Therefore, no determination was made on the allegation.

Action taken by the Minnesota Department of Health:

The allegation was referred to the Department of Human Services/ Olmsted County/Law Enforcement.

cc: The Office of Ombudsman for Long-Term Care

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/25/2024
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NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD AT ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5530 BALLINGTON ROAD NW ROCHESTER, MN 55901
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(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 September 25, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL326477304C/#HL326475322M.</p> <p>No correction orders were issued as the investigation determined the individual regarding for whom the concern was raised was not a resident of the assisted living facility.</p>	0 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____