

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL356478885M  
**Compliance #:** HL356476441C

**Date Concluded:** March 26, 2024

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

**Investigated:**

Midwest Homes Inc.  
1628 Keller Lake Drive  
Burnsville, MN 55306  
Dakota County

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Willette Shafer, 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):**

The alleged perpetrator (AP) abused a resident when the AP had sexual intercourse with the resident.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined abuse was inconclusive. The resident alleged the AP sexually abused her and the AP was unable to be reached for interview. Due to a delay in reporting by the resident, there was lack of available evidence, including security footage and communication messages to review.

The investigator conducted interviews with administrative staff. The investigator contacted the police department. The investigation included review of medical records, personnel records, police report, internal investigation, and facility policies. Also, the investigator toured the facility and observed interactions between staff and residents.

The resident resided in an assisted living facility. The resident's diagnoses included schizophrenia, depression, fetal alcohol syndrome, anxiety, and bipolar disorder. The resident's service plan included assistance with medication management, housekeeping, laundry, and meals. The resident's assessment indicated she had a history of sexual abuse.

During an interview, a member of management said the resident reported the incident to her and she completed the internal investigation. The resident reported the incident months after she stated it happened. The cameras in the facility only record for the past 30 days, therefore there was no video footage of the incident. The AP no longer worked at the facility when the resident reported the incident. The resident reported she communicated with the AP through an application on her phone but stated she deleted all the messages and had since received a new phone.

During an interview, the resident said she had sexual intercourse with the AP on three separate occasions in her bedroom. She said no other residents were awake and the AP was the only staff working at the time. She stated she told her friend about the incidents, but her friend was unwilling to speak to investigators. She stated she communicated with the AP on an application on her phone but has since received a new phone with no history of communication.

The police report was closed due to lack of information. No charges were pressed against the AP.

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:

(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:** Yes.

**Family/Responsible Party interviewed:** Not Applicable. The resident was her own decision maker.

**Alleged Perpetrator interviewed:** No, never returned interview requests.

**Action taken by facility:**

The facility reported the incident to law enforcement and conducted an internal investigation.

**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>35647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIDWEST HOMES INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1628 KELLER DRIVE</b> <b>BURNSVILLE, MN 55306</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	Initial Comments  On March 8, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL356476441C/#HL356478885M. No correction orders are issued.	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE