



Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL378696524M

Date Concluded: August 10, 2023

Compliance #: HL378692242C

Name, Address, and County of Licensee

Investigated:

Broadwell Plymouth Senior Living

3025 Harbor Lane North

Plymouth, MN 55447

Hennepin 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):

An unknown alleged perpetrator (AP) abused a resident when they yelled and repeatedly hit the resident's low back.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined abuse was not substantiated. There was no evidence abuse occurred. There were no witnesses to the alleged abuse. The resident was unable to recall the day or time the alleged abuse occurred and was unable to name a specific staff member. Staff members denied abusing the resident. The resident's family member stated the resident had a history of hallucinations and delusions.

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's medical record, facility incident and investigation reports, employee files, and facility policies. Also, the investigator toured the facility and observed interactions between staff and residents.

The resident resided in an assisted living memory care unit. The resident's diagnoses included dementia and chronic pain. The resident's service plan included assistance with transfers, toileting, mobility, dressing and medication administration. The resident's nursing assessment indicated the resident was alert and oriented to self and had issues with hallucinations, delusions, and paranoia. The resident used a walker and wheelchair for mobility.

The resident's incident report indicated one day the resident reported to a staff member he was poked on his left side multiple times by a staff member who wanted the resident to move faster. The resident complained of pain on his left side. The resident was assessed and the nurse did not find any bruising or redness on the resident's left side. Staff members who worked on the days and times the alleged abuse occurred were removed from the schedule until the internal investigation was completed.

The internal investigation included interviews with the resident and several staff members who provided cares to the resident on days the alleged abuse occurred. When interviewed by facility administration, the resident was unsure when it happened and could not provide a name of the alleged staff member who abused him. Three staff members who were interviewed denied abusing the resident. At the end of the investigation, the facility concluded there was not enough evidence to suspend or reprimand a specific staff member.

During interviews, multiple staff members denied they abused the resident and stated the resident was a sweet, gentle man.

During an interview, a nurse stated she did not find any injuries or tender areas on the resident's body when she assessed him. The nurse stated the residents never complained about staff members being abusive.

During an interview, a family member stated the resident had a history of making delusional statements, and stated the resident suffered from chronic pain with movement. The family member stated he was happy with the cares the resident received from staff members.

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;

Vulnerable Adult interviewed: No, unable to interview due to cognitive status.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Unknown AP.

Action taken by facility:

The facility immediately conducted an internal investigation. Staff members who worked on days when the abuse may have occurred were removed from the schedule pending the results of the investigation. The facility retrained staff members on resident cares and rights.

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: 37869	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/27/2023
NAME OF PROVIDER OR SUPPLIER BROADWELL PLYMOUTH SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 NORTH HARBOR LANE PLYMOUTH, MN 55447		
(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 July 27th, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL378692242C/#HL378696524M. No correction orders are issued.	0 000		

Minnesota Department of Health

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

TITLE

(X6) DATE