

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL392685427M  
**Compliance #:** HL392687558C

**Date Concluded:** October 16, 2024

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

**Investigated:**

Norbella Assisted Living  
2025 Michaud Way  
Centerville MN 55038  
Anoka County

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

**Evaluator's Name:** Maggie Regnier  
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 abused the resident when she swore at the resident.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined abuse was inconclusive. While the alleged perpetrator was in the resident's room when swearing was reportedly overheard. The findings available to the investigation were not sufficient to determine if the behavior the occurred nor if it met the definition of abuse.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted law enforcement, family members and outside care providers for the resident. The investigation included review of the resident record, facility records, employee records, law enforcement records and facility policies. Also, the investigator observed interactions between staff, residents, and visitors.

The resident resided in an assisted living memory care unit. The resident's diagnoses included Alzheimer's disease, recurrent falls, and occasional incontinence. The resident's service plan included assistance with transferring, toileting, dressing and bathing. The resident's assessment indicated the resident had falls related to impulsive moves to get out of her wheelchair. The resident's assessment also indicated the resident was pleasant but confused with moderate disorientation to person, place and time.

The resident's record identified facility initiated an internal investigation after it was informed the alleged perpetrator, who was an unlicensed caregiver, was overheard swearing at the resident. The record also indicated the day after the incident, a bruise was noted on the residents left hand.

The internal investigation included a statement from an employee who said she was working in the general area of the resident's room when she overheard the AP swearing inappropriately. The same document indicated video footage showed the AP was in the resident's room when this event allegedly took place. However, the footage did not include audio.

During an interview, a nurse stated the resident was questioned about the incident, but the resident could not recall anything incident. The nurse also stated it is unclear how the bruise happened on the resident's hand.

During an interview, an unlicensed caregiver who was familiar with the resident stated she believed the bruise on the resident's hand was from an intravenous infusion the resident had when she was at the emergency department.

The residents record also indicated she had been sent to the emergency room three days before this incident.

During an interview, the alleged perpetrator denied ever speaking to a resident in such a way.

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:

- (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;
- (2) the use of drugs to injure or facilitate crime as defined in section 609.235;

- (3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and
- (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:

- (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:** attempted but cognitively impaired

**Family/Responsible Party interviewed:** Yes

**Alleged Perpetrator interviewed:** Yes

**Action taken by facility:**

The facility completed an internal investigation and then provided re-education to staff on what abuse can sound like. The facility no longer employed the alleged perpetrator.

**Action taken by the Minnesota Department of Health:**

No further action 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<br>AND PLAN OF CORRECTION             |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>39268</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____  |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/24/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NORBELLA CENTERVILLE</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2025 MICHAUD WAY</b><br><b>CENTERVILLE, MN 55038</b>                         |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE   |
| 0 000   | <b>Initial Comments</b><br><br>On September 24, 2024, the Minnesota<br>Department of Health initiated an investigation of<br>complaint #HL392687558C/#HL392685427M. No<br>correction orders are issued. | 0 000   |  |  |  |

Minnesota Department of Health

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

TITLE

(X6) DATE