

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL394055382M
Compliance #: HL394057299C

Date Concluded: October 7, 2024

Name, Address, and County of Licensee

Investigated:

Independent Group Home
2226 Irving Avenue North
Minneapolis, MN 55411
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Peggy Boeck, RN
Special Investigator

Finding: No determination

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) an unidentified staff, abused the resident when the AP sexually assaulted the resident at the facility. In addition, the facility neglected the resident when they failed to report the incident.

Investigative Findings and Conclusion:

The Minnesota Department of Health (MDH) concluded there was no determination. The identified individual was not a resident of the facility and there was no evidence that the individual had visited the facility.

The investigator conducted interviews with facility staff and administrative staff. The investigator reached out to the individual's mental health case manager, facility owner, facility director, and facility nurse.

The individual was never admitted to the assisted living facility and received no services from the assisted living facility staff.

The identified individual was interviewed.

In conclusion, the Minnesota Department of Health made no determination.

Vulnerable Adult interviewed: Not Applicable

Family/Responsible Party interviewed: Not Applicable

Alleged Perpetrator interviewed: Not Applicable

Action taken by facility:

No action taken.

Action taken by the Minnesota Department of Health:

No action taken.

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: 39405	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/25/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INDEPENDENT GROUP HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2226 IRVING AVENUE NORTH MINNEAPOLIS, MN 55411
---	--

(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 #HL394057299C/#HL394055382M. No correction orders are issued.</p>	0 000		

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