

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL398193582M  
**Compliance #:** HL398193893C

**Date Concluded:** October 15, 2024

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

**Investigated:**

The Meadows Senior Living  
6555 Loftus Lane  
Savage, MN 55378  
Scott County

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

**Evaluator's Name:**

Katie Germann, 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 they slapped the resident on the top of the head and left shoulder during cares.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined abuse was inconclusive. An unlicensed staff member stated she witnessed the AP slap the resident on the side of the shoulder and the top of the head. The AP denied hitting the resident. There was no additional information to determine if the incident occurred.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted law enforcement. The investigation included review of medical records, facility policies and procedures, and a facility investigation of the incident. Also, the investigator observed staff providing cares for a resident.

The resident resided in an assisted living memory care unit. The resident's diagnoses included senile degeneration of the brain and chronic pain. The resident's service plan included assistance with toileting, medications, bathing, laundry, and meals. The resident's assessment indicated the resident was on hospice cares and was a risk of falls during transfers.

A witness statement from a unlicensed staff member indicated the AP had a rough demeanor and used words such as, "Grandpa, stand up!" and "Grandpa, why did you do that!". The statement indicated while pushing the resident in his wheelchair back to his bed, the AP gave him a "light" slap on the top of his head. The statement indicated the resident had a grimace on his face and appeared visibly upset. When the unlicensed staff and the AP went to put the resident to bed, the unlicensed personnel attempted to help the resident stand up, and the AP said, "Don't help, watch he can do it himself". The AP gave the resident a slap on the left shoulder and told him to stand up. The resident responded by saying, "bullshit". The unlicensed personnel told the AP to not slap him. The statement indicated both the AP and the unlicensed personnel watched the resident transfer himself into bed with "extreme difficulty" at which point, they both assisted him to a lying position and exited the room.

A facility investigation indicated the unlicensed personnel reported the AP slapped the resident on the evening shift. The investigation indicated the facility nurse saw the resident after the incident and did not see any bruising or redness on the resident's head or arm. The resident was asked if he was slapped the previous day and he said "no". The resident also said, "if it did happen, probably no one saw it".

In an interview with the unlicensed personnel, she stated she witnessed the AP assisting the resident in the bathroom. The unlicensed personnel stated she felt the dialogue between the resident and the AP was rough. The AP did not seem to happy or friendly and she kept asking the resident, "why did you do that?" The unlicensed personnel stated she witnessed the AP slap the resident on the head hard enough for him to feel like it was painful. The resident had a grimace on his face and he used a swear word. The unlicensed personnel stated after the second hit on his arm, she told the AP, "Don't hit him". The unlicensed personnel stated the AP just laughed it off. The unlicensed personnel stated she attempted to help get the resident from his wheelchair to his bed, but the AP said, "he can do it himself, watch!" The resident stood up and appeared to have difficulty getting himself to the bed. Once in the bed, the unlicensed personnel stated herself and the AP assisted the resident to a comfortable position in bed.

In an interview, the AP stated she asked the unlicensed personnel to assist her with toileting the resident. Prior to toileting the resident, the AP stated she put her hand on the resident's shoulder and asked him if he would like to go to the bathroom or to bed. The resident told her he needed to use the bathroom. The AP stated after he used the bathroom, she and the unlicensed personnel assisted the resident to bed. The AP stated she asked the resident if he needed assistance, but he declined. The AP denied she hit or slapped the resident at any point during cares.

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:** No, deceased.

**Family/Responsible Party interviewed:** Yes

**Alleged Perpetrator interviewed:** Yes

**Action taken by facility:**

The facility reported the incident to the Minnesota Adult Abuse Reporting Center (MAARC). The AP no longer works at the facility.

**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>39819</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE MEADOWS SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6555 LOFTUS LANE SAVAGE, MN 55378</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	<p>Initial Comments</p> <p>On September 12, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL398193893C/#HL398193582M.</p> <p>No correction orders are issued.</p>	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE