

# Investigation Report

Session Timeout in 14:51 minutes.

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File Upload

Allowed file types: txt, doc, docx, pdf

Allowed file size: 10MB

A document upload is required for report submission. Please upload a document that you reviewed over the course of the investigation that prompted the determination. Please do not attach the entire care plan, just the pages pertinent to the investigation.

Select Document

Download File: Remove File:

## Incident tracking ID

300165

## Investigation status

draft

## Facility name

ESSENTIA HEALTH NORTHERN PINES

## Facility HFID

00604

## Facility phone

(218) 229-4222

**Facility address**

5211 HIGHWAY 110, AURORA, MN

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**List of documents reviewed\***

1500 characters remaining.

**Check if the care plan at the time of the incident was followed****Check if the care plan was modified to prevent reoccurrence****Explain the element(s) of the care plan that were not followed**

1000 characters remaining.

**Summary of interview(s) with the alleged victim and/or the victim's responsible party, if applicable. Indicate any visual cues from the resident of psychosocial distress and harm and the resident's perspective on incurred psychological harm and distress \***

5000 characters remaining.

**Description of any additional physical injury and/or mental outcome since initial report**

**Summary of interview(s) with witness(es), what the individual observed or knowledge of the alleged incident or injury \***

5000 characters remaining.

**Summary of interview(s) with the alleged perpetrator(s) (staff, resident, visitor, contractor, etc.) \***

5000 characters remaining.

**Summary of interview(s) with other residents who may have had contact with the alleged perpetrator \***

5000 characters remaining.

**Summary of interview(s) with staff responsible for oversight and supervision of the location where the alleged victim resides \***

5000 characters remaining.

**Summary of interview(s) with staff responsible for oversight and supervision of the alleged perpetrator, if staff or a resident \***

5000 characters remaining.

**Provide summary information from the investigation related to the incident from the resident's clinical record, such as relevant portions of the RAI, the resident's care plan, nurses' notes, social services note, lab reports, x-ray reports, physician or other practitioner reports or reports from other disciplines that are related to the incident. If a resident to resident altercation occurred, provide any relevant details that may have caused the alleged perpetrator's behavior, such as habits, routines, medications, diagnosis, how long he/she may have lived at the building, or BIMS score \***

5000 characters remaining.

**If available within the five business day timeframe, provide summary information of other documents obtained, such as hospital/medical progress notes/orders and discharge summaries, law enforcement reports, and death reports as applicable \***

5000 characters remaining.

## **Conclusion**

**Provide a brief description of the conclusion of the investigation and indicate if findings were:**

**Verified - The allegation was verified by evidence collected during the investigation. Indicate if the allegation was verified by evidence collected during the investigation \***

500 characters remaining.

**Not Verified - The allegation was refuted by evidence collected during the investigation. Indicate and describe why the allegation was unable to be verified during the investigation \***

500 characters remaining.

**Inconclusive - The allegation could not be verified or refuted because there was insufficient information to determine whether or not the allegation had occurred. If this was identified as inconclusive, indicate and describe how this was determined \***

500 characters remaining.

## **Corrective Actions Taken**

**Since the initial report, has this allegation been reported to any additional agencies, if so which agency? \***

250 characters remaining.

**What date/time has this allegation been reported to any additional agencies reported?**

**Outcome to any agency investigation? \***

500 characters remaining.

**Was the allegation reported to the resident representative? \***

250 characters remaining.

**if allegation reported to the resident representative, enter date/time**

**Names and positions of facility individuals who had the primary responsibility for conducting the investigation \***

500 characters remaining.

**Investigation Report submitted by: \***

250 characters remaining.

**Phone for follow-up: \***

**Email address for follow-up: \***

250 characters remaining.

**Describe any action(s) taken as a result of the investigation or allegation, including and not limited to action taken to prevent reoccurrence to the subjected resident and other residents. \***

1000 characters remaining.

**Describe the plan for oversight of implementation of corrective action, if the allegation is verified \***

1000 characters remaining.

**As a result of a verified finding of abuse, such as physical, sexual or mental abuse, identify counseling or other interventions planned and implemented to assist the resident \***

1000 characters remaining.

**If systemic actions (e.g., changes to facility staffing patterns, changes in facility policies, training) were identified that require correction, identify the steps that**



**have been taken to address the systems \***

1000 characters remaining.

**Check if this was an isolated incident**

**Description of similar incidents that have occurred in the past 6 months**

1000 characters remaining.

People Interviewed

**First name \***

**Last name \***

**Relationship or staff position to resident 1 \***

**First name**

**Last name**

**Relationship or staff position to resident 1**

**First name**

**Last name**

**Relationship or staff position to resident 1**

**First name**

**Last name**

**Relationship or staff position to resident 1**

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**First name**

**Last name**

**Relationship or staff position to resident 1**

**First name**

**Last name**

**Relationship or staff position to resident 1**

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§483.13(c)(4) The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is not reported to the administrator or his designated representative, the administrator or his designated representative shall be notified by the administrator or his designated representative. For assistance contact MDH by email at [HealthOfficer@state.mn.us](mailto:HealthOfficer@state.mn.us)

Version: 1.6.0