

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HAVEN HOMES OF MAPLE PLAIN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1520 WYMAN AVENUE MAPLE PLAIN, MN 55359</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0608  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement policies and procedures to ensure (1) employees report any suspicion of a crime against any resident, according to timelines; (2) post the notice of employee rights; and (3) prohibit and prevent retaliation for reporting.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to report an allegation of sexual assault to local law enforcement in a timely manner for 1 of 1 residents (R1) reviewed who had made allegations of sexual assault. Findings include: R1's quarterly minimum data set (MDS) dated [DATE], identified R1 was cognitively intact and required extensive assistance with cares. State Agency (SA) report dated 6/10/20, included an allegation of sexual abuse (sexual contact or penetration between resident and service provider or facility staff, unwanted sexual contact). R1 reported to facility that an employee had been sexually inappropriate by squeezing breast and genitals. On 6/16/20, at 12:20 p.m. review of facility investigation file for R1 contained undated sheet of white paper which was typed with timeline. 6/10/20 - report from R1, employee suspended. 6/12/20 - interview with employee, police report filed. 6/15/20, resident and staff interviews. In addition, the review of the facilities investigation report indicated the alleged perpetrator (AP) denied the allegation made by R1. When interviewed on 6/16/20, at 2:18 p.m. social worker (SW)-A stated facility process for investigations was to interview the resident and staff then talk with the administrator and director of nursing (DON). R1 had reported the inappropriate sexual contact to her on 6/10/20, then she had been out of the office returning on 6/12/20 when she had been back to work and reported R1's allegation to the police at that time. When interviewed on 6/16/2020, at 1:55 p.m. R1 stated she reported to the SW on 6/10/20 that an employee had been sexually inappropriate on several occasions. R1 stated a police officer came on 6/12/20. When interviewed on 6/16/20, at 2:33 p.m. The administrator stated facility employees had been education on abuse and reporting in May 2019. Administrator further stated at the time R1 made the report, the facility was not sure if this was sexual abuse or not but upon further investigation found with was sexual abuse on 6/12/20, then notified the police right away. A facility policy Vulnerable Adult - MN revised 10/31/19, stated If sexual abuse is suspected, call the police immediately. DO NOT bathe/wash the resident or wash the resident's clothing or linen. Do not take items from the area in which the incident occurred.		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.