

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Franciscan Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3910 Minnesota Avenue Duluth, MN 55802	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interviews and record review the facility failed to report an allegation of sexual assault within 2 hours to the State Agency (SA) for 2 of 3 clients (R1, R2) when reviewed for abuse. Findings include: Facility incident report dated 1/20/26 indicated on the morning of 1/20/26 at approximately 9:15 a.m., registered nurse (RN)-A reported R1 came to the dining room to greet his wife (R3) when an aide asked R1 to move to passed him. R1 moved and continued around the table to his wife (R3) and came behind R2 and groped her breasts without R2's consent. R1 was redirected to his room and was educated on the matter. R1 had little to no remorse for the action he had made towards R2. RN-A stated R2 was aware the incident happened, but shortly after R1 groped her she closed her eyes and showed no visual negative reaction or distress. R2 was later interviewed by staff and had slight to no recall on the incident. Police were called and R1 and R2's responsible parties were notified. RN-A who reported the incident had not worked at the facility for a length of time and was not aware of the plans in place for R1 and R2, however the plan of care was followed. Facility reported incident to SA on 1/20/26 at 4:25 p.m. When interviewed on 1/29/26 at 2:14 p.m., social worker (SW) stated it was decided to make the report to SA after the investigation was mostly done and she was not aware to make the report first. SW agreed the incident was reported late and not within the two hours according to regulations and facility policy. Facility policy titled Maltreatment Reporting Guidelines reviewed date 11/26/24, indicated if alleged maltreatment occurs, report immediately, but not later than 2 hours after the allegation is made if the incident involved abuse, neglect, or financial exploitation, including injurie of unknown sources and misappropriation of VA property.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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