DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL201913041M
Compliance #: HL201913060C

Date Concluded: November 8, 2024

Name, Address, and County of Licensee Investigated:
Carefree Living Burnsville
600 East Nicollet Boulevard
Burnsville, MN 55337
Dakota County

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

Evaluator's Name: Christine Bluhm, RN
Special Investigator

Finding: Not Substantiated

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:
The facility neglected the resident when the resident did not receive water to drink, which sped up her passing.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined neglect was not substantiated. The resident had a diagnosis of dementia which impaired the resident's ability to take in fluids. The resident had moderate dysphagia (swallowing problems) and lethargy, which kept her in bed. The facility and the medical provider documented the resident's decline and the barriers preventing the resident's intake of fluids.

The investigator conducted interviews with facility staff members. The investigator contacted the care coordinator and the resident's medical provider. The investigation included review of the resident record, death record, hospital records, facility incident reports, personnel files, staff schedules, and related facility policy and procedures. Also, the investigator interviewed

other residents in the facility regarding the care they receive and how the staff respond to their needs.

The resident resided in an assisted living memory care unit. The resident's diagnoses included Alzheimer's dementia and COPD (lung disease). The resident's service plan included assistance with all activities of daily living, meals, and medication administration. The resident's last documented assessment indicated the resident was oriented to person only, required staff assistance with mobility, a regular diet and fluids were provided at each meal and with medications. The assessment indicated the resident's hydration intake was "good" and was not at risk of dehydration at that time. Records do not include a change of condition or updated nursing assessment based on the resident's decline in oral intake or decreased mobility.

The progress notes indicated the resident chose not to eat at times, remained in bed most of day and became weaker. The notes indicated the medical provider requested staff to push fluids. The notes also indicated that family was encouraged to consider moving the resident to a facility that could offer a higher level of skilled care and consider hospice support.

The resident's hospital admission record indicated she presented with decreased oral intake, lethargy, and decreased responsiveness. The records indicated the resident had previous hospital admissions for urinary tract infections, pneumonia, and aspiration pneumonia. The resident passed away at the hospital due to hypernatremia (elevated blood sodium levels), dehydration and dementia, with contributing pneumonia.

During an interview, a nurse stated the resident also had issues with unrelieved pain which may have contributed to her decline with activity.

During an interview, a manager stated the facility did contact the ombudsman because of the concern that family was not fully aware of how far the resident's condition had deteriorated. The manager stated the family member thought the decline was care-related when it was a disease-related decline.

During interview, the medical provider stated that in the weeks prior to her death, the resident was no longer safe or appropriate for the assisted living care setting due to her ongoing decline, increased care needs and required an assist of two staff for all transfers. The provider stated speech therapy was consulted and testing confirmed the resident had moderate dysphagia and appeared that the dementia was preventing her from swallowing the liquids she was offered.

In conclusion, the Minnesota Department of Health determined neglect was not substantiated.

"Not Substantiated" means:
An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17
“Neglect” means neglect by a caregiver or self-neglect.
(a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
(2) which is not the result of an accident or therapeutic conduct.

Vulnerable Adult interviewed: No, the resident was deceased.
Family/Responsible Party interviewed: Yes.
Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility:
No action needed.

Action taken by the Minnesota Department of Health:
No 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20191	A. BUILDING: ______ B. WING ______	C **10/22/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURNSVILLE CAREFREE LIVING	**600 EAST NICOLLET BOULEVARD BURNSVILLE, MN 55337**

(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	Initial Comments On October 22, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL201913060C/#HL201913041M. No correction orders are issued.	0 000		

Minnesota Department of Health

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