

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL201915481M  
**Compliance #:** HL201917646C

**Date Concluded:** December 19, 2024

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

### **Investigated:**

Burnsville Carefree Living  
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 it did not answer the resident's call button when she was in pain. The resident called 911 on her own and went to the hospital for leg pain.

### **Investigative Findings and Conclusion:**

The Minnesota Department of Health determined neglect was not substantiated. While the resident did call 911 for generalized pain, there was conflicting information regarding the facility's opportunity to respond to the call pendant. However, the resident had not fallen nor an injury when the pain occurred. The resident was transferred to the hospital via 911.

The investigator conducted interviews with facility staff. The investigation included review of the resident record, 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 the staff's response to call pendants.

The resident resided in an assisted living. The resident's diagnoses included spinal stenosis, chronic leg pain, bipolar disorder, and panic disorder. The resident's service plan indicated she required assistance with bathing, dressing, grooming, meals, and medication administration. The resident was assessed to require wheelchair mobility and assist with transfers in and out of her wheelchair. The plan indicated the resident was a poor historian due to memory and cognitive loss.

An emergency medical services (EMS) report indicated one morning the resident called 911 for leg pain. The report indicated that upon arrival, the resident was found seated in her chair in no visible distress, and without obvious trauma. The resident said she had left leg pain for the last three days which came on gradually but had made it impossible for her to walk. The resident denied injury. EMS noted the resident's leg was swollen and painful on palpation.

During interview, the resident stated she could not walk or move around on the morning she called 911. The resident stated she tried the call button first for about fifteen minutes, but nobody came so she called 911.

During interview, a case manager stated she received a call from someone who was frantic and in pain that morning but did not know who it was at first. The case manager stated that when she figured out who it was, and spoke with the resident again, the resident was calm and other voices were heard in the background whom she figured were EMS.

During interview, a nurse manager stated the resident actually called 911 because she was having an anxiety attack. The nurse interviewed a staff member who worked that morning who said she went into the resident's room but she did not have her walkie radio on her so she left the room and told the resident she would be right back. However, before the staff member returned, the resident had called 911.

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

**Vulnerable Adult interviewed:** Yes.

**Family/Responsible Party interviewed:** Not applicable.

**Alleged Perpetrator interviewed:** Not applicable.

**Action taken by facility:**

No action taken.

**Action taken by the Minnesota Department of Health:**

None 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>20191</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURNSVILLE CAREFREE LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 EAST NICOLLET BOULEVARD BURNSVILLE, MN 55337</b>
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(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><b>Initial Comments</b></p> <p>On October 22, 2024, the Minnesota Department of Health initiated an investigation of the following complaints:</p> <p>#HL201917648C #HL201917647C/#HL201915482M. #HL201917646C/#HL201915481M. #HL201919475C/#HL201916287M.</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 \_\_\_\_\_