

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL307572845M  
**Compliance #:** HL307571193C

**Date Concluded:** September 15, 2026

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

**Investigated:**

Storypoint Carlson Parkway  
500 Carlson Parkway  
Minnetonka, MN 55345  
Hennepin County

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

**Evaluator's Name:** Willette Shafer, 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(s):**

The facility neglected the resident when the facility failed to assess, monitor, and treat the resident's leg wound and yeast infection.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined neglect was not substantiated. The resident sustained a small skin tear on her leg of unknown origin. The resident was assessed and treatment was ordered timely. A wound care agency provided services for the resident's groin and abdominal folds while facility staff provided cleansing and antifungal treatments under the breasts and armpit areas. When the areas worsened, the resident's primary care provider ordered an antibiotic and the areas healed within a couple weeks. The wound care agency discharged the patient. The facility continued to provide skin hygiene and treatments as needed to her skin as the yeast was a chronic condition.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted the resident's family member and the wound care nurse from the home health agency. The investigation included review of the resident records, facility incident reports, staff schedules, pendant push logs, and related facility policy and procedures. Also, the investigator toured the facility and observed medication and treatment administrations, and response time to resident's pendant lights.

The resident resided in an assisted living facility. The resident's diagnoses included fungal infection of skin and nails, chronic lymphedema (swelling), morbid obesity, and depression with anxiety. The resident's service plan included assistance with bathing, grooming, medication management, skin hygiene, reminders, and transfer with full body lift. The resident was alert and oriented and able to recall recent events.

A communication note written to the medical provider indicated the resident's leg was assessed and a one centimeter in diameter skin tear was noted. There were no signs or symptoms of infection and the resident denied pain. The resident was unsure of how she sustained the abrasion. A dressing was applied to the area.

A provider order was written to cleanse the skin tear and apply nonstick dressing daily.

A medical provider message written to resident's family member indicated the resident had intertrigo (inflammatory skin condition caused by friction, warmth, and moisture causing itchy, burning skin irritation). The medical provider detailed the resident's most recent skin assessment she conducted, treatments ordered, intertrigo condition, and recent wound care referral per the family member's request.

The resident's medication administration records (MAR) indicated the resident received an antifungal powder ongoing. After the skin tear, an order to cleanse and apply a simple dressing (band-aid) to leg was transcribed. The dressing change to leg was discontinued a month later after the area closed.

A provider communication note indicated a family member reported she applied Intra-dry antifungal sheets to the resident and the staff member observed the anti-fungal sheets in the resident's skin folds. The skin appeared irritated and cracked. The provider note indicated Intra-sheets should not be used in conjunction with lotion, powders, or creams.

A medical provider order indicated to continue the antifungal treatments and would consider the Intra-dry sheets if there was no improvement with the current orders.

The resident's MAR indicated a steroid cream was added to the MAR along with Nystatin (antifungal) cream, and a moisture wicking case was ordered to apply to abdominal folds.

A month later, a medical provider order indicated an antibiotic was ordered along with specific instructions for skin care and topical treatments.

The resident's MAR indicated an antibiotic was ordered for seven days due to increased drainage and worsening of skin condition. The antifungal powder was discontinued. The following month's MAR indicated the antifungal cream, steroid cream, and treatments to abdominal folds were discontinued.

A progress note indicated the resident's skin condition significantly improved and wound care was discontinued.

During an interview, a member of management said the resident was very kind and a joy to work with. He said she had chronic skin issues that were continually monitored by the clinical department. There had been multiple changes to treatment plans based on changes in condition. He said the resident's family member was difficult to work with as the family member makes accusations against staff members and yells at caregivers. He said the family member often initiated treatments and medications without consulting with the resident's medical provider or nursing staff. He said the family member brought in different powders and creams and most recently placed the resident on a weight loss injectable medication without consulting with the resident's medical provider. He said the family member denied it until a staff member walked in while family member was injecting resident. He said weight loss medication increased sweating and could interact with other medications which may have delayed or worsened the resident's skin issues. The weight loss medication was addressed with the resident's primary provider and a solution was agreed upon.

During an interview, the family member said caregivers documented the resident refused services when the resident never refused services. She placed surveillance cameras in the resident's living room and bedroom months ago to monitor the resident and caregivers. The resident received wound care from a wound care agency. She said facility staff failed to provide scheduled skin care treatments and hygiene which caused the resident's skin to worsen. She said the wound care agency discontinued services because the facility staff failed to follow the resident's care plan between wound care visits and there was nothing more the wound care agency could assist with based on the lack of services provided by the facility. The family member and facility management had a difficult relationship and struggled to communicate effectively.

During an interview, the wound care nurse said he visited the resident twice a week for two months. The wound care agency provided treatment to abdominal folds and groin areas only and facility staff provided treatments to under the residents breasts and armpit areas. He said the days he did not visit the resident; the family member provided the treatments ordered by wound care to the groin and abdominal areas. He said this was agreed upon by the wound agency, family member, and facility due to the services being skilled nursing treatments and issues with insurance coverage. After a few weeks, the areas continued to worsen, he

requested a primary care provider assessment. The resident's primary care provider visited the resident and ordered an antibiotic. Within a couple weeks the areas were healed and wound care was discontinued. He said at times when he entered the resident's room for a visit, facility caregivers were present and providing care/ services to the resident. He said he observed facility caregivers completing scheduled treatments to the resident's under arms and breast areas on multiple occasions. The wound care agency discontinued treatment because the resident's skin was healed not because of failure by the facility to complete services or care between visits.

During an interview, the nurse said the resident had a small skin tear to one of her legs a few months ago. This injury was addressed by the medical provider and nursing followed up with dressing changes. The injury healed quickly without concern. The nurse said the resident had chronic yeast buildup in her skin folds since admission. The facility and medical provider have worked closely with the resident's family to address the yeast issues as it waxes and wanes. She said the resident's skin folds were assessed regularly and the orders have changed multiple times based on assessments, changes in condition, and family requests. She said facility staff were aware of the resident's condition and follow the resident's treatment plan.

During an interview, the resident said she liked living at the facility and felt she received good care. She had no concerns.

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:** Yes.

**Family/Responsible Party interviewed:** Yes.

**Alleged Perpetrator interviewed:** Not Applicable.

**Action taken by facility:**

The facility assessed and ordered medications based on changes in the resident's condition. The facility documented conferences, assessments, and treatments.

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

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>30757</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>08/04/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STORYPOINT CARLSON PARKWAY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>500 CARLSON PARKWAY<br/>MINNETONKA, MN 55305</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                    |
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| 0 000                                                                 | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>HL307571193C/HL307572845M</p> <p>On August 4, 2026, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 93 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction order is issued for HL307571193C/HL307572845M, tag identification 0460.</p> | 0 000                                                                     | <p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p> |  |                                                                    |
| 0 460<br>SS=F                                                         | <p>144G.41 Subdivision 1 Minimum requirements</p> <p>(5) provide a means for residents to request</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 460                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                    |

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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| 0 460                                                                 | <p>Continued From page 1</p> <p>assistance for health and safety needs 24 hours per day, seven days per week;<br/>(6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;<br/>(7) permit residents access to food at any time;<br/>(8) allow residents to choose the resident's visitors and times of visits;<br/>(9) allow the resident the right to choose a roommate if sharing a unit;<br/>(10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure their system for residents to request assistance for health and safety needs 24 hours a day, seven days a week was effective at responding to residents summoning assistance for four of four residents (R1, R2, R3, R4) reviewed. A pendent light was provided but the facility provided staff phone failed to sound an audible alert when the pendant light was pressed. This had the potential to affect all current residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when</p> | 0 460                                                                  |                                                                                                                          |  |                                                                 |

Minnesota Department of Health

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| 0 460                                                                 | <p>Continued From page 2</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's diagnoses included depression, anxiety, and diabetes. R1's service plan indicated she received assistance with bathing, grooming, medication management, reminders, and housekeeping.</p> <p>During an observation on August 4, 2026, at 10:13 a.m., MDH investigator pressed R1's pendant light. MDH investigator waited in R1's room for 20 minutes before staff responded.</p> <p>During an interview on August 4, 2026, at 10:50 a.m., unlicensed personnel (ULP)-E said she waited to answer the call light until two staff were available. She said R1 required assist of two staff for cares.</p> <p>During an interview on August 11, 2026, at 8:47 a.m., R1's family member said when R1 pressed her pendant call light, staff took an excessive amount of time to respond.</p> <p>The pendent push log dated July 28, 2026, through August 4, 2026, 2026, indicated R1 called for help 31 times. Five of those 31 times, R1 waited over 30 minutes for assistance. They are logged as follows:</p> <ul style="list-style-type: none"><li>- August 2, 2026, duration of call was 1 hour, 2 minutes, and 40 seconds.</li><li>- July 31, 2026, duration of call was 35 minutes, and 41 seconds</li><li>- July 31, 2026, duration of call was 38 minutes, and 31 seconds.</li></ul> | 0 460                                                                  |                                                                                                                          |  |                                                                 |

Minnesota Department of Health

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| 0 460                                                                 | <p>Continued From page 3</p> <ul style="list-style-type: none"><li>- July 30, 2026, duration of call was 42 minutes, and 28 seconds.</li><li>- July 30, 2026, duration of call was 35 minutes, and 18 seconds.</li></ul> <p>R2's diagnoses included congestive heart failure, atrial fibrillation, and depression. R2's service plan indicated she received assistance with monthly vital signs, falls precautions, hygiene as needed per requests, and housekeeping.</p> <p>During an interview on August 4, 2026, at 11:30 a.m., R2 said she waited a "long time" for staff to respond to her pendant light requests. She reported sometimes staff responded timely, turned off her pendant light and told her they would be back to assist but never returned. She said this happened multiple times.</p> <p>R3's diagnoses included chronic pain, heart attack, stroke, and anxiety. R3's service plan indicated she received assistance with bathing, grooming, medication management, reminders, housekeeping, and transportation to and from meals in her wheelchair.</p> <p>During an observation on August 4, 2026, at 9:10 a.m., R3 was observed sleeping in her wheelchair outside the elevator doors on the floor she lived on. The light on R3's pendant was flashing indicating she had pressed her pendant light. MDH investigator reviewed pendant push notifications on ULP-E's facility provided phone. MDH investigator noted R3's pendant was pushed over 20 minutes ago. ULP-E was unaware R3 pressed her pendant. ULP-E stated normally the phone made an auditory alert when a pendant was pressed but the phone ULP-E was carrying did not audibly alert staff. ULP-E said most phones made an auditory alert when call</p> | 0 460                                                                  |                                                                                                                          |  |                                                                 |

Minnesota Department of Health

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| 0 460                                                                 | <p>Continued From page 4</p> <p>pendants were pressed but some failed to audibly alert staff.</p> <p>During an interview on August 4, 2026, at 9:15 a.m., environmental services engineer ESE-F took ULP-E's phone to resolve the pendant light issue. ESE-F attempted to adjust settings on the phone but was unable to resolve the issue. He said he would investigate the issue more thoroughly after our tour.</p> <p>R4's diagnoses included a stroke, ataxia, osteoporosis, cognitive functioning and awareness concerns, chronic pain, paralytic gait, and muscle wasting. R4's service plan indicated she received assistance with medication management, bathing, grooming, full body lift for transfers, reminders, and housekeeping.</p> <p>The pendent push log dated July 29, 2026, through August 4, 2026, 2026, indicated R4 called for help 38 times. Seven of those 38 times, R4 waited over 30 minutes for assistance. They are logged as follows:</p> <ul style="list-style-type: none"><li>- August 3, 2026, duration of call was 11 hours, 41 minutes, and 49 seconds.</li><li>- August 2, 2026, duration of call was 36 minutes, and 44 seconds</li><li>- August 2, 2026, duration of call was 1 hours, 27 minutes, and 32 seconds.</li><li>- July 31, 2026, duration of call was 36 minutes, and 29 seconds.</li><li>- July 30, 2026, duration of call was 35 minutes, and 03 seconds.</li><li>- July 30, 2026, duration of call was 54 minutes, and 41 seconds.</li><li>- July 30, 2026, duration of call was 46 minutes, and 39 seconds.</li></ul> | 0 460                                                                  |                                                                                                                          |  |                                                                 |

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>30757</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>08/04/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STORYPOINT CARLSON PARKWAY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>500 CARLSON PARKWAY<br/>MINNETONKA, MN 55305</b>                             |  |                                                                 |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                        |
| 0 460                                                                 | <p>Continued From page 5</p> <p>During an interview on August 6, 2026, at 3:45 p.m., health and wellness director (HWD)-B said staff are not required to respond to a pendant call request within a specific amount of time. She said the executive director reviewed pendant logs.</p> <p>During an interview on August 11, 2026, at 2:05 p.m., executive director (ED)-A said the care team manager and the HWD-B reviewed pendant logs and reviewed excessive response times with staff. ED-A said he was unaware if members of management completed audits on pendant light response times and if audits were completed if the information was documented.</p> <p>The Resident Call Response System policy dated April 12, 2026, indicated the call response system was tested every three months to ensure the system is in working condition. The policy lacked information on response parameters for facility staff.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 460                                                                  |                                                                                                                          |  |                                                                 |