



Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report : HL340081480M
Compliance : HL340086060C

Date Concluded: September 10, 2026

Name, Address, and County of Licensee

Investigated:

N & V Helpful Hear Care Inc
6620 Bryant Ave North
Brooklyn Center, MN 55430
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Lisa Coil, RN, BSN
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 staff did not administer prescribed medication. The resident may have suffered increased withdrawal symptoms from lack of prescribed medication.

Investigative Findings and Conclusion: The Minnesota Department of Health determined neglect was not substantiated. The resident missed her medication but did not suffer any withdrawal symptoms.

The investigator conducted interviews with the facility manager. The investigator contacted the resident's therapist. The investigation included review of the resident record, related facility policy and procedures.

The resident resided in an assisted living facility. The resident's diagnoses included bipolar disorder and anxiety disorder. The resident's service plan included assistance with medication

and behavior management. The resident's assessment indicated the resident was independent, alert, and orientated.

A concern arose one day when the resident did not get to her outpatient clinic appointment to receive her opioid use disorder medication, Suboxone, before the clinic closed. The concern indicated the resident would probably experience moderate to severe withdrawal symptoms because of not receiving the medications.

The residents provider order indicated the resident received 20 mg (milligrams) of Bup./Nal. [Buprenorphine/Naloxone] 8mg/2mg tablet (suboxone).

The residents medication record indicated the resident received her suboxone every day the month of the reported incident.

During an interview, the resident stated she had missed her opioid replacement medication two times because of an insurance issue. The resident stated she did not have any withdrawal symptoms from missing the medication. The resident stated she has had no other concerns with her medications.

During an interview, the therapist stated the resident has taken an opioid replacement medication for many years and needs to take one daily to prevent withdrawal symptoms. The therapist stated the resident did not make it to the clinic for her medication one day related to a ride issue. The therapist talked to the staff at the facility and explained the resident may have severe withdrawal symptoms if she missed a dose and may need to be taken to the emergency room for treatment. The therapist stated the resident was able to come to the clinic the next day to pick up her medication.

During an interview, the manager stated she recalled one time when the resident missed two days of her opioid replacement medication and it was related to an insurance issue. The manager stated she paid for the medication until insurance was worked out. The manager stated staff are scheduled to take the resident to her clinic appointments to pick up her medication, and she did not recall the resident missing any appointments.

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: No. The resident had no family and was their decision maker.

Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility: The resident was taken to the clinic the following day to receive her medications.

Action taken by the Minnesota Department of Health: No further 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: 34008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/21/2026
NAME OF PROVIDER OR SUPPLIER N&V HELPFUL HEART CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430			
(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 July 21, 2026, the Minnesota Department of Health initiated an investigation of complaint #HL340086060C / #HL340081480M. No correction orders are issued.	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE