Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL343076283M
Compliance #: HL343079464C

Date Concluded: November 4, 2024

Name, Address, and County of Licensee Investigated:
Olydia Home Care Inc.
7243 Morgan Ave. North
Brooklyn Center, MN 55430
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Brooke Anderson, 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 alleged perpetrator (AP), a facility staff member, abused the resident when the AP yelled at the resident and called the resident a liar.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined emotional abuse was not substantiated. There was no evidence available to support that the incident occurred.

The investigator conducted interviews with facility staff members. The investigation included review of the resident record, hospital records, personnel files, staff schedules, related facility policy and procedures. Also, the investigator observed interactions between staff and residents.

The resident resided in an assisted living facility. The resident had a diagnosis of tetraplegia (a form of paralysis that affects both arms and both legs). The resident's service plan indicated the need for two staff to assist with mobility, dressing, grooming, and toileting. The resident's

assessment indicated the resident was cognitively intact and was not susceptible to abuse by others.

Review of facility records and the resident's medical record included no documentation of an altercation between the resident and the AP.

During an interview, the AP denied yelling at the resident but recalled an incident where the resident was upset and began yelling at the AP and the AP walked out of the room to deescalate the situation.

During an interview, the resident stated no incident or verbal altercation occurred and that the AP had never yelled at him.

In conclusion, the Minnesota Department of Health determined abuse 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.

Abuse: Minnesota Statutes section 626.5572, subdivision 2.
"Abuse" means: …
(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
(1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening.

Vulnerable Adult interviewed: Yes.
Family/Responsible Party interviewed: No, per resident request.
Alleged Perpetrator interviewed: Yes.

Action taken by facility:
No action required.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34307	A. BUILDING: _____ B. WING _____	C 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLYDIA HOME CARE INC	7243 MORGAN 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 October 7, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL343078545C/#HL343075942M and HL343079464C/HL343076283M. No correction orders are issued.	0 000		