

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL357173782M
Compliance #: HL357177347C

Date Concluded: November 6, 2025

Name, Address, and County of Licensee

Investigated:

Butterfly Bound Care
3501 62nd Ave North
Brooklyn Center, MN 55429
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 alleged perpetrator (AP) financially exploited the resident by allegedly “skimming” social security payments and making the resident pay cash rent while also collecting reimbursement from other sources.

Investigative Findings and Conclusion: The Minnesota Department of Health determined financial exploitation was not substantiated. The AP was not receiving cash from the resident. The resident had a rep-payee handling his social security payments.

The investigator conducted interviews with administrative staff. The investigator contacted the resident's rep-payee. The investigation included review of the resident record.

The resident resided in an assisted living facility. The resident's diagnoses included high blood pressure and ischemic cardiomyopathy (weakened heart muscles). The resident's service plan included assistance with medication and behavior management, bathing, dressing, and grooming. The resident's assessment indicated the resident had disorientation which varied and

extreme agitation around the first and fifteenth of the month when his check was expected to arrive in the mail.

A concern arose the resident was not receiving his full amount of remaining social security money after his rent was being paid. The concern also included the resident was having to use some of his cash to pay for rent.

During an interview, a manager stated the resident had a rep-payee who sent a rent check to the facility office and a separate check directly to the resident. The manager stated the resident received two checks a month in the mail, one around the first of the month and the other around the fifteenth of the month. The manager stated when the resident received the checks, he cashes them and takes care of his own money.

During an interview, the resident's rep-payee stated she sent the facility a check for rent each month and the resident two checks a month. The rep-payee stated the resident cashes the checks himself and handles the cash himself. The rep-payee stated she has no concerns of staff taking his money.

In conclusion, the Minnesota Department of Health determined financial exploitation 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.

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"Financial exploitation" means:

(b) In the absence of legal authority a person:

- (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

Vulnerable Adult interviewed: Yes.

Family/Responsible Party interviewed: No family to contact.

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35717	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2025
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NAME OF PROVIDER OR SUPPLIER BUTTERFLY BOUND CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3501 62ND AVENUE NORTH BROOKLYN CENTER, MN 55429
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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>Initial Comments</p> <p>On October 21, 2025, the Minnesota Department of Health initiated an investigation of complaint #HL357177347C / #HL357173782M. No correction orders are issued.</p>	0 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____