

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL367346646M
Compliance #: HL367341021C

Date Concluded: January 22, 2025

Name, Address, and County of Licensee

Investigated:

Stonebay Senior Living
2635 Kelley Parkway
Orono MN 55356
Hennepin County

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

Evaluator's Name: Maggie Regnier
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 it failed to recognize a stroke in a resident.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was not substantiated. The resident did suffer a stroke; however, it was unclear when the stroke actually occurred. When the resident developed clear symptoms indicative of a stroke, the facility assessed and sought care appropriately.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted case workers and family members. The investigation included review of the resident record, schedules, related facility policy and procedures. Also, the investigator observed staff interactions with other staff, residents and visitors.

The resident resided in an assisted living memory care unit. The resident's diagnoses included Parkinson's disease, schizophrenia, and high blood pressure. The resident's service plan included assistance with dressing, showering, incontinence cares, safety checks and medication management. The resident's assessment indicated he was unsteady with walking at times related to his Parkinson's.

One day, the resident went to play bingo in the common area with other residents. A manager noted he seemed a little off, not quite himself. The resident complained of not being able to see the bingo card well and stated he did not feel well. The manager escorted the resident back to his room and reported the concern to the nurse. The nurse asked the unlicensed personal to take a set of vitals, which were reported as normal. The nurse then did a covid test on the resident, which was negative and offered the resident pop and crackers.

The next day, unlicensed personal reported to the nurse that the resident had slurred speech and did not feel well. The nurse called the family member who wanted to talk to the resident before any decision was made about the resident. Sometime later that day, the family talked with the resident and made the determination the resident should be sent to the hospital. The nurse called for non-emergent transfer of the resident to the hospital.

During an interview, the nurse stated she tested the resident for Covid because there were other cases of Covid in the building. After the resident's family had contacted the resident, the resident was sent to the hospital.

During an interview, the family member stated when they received the call from the nurse about the resident, she wanted to talk to the resident before making a decision about sending the resident to confirm what she was being told. The family member also stated she was unable to call the resident back immediately, however once she did, she decided to request transfer to the hospital.

In conclusion, the Minnesota Department of Health determined neglect 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: No

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: Yes

Action taken by facility:

The facility unlicensed staff updated the nurse appropriately. Initially, the facility's assessment included a test for Covid. The facility assessed the resident, contacted family, and arranged for transportation to the hospital.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36734	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STONEBAY SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2635 KELLY PARKWAY ORONO, MN 55356
---	--

(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>*****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>#HL367341021C/#HL367346646M</p> <p>On December 31, 2024 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 48 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction orders are issued for #HL367341021C/#HL367346646M, tag identification 730, and 2310.</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>	
0 730 SS=D	<p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the</p>	0 730		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36734	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STONEBAY SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2635 KELLY PARKWAY ORONO, MN 55356
---	--

(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
0 730	<p>Continued From page 1</p> <p>following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p>	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36734	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STONEBAY SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2635 KELLY PARKWAY ORONO, MN 55356
---	--

(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
0 730	<p>Continued From page 2</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included assessment documentation when a resident(R1) displayed a change of condition.</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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee in June of 2022, and was discharged to the hospital on Ocotober 16, 2024.</p> <p>On January 3, 2025, at 10:46 a.m., licensed practical nurse (LPN)-B stated she was made aware of the resident not feeling well and having vision issues on October 15, 2024. LPN-B stated an assessment was done including vital signs but did not document these or her encounter with the resident.</p> <p>R1's Resident Notes-included Service Notes, dated October 15, 2024 is lacking any</p>	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36734	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STONEBAY SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2635 KELLY PARKWAY ORONO, MN 55356
---	--

(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
0 730	Continued From page 3 documentation of any assessment of resident.	0 730		
02310 SS=D	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure appropriate care and services were provided based on the resident's needs in accordance with an up-to-date service plan and accepted health care standards for one of one resident (R1).</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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1's medical record indicated R1 admitted to the licensee on June, 2022.</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36734	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STONEBAY SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2635 KELLY PARKWAY ORONO, MN 55356
---	--

(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
02310	<p>Continued From page 4</p> <p>R1's care plan updated August 13, 2024, indicated R1 was do no resucitate, DNR.</p> <p>R1's Provider Orders for Life Sustaining Treatment (POLST) indicated the resident should be transported to the hospital as indicated.</p> <p>The American Red Cross stroke guidance dated 2024, states that if a person is thought to be having a stroke, call 911, for immediate emergency medical treatment. The American Red Cross further states that with quick action, the stroke damage can be stopped or reversed.</p> <p>On January 3, 2025, Licensed Pratical Nurse(LPN)-B, at 10.49 a.m. stated she did not call 911 but rather the non-emergent transfer when R1 displayed signs of stroke. LPN-B stated she did not call 911 because the resident was DNR.</p> <p>R1's Resident Notes-Include Service Notes, documents on October 16, 2024, the resident was sent to the hosptial via non emergent ambulance.</p> <p>No further information was provided by the facility.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02310		