

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL371431200M
Compliance #: HL371431501C

Date Concluded: April 14, 2025

Name, Address, and County of Licensee

Investigated:

Miles Vents Inc.
7124 Fremont Ave. North
Brooklyn Center, MN 55429
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 facility neglected the resident after the resident left the facility, went into the community and upon return to the facility was hospitalized due to a drug overdose.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was not substantiated. The resident was independent with decision making, had no legal guardian, and was able to leave the facility independently. Facility staff observed a change in the resident's condition upon his return to the facility, and sent the resident to the hospital for evaluation.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted law enforcement and the resident's case worker. The investigation included review of the resident record, hospital records, facility incident reports, staff schedules, a law enforcement report, and 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 history of mental health diagnoses and substance use disorder. The resident's service plan included assistance with behavior management and medication administration. The resident's assessment indicated the resident was alert, oriented, and independent.

Documentation indicated the resident left the facility in the morning. When he returned, he was observed by facility staff laughing loudly, appeared restless, was screaming and speaking incoherently. Facility staff called 911 and the resident was transported to the hospital.

Hospital records indicated the resident was found at the facility unconscious. The resident was given Narcan (a medication used to reverse or reduce the effects of opioids) and the resident's condition improved. Hospital records indicated the resident admitted to smoking fentanyl. The resident was monitored and discharged back to the facility.

During an interview, a facility staff member stated when the resident returned from outings staff completed safety checks. The day of the incident, staff noticed the resident was screaming and had a change in breathing pattern, so facility staff called 911.

During an interview, a case worker stated they were aware of the incident and were working through a guardianship process for the resident.

During an interview, a facility nurse stated that the facility had Narcan and staff were trained how to use it but during this incident 911 was called instead. Following the incident, the resident returned to his baseline condition and interventions were put in place including calling COPE (a mobile crisis response team) and family was working towards obtaining guardianship.

During an interview, a family member stated the resident refused treatment for substance abuse. Since the resident moved into the facility, the case worker, family, facility, and the resident, have had meetings often about the resident's plan of care. In addition, the resident's medical provider was updated about concerns with substance abuse. The family stated they were appreciative of the facility's care of the resident.

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: No.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility:

The facility implemented interventions involving COPE and guardianship to prevent reoccurrence.

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: 37143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/20/2025
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NAME OF PROVIDER OR SUPPLIER MILES VENTS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7124 FREMONT AVENUE NORTH BROOKLYN CENTER, MN 55430
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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 March 20, 2025, the Minnesota Department of Health initiated an investigation of complaint #HL371431501C /#HL371431200M. No correction orders are issued.</p>	0 000		

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