

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: H52012665M
Compliance #: H52014553C

Date Concluded: June 6, 2023

Name, Address, and County of Licensee

Investigated:

The Estates at Fridley LLC
5700 East River Road
Fridley, MN 55432
Anoka County

Facility Type: Nursing Home

Evaluator's Name: Danyell Eccleston, 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), facility staff, emotionally abused a resident when the AP cursed at the resident while assisting the resident.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined abuse was not substantiated. There was not enough evidence the allegation rose to the level of maltreatment because the allegation was isolated, and the resident did not suffer mentally or emotionally from the incident.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of the resident's medical records, employee records, and facility policies and procedures.

The resident resided in a skilled nursing facility. The resident's diagnoses included dementia and heart disease. The resident's care plan included actions to prevent falls, increase comfort,

decrease risk of choking, assist with mood disorder, increase communication abilities, and incontinence care. The resident's assessment indicated he had impaired mobility and cognition.

During an interview, a nurse stated she was outside the resident's room when she overheard the AP say "fuck you" to the resident. The nurse walked into the resident's room, asked the staff members to leave the room, and then asked the resident what occurred. The resident confirmed the AP cursed at him and the resident seemed angry because his voice was raised, and he was shaking. The nurse stated she continued to check on the resident during the following days and the resident did not recollect the incident and was not impacted by the incident emotionally.

During an interview, management stated the resident often used curse words when interacting with staff members and was forgetful. Management stated the AP did not have a previous history of being disrespectful to residents or cursing at residents.

During an interview, the AP stated the resident would often curse while cares were provided. While the AP and another staff member helped the resident to bed with a mechanical lift, the resident started swearing and saying, "fuck you". The AP denied cursing at the resident or ever cursing at the resident.

Review of the AP's file did not include any other incidents or complaints regarding resident care.

During an interview, the resident did not recall the incident and stated he felt safe at the facility.

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:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

(2) the use of drugs to injure or facilitate crime as defined in section 609.235;

(3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and

(4) criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451.

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

(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, VA is own decision maker.

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The facility conducted an internal investigation. The AP is no longer employed at the facility.

Action taken by the Minnesota Department of Health:

MDH previously investigated the issue during a complaint survey under federal regulations, and substantiated facility 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>.

You may also call 651-201-4200 to receive a copy via mail or email.

The purpose of this investigation was to determine any individual responsibility for alleged maltreatment under Minn. Stat. 626.557, the Maltreatment of Vulnerable Adults Act.

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: 00935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/04/2023
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT FRIDLEY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD FRIDLEY, MN 55432		
(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
2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: The Minnesota Department of Health investigated an allegation of maltreatment, complaint #H52012665M, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557. No correction orders are issued.</p>	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

Minnesota Department of Health

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2 000	Continued From page 1 The facility is enrolled in the electronic Plan of Correction (ePoC) and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that you acknowledge receipt of the electronic documents.	2 000			