

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL201873744M
Compliance #: HL201876238C

Date Concluded: January 10, 2023

Name, Address, and County of Licensee

Investigated:

Brainerd Carefree living
2723 Oak Street
Brainerd MN, 56401
Crow Wing County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Carol Moroney RN,
Special Investigator

Finding: Inconclusive

Nature of Visit:

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 a resident when the facility did not provide the hospital with an accurate medication list resulting in the resident not receiving the correct medication and lost weight.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was inconclusive. There was conflicting information if the facility did or did not provide the correct medication information to the hospital.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator reviewed hospital records. The investigation included review the resident's medical record. Also, the investigator observed the resident medication pass and the resident's living space.

The resident resided in an assisted living facility. The resident's diagnoses included chronic pulmonary disease, respiratory failure with low oxygen, heart failure, and a collapsed vertebra in the chest region. The resident's service plan included assistance with shower/bath, behavior monitoring, monthly vital signs and weight, laundry, medication administration, oxygen use, safety checks, and grooming. The resident's assessment indicated the resident needed assistance with oxygen, the resident was a high risk for falls, and assistance with medications. The resident smoked and was assessed for ability to extinguish a cigarette and to smoke safely.

The resident's medical record indicated the resident received the medications ordered by the physician. The provider adjusted the resident's medications according to the resident's needs. The resident's medical records included information about care conferences with the family to discuss care. Weight records did not show a substantial weight loss.

The records from the facility and from the hospital were reviewed but did not address if the facility sent an accurate medication list when the resident was transferred to the hospital. Neither the hospital nor the facility was able to provide documentation of the medication list the facility sent with the resident to the hospital.

The resident's death certificate listed the cause of death as respiratory failure with hypoxia and severe sepsis due to spontaneous bacterial peritonitis and urinary tract infection.

During investigative interviews, multiple staff members stated because of the resident's medical condition; the resident was sent to the hospital frequently. The staff reported the resident's face sheet, and the medication list were sent with the resident to the hospital with each visit.

Hospital staff members stated the facility does not provide an accurate and current medication list when the resident is transferred to the hospital.

During an interview with the resident, the resident offered no complaints about care provided at the facility.

The family was not able to provide an interview.

In conclusion, the Minnesota Department of Health determined neglect was inconclusive.

Inconclusive: Minnesota Statutes, section 626.5572, Subdivision 11.

"Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means:

(a) 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: Yes.

Family/Responsible Party interviewed: No, the family declined an interview.

Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility:

The facility monitored the resident's weight and provided services as required by the service plan.

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: 20187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/19/2022
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NAME OF PROVIDER OR SUPPLIER BRAINERD CAREFREE LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2723 OAK STREET BRAINERD, MN 56401
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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 December 19, 2022, the Minnesota Department of Health initiated an investigation of complaint #HL201876238C/#HL201873744M. No correction orders are issued.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. 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 surveyors' 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 subd. 1, 2, and 3.</p>	

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