



*Protecting, Maintaining and Improving the Health of All Minnesotans*

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL202805743M

**Date Concluded:** February 22, 2024

**Compliance #:** HL202809846C

**Name, Address, and County of Licensee**

**Investigated:**

The Heritage at Lyngblomsten  
1440 Midway pkwy  
Saint Paul, MN, 55108  
Ramsey County

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Yolanda Dawson, 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 a resident when they did not provide adequate medication services or hearing-impaired services to establish the resident needs. As a result, the resident was hospitalized for a psychiatric evaluation.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined neglect was not substantiated. Facility staff updated the resident's provider as the resident's behaviors worsened. Despite medication changes, the resident's behaviors escalated, and staff arranged for the resident to be evaluated at a hospital. The facility used hearing-impaired services for the resident activities and nursing assessments, and staff communicated with the resident with sign language, notes, and gestures.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of resident records, facility policies and procedures. Also, the investigator observed staff medication administration.

The resident resided in an assisted living facility. The resident's diagnoses included anxiety and Alzheimer's disease. The resident was deaf but made her needs known to staff through sign language, words, notes, and gestures. The resident's service plan included assistance with medication management and safety checks. The resident's vulnerable adult assessment indicated the resident was alert and oriented and cooperative with plan of care.

Resident records indicated staff administered the resident's medications twice a day with instructions to watch the resident take medications. The resident had episodes of yelling out and agitation where she refused to take medications. Staff attempted to reapproach the resident later when she calmed to give the medications. The record indicated staff updated the resident's provider when the resident had increased episodes of yelling out however, despite medication changes by the provider, the resident behavior escalated and required an evaluation at a hospital. Following discharge from the hospital, the resident required a move to a different facility that provided memory care.

During interviews, multiple staff members stated they were able to communicate with the resident by utilizing gestures and writing.

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, cognitive decline.

**Family/Responsible Party interviewed:** Yes.

**Alleged Perpetrator interviewed:** Not applicable.

**Action taken by facility:**

The resident was sent to hospital for psychiatric evaluation and was not allowed to return unless she agreed to move to the dementia care building.

**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:  20280	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/30/2023
NAME OF PROVIDER OR SUPPLIER  THE HERITAGE AT LYNGBLOMSTEN		STREET ADDRESS, CITY, STATE, ZIP CODE  1440 MIDWAY PARKWAY SAINT PAUL, MN 55108		
(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	Initial Comments  On October 30, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL202809846C/#HL202805743M. No correction orders are issued.	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>	

Minnesota Department of Health

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

TITLE

(X6) DATE