Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL205513107M
Compliance #: HL205515160C

Date Concluded: June 30, 2023

Name, Address, and County of Licensee Investigated:
Woodbury Estates
2825 Woodlane Drive
Woodbury MN
Washington County

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

Evaluator's Name: Maggie Regnier, 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 when the resident developed a stage 3 pressure ulcer (full skin loss over a wound caused pressure).

Investigative Findings and Conclusion:
The Minnesota Department of Health determined neglect was not substantiated. While the resident did develop a stage 3 pressure ulcer overnight, the facility had documented the skin condition and had notified the provider both the day before and the day of the finding.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of facility policies, incident reports, medication administration records, physician orders, medical records and resident records. Also, the investigator observed staff and resident interactions.

The resident resided in an assisted living facility with dementia care. The resident's diagnoses included dementia, heart disease, peripheral vascular disease (compromised blood circulation) and a history of multiple pressure ulcers. The resident's service plan included assistance with all activities of daily living including toileting, transfers, bed mobility, and eating. The resident's assessment indicated the resident was unable to assist with these basic cares and had multiple pressure areas.

The resident's assessment indicated the nurse performed a total skin assessment and observed a deeply reddened area on the coccyx. The nurse notified the provider and orders were received for care of this area. The same document indicated the provider recommended a hospice consult due to the resident's recent overall decline. The next day, the nurse checked the pressure area and found it had progressed went to check on the pressure area and noted a stage 3 pressure ulcer had developed. The nurse notified the provider and new orders were received. A few days later the resident enrolled in hospice and passed away about a week later.

During an interview, the nurse the resident had a history of pressure ulcers and had been in a state of decline. The resident had been on total cares and was not able to reposition himself due to a decline in strength, which placed him a risk for skin breakdown.

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.

Vulnerable Adult interviewed: No, deceased
Family/Responsible Party interviewed: No

Action taken by facility:
The facility leadership has taking steps to educate staff on the importance of reporting any skin issues immediately.

cc:
The Office of Ombudsman for Long Term Care
The Office of Ombudsman for Mental Health and Developmental Disabilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20551	A. BUILDING: _____ B. WING _____	C 05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBURY ESTATES	2825 WOODLANE DRIVE WOODBURY, MN 55125

(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 May 17, 2023, the Minnesota Department of Health initiated an investigation of complaint # HL205513107M/#HL205515160C and HL205512907M/# HL205514905C . No correction orders are issued.	0 000		