DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL205832962M
Compliance #: HL205834918C

Date Concluded: September 11, 2023

Name, Address, and County of Licensee Investigated:
Bridges of Zumbrota
295 West 4th Street
Zumbrota, MN 55992
Goodhue 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 when the resident fell and was not found until hours later. In addition, the facility did not administer medications as prescribed.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined neglect was not substantiated. Although the resident sustained a fall that resulted in injuries and hospitalization, the resident's service plan was followed at the time of the incident. The resident received treatment and returned to baseline health condition. In addition, medications were administered as ordered by the resident's medical provider.

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 record, hospital records, personnel files, and facility policies and procedures. Also, the investigator toured the facility and observed interactions between staff and residents.

The resident resided in an assisted living facility. The resident's diagnoses included congestive heart failure, atrial fibrillation, and hypertension. The resident's service plan included assistance with medication management, bathing, laundry, housekeeping, and a morning safety check. The resident's assessment indicated the resident received hospice services, was able to problem solve, and was independent with transfers with occasional use of a four wheeled walker due to unsteadiness.

The resident's hospice record indicated the resident was found by facility staff on the floor with a laceration on her head. Dried blood was observed on the floor and the resident stated she couldn't find her call pendant because it had broken off the string at the time of the fall. The hospice record indicated when staff heard the resident yelling, they went to her apartment and found her on the floor. Family requested the resident be evaluated in the emergency room.

The hospital record indicated the resident fell and struck her head on a table. The hospital record indicated the resident had a tongue hematoma (pocket of blood due to injury to the blood vessels), head injury, and scalp hematoma. The resident was intubated for airway protection due to the tongue hematoma, extubated the next day, and returned to the facility.

During an interview, the facility nurse stated the resident was independent. The nurse recalled the resident had an unwitnessed fall and hospice staff arrived right after the fall occurred. Hospice staff assessed the resident and managed the resident's care after the fall. The resident went to the hospital and later returned to the facility. The facility nurse stated after the resident returned from the hospital, there was an incident with the resident's medication list, but after an investigation, it was concluded no medication error had occurred.

During an interview, a family member stated hospice staff were outside the resident's apartment as facility staff exited the room to report the fall to the hospice staff. The family member stated hospice staff indicated dried blood was visible on the floor when they arrived; the resident's call pendant was underneath her and she was unable to push it after she fell. The family member stated she instructed hospice staff to call 911 and the resident was sent to the hospital. The family member stated a few weeks later, the resident was concerned her medications were administered wrong. The family member stated this was also reported to hospice who investigated the concern. The family member stated the resident discharged from the facility and passed away two months later at a different facility.

Review of hospice records indicated a medication review was completed with the facility nurse and it was determined the resident's medications were being administered correctly.

The hospice nurses declined to be interviewed.

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, resident deceased.
Family/Responsible Party interviewed: Yes.
Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility:
Facility staff assisted the resident after the fall. The resident was treated at the hospital and returned to baseline.

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	20583		C 08/22/2023

NAME OF PROVIDER OR SUPPLIER

BRIDGES OF ZUMBROTA

STREET ADDRESS, CITY, STATE, ZIP CODE

295 WEST 4TH STREET
ZUMBROTA, MN 55992

(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 August 22, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL205834918C/#HL205832962M. No correction orders are issued.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL	

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20583	A. BUILDING: _____ B. WING _____	C 08/22/2023

NAME OF PROVIDER OR SUPPLIER

BRIDGES OF ZUMBROTA

STREET ADDRESS, CITY, STATE, ZIP CODE

295 WEST 4TH STREET
ZUMBROTA, MN 55992

(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	Continued From page 1	0 000	ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	