



Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report  
PUBLIC

**Facility:**

Lino Lakes Assisted Living LLC  
725 Town Center Parkway  
Lino Lakes, MN 55014  
Anoka County

Report #: HL27529004

Date: May 12, 2015

Date of Visit: September 19, 2014  
Time of Visit: 10:15 a.m. – 5:30 p.m.

By: Karen Johnson, R.N., Special Investigator  
Sarah Grebenc, MSW, Supervisor

- Type of Facility:**
- Nursing Home
  - SLF
  - Hospital
  - HHA
  - ICF/IID
  - Other: \_\_\_\_\_
  - Home Care Provider/Assisted Living
  - Home Care

- Facility Self Report
- Complaint

**Allegation(s):** It is alleged that a client was neglected when a staff, alleged perpetrator (AP) failed to follow the client's care plan when transferring the client, resulting in a fall and broken ribs.

**An unannounced visit was made at this facility and an investigation was conducted under:**

- Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
- Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
- Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
- Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
- Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
- Federal Regulations for EMTALA (42 CFR Part 489)
- State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
- State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
- State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
- State Licensing Rules for Home Care (MN Rules Chapter 4668)

- State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)
- State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)
- State Statutes Chapters 144 and 144A

**Conclusion:**

Minnesota Vulnerable Adults Act (MN 626.557)

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

Abuse       Neglect       Financial Exploitation was:

Substantiated     Not Substantiated     Inconclusive      based on the following information:

Based on a preponderance of evidence, neglect is substantiated. The alleged perpetrator failed to follow the care plan which directed the client to be transferred with 2 persons via an EZ Stand mechanical lift. As a result, the client had a fall and sustained injuries.

The client's diagnoses included dementia and the client resided in a memory care unit. The care plan indicated the client required an assist of 2 staff using an EZ Stand mechanical lift for all transfers.

During an interview the AP confirmed that at the time of the fall, s/he was aware that the client's care plan directed all transfers required 2 persons and the EZ stand mechanical lift must be used. The AP had followed the care plan during previous transfers of this client, but did not this time. S/he did not know why this time was different. S/he acknowledged there were staff available to assist, the walkie talkie used for staff communication was working and s/he had been trained to safely use the EZ Stand mechanical lift.

The EZ Stand mechanical lift maintenance records were in place and confirmed it had been properly maintained and was in good working order.

The facility completed an internal investigation and the AP was released from duty.

The client was hospitalized for 2 days with diagnosis that included fracture to the 4<sup>th</sup> and 5<sup>th</sup> ribs. The client returned to the facility with treatment that included pain medication management.

**Mitigating Factors:**

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the  individual(s) and/or  facility is responsible for the

Abuse     Neglect     Financial Exploitation. This determination was based on the following:

The AP had completed training to use the EZ Stand mechanical lift. The AP was aware of the client's needs per the care plan. There was adequate staff available the day of the transfer and fall.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

**Compliance:****State Licensing Rules for Home Care (MN Rules Chapter 4668) – Compliance Met**

The facility was found to be in compliance with State Licensing Rules for Home Care (MN Rules Chapter 4668). No state licensing orders were issued.

**State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met**

The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557). No state licensing orders were issued.

**State Statutes Chapters 144 & 144A – Compliance Met**

The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

**Facility Corrective Action:**

The facility took the following corrective action(s):

Prior to the onsite visit the facility reviewed the policy and procedure for transferring with all home health aide staff. Licensed staff demonstrated proper transfers with all home health aide staff. Licensed staff observed proper transferring technics by all home health staff. During the onsite investigation this was confirmed through observation and interviews, there for no state licensing orders were issued.

**Definitions:****Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated**

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

**Minnesota Statutes, section 626.5572, subdivision 17 - Neglect**

"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.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

**The Investigation included the following:**

**Document Review: The following records were reviewed during the investigation:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Medical Records                              | <input checked="" type="checkbox"/> Care Guide                   |
| <input checked="" type="checkbox"/> Medication Administration Records            | <input checked="" type="checkbox"/> Treatment Sheets             |
| <input checked="" type="checkbox"/> Facility Incident Reports                    | <input checked="" type="checkbox"/> Physician Progress Notes     |
| <input checked="" type="checkbox"/> ADL (Activities of Daily Living) Flow Sheets | <input checked="" type="checkbox"/> Laboratory and X-ray Reports |
| <input checked="" type="checkbox"/> Physician Orders                             | <input type="checkbox"/> Social Service Notes                    |
| <input checked="" type="checkbox"/> Nurses Notes                                 | <input checked="" type="checkbox"/> Meal Intake Records          |
| <input type="checkbox"/> Activities Reports                                      | <input type="checkbox"/> Weight Records                          |
| <input type="checkbox"/> Therapy and/or Ancillary Services Records               | <input checked="" type="checkbox"/> Assessments                  |
| <input type="checkbox"/> Skin Assessments  | <input checked="" type="checkbox"/> Care Plan Records            |

**Other pertinent medical records:**

- Hospital Records     Ambulance/Paramedics     Medical Examiner Records     Death Certificate
- Police Report

**Additional facility records:**

Resident/Family Council Minutes

Personnel Records/Background Check, etc.

Staff Time Sheets, Schedules, etc.

Facility In-service Records

Facility Internal Investigation Reports

Facility Policies and Procedures

Call Light Audits

Other, specify: \_\_\_\_\_

Number of additional resident(s) reviewed: 0

Were residents selected based on the allegation(s)?  Yes  No  N/A Specify: \_\_\_\_\_

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

Yes  No  N/A Specify: \_\_\_\_\_

**Interviews: The following interviews were conducted during the investigation:**

Interview with complainant(s):  Yes  No  N/A Specify: Facility Self Report

If unable to contact complainant, attempts were made on:

Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_

Interview with family:  Yes  No  N/A Specify: \_\_\_\_\_

Did you interview the resident(s) identified in allegation:  Yes  No  N/A Specify: Clinically unable to interview secondary to dementia

Did you interview additional residents:  Yes  No

Total number of resident interviews: 0

Interview with staff:  Yes  No  N/A Specify: \_\_\_\_\_

Tennessee Warning given as required:  Yes  No

Total number of staff interviews: 8

Physician interviewed:  Yes  No

Nurse Practitioner interviewed:  Yes  No

Interview with Alleged Perpetrator(s):  Yes  No  N/A Specify: \_\_\_\_\_

Attempts to contact: Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_ Date/time: \_\_\_\_\_

If unable to contact was subpoena issued:  Yes , date subpoena was issued \_\_\_\_\_  No

Were contacts made with any of the following:

Emergency personnel  Police Officers  Medical Examiner  Other: Specify \_\_\_\_\_

**Observations were conducted related to:**

- Wound Care
- Personal Care
- Nursing Services
- Infection Control
- Use of Equipment
- Call Light
- Medication Pass
- Dignity/Privacy Issues
- Safety Issues
- Cleanliness
- Transfers
- Other: \_\_\_\_\_
- Meals
- Restorative Care
- Facility Tour
- Injury
- Incontinence

Was any involved equipment inspected:  Yes  No  N/A

Was equipment being operated in safe manner:  Yes  No  N/A

Were photographs taken:  Yes  No Specify: EZ Stand Mechanical Lift

xc: Health Regulation Division – Home Care Assisted Living Program  
Lino Lakes Police  
Lino Lake City Attorney  
Anoka County Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H27529</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/09/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINO LAKES ASSISTED LIVING LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 TOWN CENTER PARKWAY LINO LAKES, MN 55014</b>
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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	Initial comments  A complaint investigation was conducted to investigate case #HL27529004. No correction orders are issued.	0 000		

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