



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

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL297193000M

**Date Concluded:** August 8, 2024

**Compliance #:** HL297192903C

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

**Investigated:**

The Legacy of St Anthony  
2540 Kenzie Terrance  
St Anthony, MN 55418  
Hennepin County

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

**Evaluator's Name:** James Larson, 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 they failed to administer scheduled medications as ordered.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined neglect was not substantiated. The facility administered medication as directed and followed the medical orders received at the time of the resident's admission.

The investigator conducted interviews with facility staff members, including administrative staff and nursing staff. The investigation included review of the resident record, death record, hospital records, pharmacy records, facility internal investigation documentation, personnel files, staff schedules, and facility policies and procedures. The investigator interviewed facility staff and pharmacy staff. The investigator also toured the facility, observed staff members interaction with residents and medication administration.

The resident resided in an assisted living facility. The resident's diagnoses included diabetes, kidney disease, and congestive heart failure. The resident's service plan included assistance with activities of daily living, housekeeping, medication administration, blood glucose checks, meal reminders, and safety checks. The resident's assessment indicated the resident required assistance with daily management of diabetic medications and blood sugar monitoring. The resident was not ordered to follow a specific diabetic diet, which increased risk for dehydration and high blood sugar.

The resident admitted to the facility from another assisted living facility. Days after admission, facility staff observed a change in the resident's condition, which included an altered mental status and a rapid rate of breathing. The resident reported to staff that she wasn't feeling well and was transported to a local hospital for further treatment. The resident was diagnosed with hyperglycemia (an emergent medical condition of high blood sugar level) and admitted to the hospital for further treatment and evaluation. The resident returned to the facility the next day with a recommendation for Hospice care and passed away at the facility days later.

During an interview, a nurse recalled the resident's medical history and feedback from the previous assisted living prior to her admission of preexisting medical conditions including diabetes. The nurse stated that the resident approached her one morning and told her she wasn't feeling well. After assessing the resident, the nurse called for emergency medical services. After the resident returned to the facility, facility nursing staff worked with Hospice and the family to coordinate and provide the resident's care.

During an interview, multiple family members stated they had concerns with medication administration throughout the resident's stay at the facility.

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. Deceased

**Family/Responsible Party interviewed:** Yes

**Alleged Perpetrator interviewed:** Not Applicable.

**Action taken by facility:**

The facility identified a change in the resident's condition and sent the resident for further evaluation. The facility maintained communication and engaged with the family, and coordinated additional training and care instructions with the Hospice agency.

**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:  29719	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/12/2024
NAME OF PROVIDER OR SUPPLIER  THE LEGACY OF ST ANTHONY		STREET ADDRESS, CITY, STATE, ZIP CODE  2540 KENZIE TERRACE SAINT ANTHONY, MN 55418		
(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 June 12, 2024, the Minnesota Department of Health initiated an investigation of complaint #H297192903C/#HL297193000M. No correction orders are issued.	0 000		

Minnesota Department of Health

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

TITLE

(X6) DATE