



Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL306962040M

Date Concluded: August 25, 2024

Compliance #: HL306969849C

Name, Address, and County of Licensee

Investigated:

9056 Buchanan Trail
Inver Grove Heights MN 55077
Dakota County

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

Evaluator's Name: Maggie Regnier
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 the resident developed a pressure sore which led to the resident's hospitalization.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was not substantiated. The facility identified the pressure sore and took appropriate action by contacting the resident's medical provider to seek further instructions. However, the resident was discharging to another facility, which occurred the following day and the facility was no longer involved with the resident's cares.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted the outside facility and the resident's guardian. The investigation included review of medical records and facility records. Also, the investigator observed staff interactions with other staff, residents, and visitors.

The resident resided in an assisted living memory care unit. The resident's diagnoses included a major neurocognitive disorder and multiple cancers. The resident's service plan included assistance with meals, bathing and grooming, medications, housekeeping and stand by assistance with transfers. The resident's risk for skin breakdown included incontinence of bowel and bladder. The resident's assessment indicated the resident was independent and able to move and turn himself in bed but needed cueing while transferring and walking for safety.

The resident's progress notes indicated the facility nurse was made aware of the pressure ulcer after an unlicensed caregiver identified it while assisting the resident with a shower. The nurse cleansed the area, applied barrier cream and dressing to the site then notified the resident's medical provider for further direction.

The progress notes also indicated the resident had a planned discharge to another facility the next day. The facility nurse called the receiving facility to give a report about the resident.

Progress notes from the receiving facility indicated the residents' problems/needs list included mental health behaviors and dementia. However, a review of those progress notes identified no mention of a pressure sore.

Four days later, progress notes from the receiving facility indicated the resident was sent to the hospital for an infection in his pressure sore.

During an interview, a facility nurse stated she assessed the residents pressure sore when she was made aware of it. The nurse stated she cleansed the area and applied barrier cream and dressing. She then called the resident's medical provider for further directions. The nurse stated the resident was discharged to another facility the next day. The nurse stated the resident was incontinent of bowel and bladder which meant keeping the area clean as an infection could develop.

During an interview, the resident's guardian stated the resident had mentioned to her the pressure sore on his bottom when she was brought him to the new 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, not mentally competent

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: Not Applicable

Action taken by facility:

The facility took care of the wound when it was identified and called the residents provider for follow up.

Action taken by the Minnesota Department of Health:

No further action 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: 30696 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/18/2024 |
|--|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER INVER GROVE HEIGHTS WHITE PINE | | STREET ADDRESS, CITY, STATE, ZIP CODE 9056 BUCHANAN TRAIL INVER GROVE HEIGHTS, MN 55077 | | |
| (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 18, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL306964061C/#HL306963622M and #HL306969849C/#HL306962040M. No correction orders are issued. | 0 000 | | |

Minnesota Department of Health

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

TITLE

(X6) DATE