

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL307456790M  
**Compliance #:** HL307452843C

**Date Concluded:** October 9, 2023

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

**Investigated:**

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

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

**Evaluator's Name:** Christine Bluhm, 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 facility did not ensure the resident's lab work was collected or ensure medications were given per the provider's orders.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined neglect was not substantiated. The facility corrected the medication incident and, although it is unclear if the urine sample was sent for processing, the resident did not need require treatment as a result of the error.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted the medical provider for information regarding the medication ordering process. The investigation included review of facility policies and multiple resident records. Also, the investigator observed multiple medication passes and interactions of staff with residents.

The resident resided in an assisted living facility. The resident's diagnoses included bipolar disorder, heart failure, and lung disease. The resident's service plan included assistance with showers, meals, housekeeping, and medication management. The resident's assessment indicated she was able to ask for assistance and make her needs known.

The resident's medical provider orders indicated an order was placed for a urine collection which had not been completed so another order was placed. Another order indicated Olanzapine (a medication used to treat bipolar disorder) was discontinued by the resident's psychiatric provider and six days later, the primary provider noted that it was still active on the resident's medication list and still needed to be discontinued.

The resident's medication administration record (MAR) indicated the Olanzapine was discontinued after the second request for discontinuation was ordered.

A review of the resident's facility record did not identify documentation regarding the urine collection or whether the resident had any further urinary symptoms.

During interview, the resident stated she remembered the incident and stated staff had collected a urine sample but no other details. The resident stated she did not know her medications and was not aware of any issues with her medication supplies. The resident stated that she was not getting showered like she was supposed to according to her care plan and this was a concern for her.

During an interview, a staff member stated she was not fully trained on the medication process and acknowledged that medication order issues had occurred around that time.

The nurse who was responsible for ensuring medication orders were processed at that time for the resident did not return the request for interview and no longer worked 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:** Yes.

**Family/Responsible Party interviewed:** No.

**Alleged Perpetrator interviewed:** Not Applicable.

**Action taken by facility:**

No action taken.

**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

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|---|--|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>30745</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____  |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>06/22/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LINO LAKES ASSISTED LIVING</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>725 TOWN CENTER PARKWAY</b><br><b>LINO LAKES, MN 55014</b>                   |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE   |
| 0 000   | <b>Initial Comments</b><br><br>On June 21, and June 22, 2023, the Minnesota<br>Department of Health initiated an investigation of<br>complaints #HL307456790M/ HL307452843C,<br>HL307456791M/HL307452844C,<br>HL307456223M/HL307451712C.<br>No correction orders are issued. | 0 000   |  |  |  |

Minnesota Department of Health

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

TITLE

(X6) DATE