

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL312147304M
Compliance #: HL312143758C

Date Concluded: October 31, 2023

Name, Address, and County of Licensee

Investigated:

Nagel Assisted Living
232 Elm Street South
Waconia, MN, 55387
Carver County

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

Evaluator's Name: Danyell Eccleston, 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 a resident when the facility failed to report resident health concerns to the resident's provider. Staff found the resident deceased in her room.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was not substantiated. The facility made the resident's medical provider aware of the resident's health concerns and offered to have emergency services take the resident to the hospital when she reported not feeling well. The resident declined going to the hospital or seeking further treatment around the time of her death. The staff provided care according to the residents individual needs and as the resident would allow.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted the resident's case worker and

medical provider. The investigation included review of medical records, staffing records, facility policies and procedures. Also, the investigator observed staff interacting with residents.

The resident resided in an assisted living facility. The resident's diagnoses included bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration), post-traumatic stress disorder, kidney disease, and lung disease. The resident's service plan included assistance with making appointments, medication management, weight monitoring, and behavioral management. The resident's assessment indicated the resident had swelling to her legs and a sleep disorder that she declined follow-up care to address. Notes in the resident's medical record indicated despite facility staff arranging medical appointments, appointment transportation, and giving appointment reminders to the resident, the resident would often cancel or decline appointments.

During interviews, multiple staff members stated they encouraged the resident to seek medical attention or accept emergency services when she reported not feeling well the days prior to her death. The staff members stated the resident was her own decision maker and declined further medical intervention and going to the hospital.

During interview, the resident's medical provider stated the facility kept her aware of medical and behavioral concerns regarding the resident. The medical provider stated on average she saw the resident one or two times per month and it was common for the resident to not adhere to medical advice or decline services from specialty providers for health issues. The medical provider also stated the resident would often miss appointments with her or other medical professionals.

During interview, an unlicensed staff member stated she cared for the resident the evening before the resident died. The staff member administered medication prescribed to the resident to assist with breathing issues and checked her vital signs because the resident reported issues with her chest and difficulty breathing. The staff member stated the resident's vital signs were not unusual and the resident declined recommendations to go to the hospital.

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: No, family not involved with resident care.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2023
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NAME OF PROVIDER OR SUPPLIER NAGEL ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 232 ELM STREET SOUTH WACONIA, MN 55387
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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	<p>Initial Comments</p> <p>On October 13, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL312143758C/#HL312147304M. No correction orders are issued.</p>	0 000		

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