

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL32457001M
Compliance #: HL32457002C

Date Concluded: January 13, 2023

Name, Address, and County of Licensee

Investigated:

Edgemont Place Alzheimer's Special Care
1174 Ulysses Lane NE
Blaine, MN 55434
Anoka County

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

Evaluator's Name: Julie Serbus, RN
Special Investigator

Finding: Not Substantiated

Nature of the 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 alleged perpetrator (AP) neglected a resident when the AP, an unlicensed caregiver, transferred the resident with one person instead of two people causing the resident to fall and sustain a laceration to the face.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined neglect was not substantiated. While the resident did fall and sustain a face laceration, the investigation found the AP was not present when this occurred.

The investigator conducted interviews with a family member, a social worker, and the AP. The investigation included review of the resident's medical records, facility progress notes, and emergency room documents.

The resident resided in an assisted living memory care unit. The resident's diagnoses included dementia and Parkinson's disease. The resident's service plan indicated the resident required assistance with all transfers, bathing, dressing, toileting, hygiene, and grooming. This same document indicated the resident did not walk and used a Broda (type of chair that can tilt, recline, and elevate the legs) chair which was propelled by staff for mobility. Prior to the fall, the resident's medical record indicated he required assist of two caregivers to transfer using an stand-assist lift but his transfer status was fluctuating day-to-day.

Prior to the fall, the resident's progress notes indicated the resident had a decline in health and was sent to the emergency room related to health concerns. The resident's transfer status varied due to change in health status.

The resident's progress notes indicated the facility requested an evaluation for a Hoyer lift for transfers due to day-to-day fluctuations in his ability to transfer.

On the day of the fall, the facility's incident report indicated the resident was attempting to transfer himself when he fell. The same document indicated the AP heard the resident calling for help and went to check on him, so the AP called the nurse. The nurse identified the resident was injured and the facility sent the resident to the emergency room.

The resident's progress notes indicated he returned to the facility the same day. Within the next week, the same documents indicated the resident enrolled in hospice and an assessment recommended transfers with a Hoyer lift and the assistance of two caregivers.

During an interview, the AP indicated he was aware the resident was a Hoyer lift and with two-person assist for transfers. The AP indicated the resident was a fall risk as he would attempt to self-transfer either from his chair, the bed, or to the toilet. The AP stated he was not present when the resident fell but rather, he found the resident sitting on the bathroom floor and was the one who reported the incident to the nurse.

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:

(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

Vulnerable Adult interviewed: No (deceased)

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: Yes

Action taken by facility:

As described in the report, the facility completed a report of the incident and transferred to resident to the emergency department for evaluation.

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: 32457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/08/2022
NAME OF PROVIDER OR SUPPLIER EDGEMONT PLACE ALZHEIMER'S SPE			STREET ADDRESS, CITY, STATE, ZIP CODE 11748 ULYSSES LANE NE BLAINE, MN 55434		
(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 Initial comments On December 8, 2022, the Minnesota Department of Health initiated an investigation of complaint #HL32457002C/#HL32457001M. No correction orders are issued.	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE