

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL34811001M  
**Compliance #:** HL34811002C

**Date Concluded:** January 13, 2023

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

### **Investigated:**

At Home With Us  
2174 Stanich St  
Maplewood, MN 55109  
Ramsey County

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

**Evaluator's Name:** Yolanda Dawson, RN  
Special Investigator

## **Finding: Not Substantiated**

### **Nature of Visit:**

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's wound became infected, and the resident required hospitalization.

### **Investigative Findings and Conclusion:**

The Minnesota Department of Health determined neglect was not substantiated. Services were provided in accordance with the resident's service plan. Although the resident was not fully compliant, facility nursing staff implemented interventions to assist the resident with chronic lower extremity swelling. The resident received medical treatment for the wound infection and returned to baseline.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator also contacted the outside skilled nursing agency that provided wound care. The investigation included review of resident

records, facility policies and procedures, and external wound care records. During the onsite visit, the investigator observed staff transfer the resident and the resident's skin condition.

The resident resided in an assisted living facility. The resident's diagnoses included chronic venous insufficiency (bilateral lower leg swelling), obesity, and acute heart failure. The resident's service plan included assistance with bathing, mobility, and repositioning assistance. The resident's vulnerability assessment indicated the resident had circulatory issues and staff were to encourage her to keep her lower extremities elevated to decrease swelling. Staff were directed to report any increase in swelling to the nurse.

The resident's record included documentation that staff assisted with transfers and repositioned resident every two hours while she was in the wheelchair or in bed. Documentation also indicated staff elevated the resident's legs while in the recliner and with a wedge pillow when she was in bed. The record indicated that, at times, the resident would refuse to elevate her legs. The record indicated the resident was sent to the hospital for intolerable pain in her right leg and was diagnosed with an infection.

During an interview, the facility nurse stated the resident admitted to the facility with chronic lower extremity swelling and weeping. The nurse stated staff followed the provider's orders and elevated the resident's legs whenever possible. Staff reported that the resident would, at times, refuse to sit in the recliner to elevate her legs or would take her leg off the wedge pillow when she was in bed. The nurse stated the resident developed an ulcer on her right leg and skilled nursing agency services were initiated to monitor and provide treatment to the area. The facility nurse stated the agency nurse provided wound care and applied pressure wraps to the resident's right leg, and the facility nurse applied ace wraps to the left leg. The nurse stated staff also monitored the resident's vital signs for signs of infection and her vital signs remained within normal limits.

During an interview, the agency wound care nurse stated they provided wound care and applied compression wraps to the resident's right leg three times per week. The nurse stated the facility nurses were instructed not to remove compression wraps in-between visits and to elevate the resident's legs 15 to 30 minutes two times a day. The nurse stated the resident was compliant with cares and displayed no signs or symptoms of infection prior to hospitalization for the wound infection. The nurse stated wound care was continued following the resident's hospitalization and progress had been made in the healing process.

During an interview, the resident stated she had been elevating her legs by sitting in the recliner but was unable to do that now because she was isolated in her room for COVID, and the recliner did not fit in her bedroom. The resident stated when she was in the wheelchair, she was unable to elevate her legs. The resident said staff wanted to put her in bed to elevate her legs during the day, but she did not like to do that and would sometimes refuse. The resident stated that her leg is better and while she continues to have pain, it is now tolerable.

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:** Yes

**Alleged Perpetrator interviewed:** Yes

**Action taken by facility:**

The facility implemented skilled nursing services to provide continued monitoring, treatment, and care to the resident's wound.

**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:  <b>34811</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/26/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AT HOME WITH US LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2174 STANICH STREET MAPLEWOOD, MN 55109</b>
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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><b>Initial Comments</b></p> <p>Initial comments On October 26, 2022, the Minnesota Department of Health initiated an investigation of complaint #HL34811002C/#HL34811001M. No correction orders are issued.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND</p>	

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

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0 000	Continued From page 1	0 000	REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	