Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL353154004M
Compliance #: HL353156699C

Date Concluded: January 19, 2023

Name, Address, and County of Licensee Investigated:
Hands Care
1065 Dennis Street South
Maplewood, MN 55119
Ramsey County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Lissa Lin, 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 unknown staff failed to bathe the resident, change her soiled briefs, and provide hourly safety checks.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined neglect was not substantiated.
While the facility had gaps in documenting services and medications provided, staff followed the resident's service plan to provide cares.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator interviewed the resident. The investigation included review of the resident's record, staff schedules, policies and procedures, communication noted and incidents. Also, the investigator observed staff utilize person-centered care when they checked and changed the resident's adult brief, assisted her with oral cares, a bed bath, grooming and encouraged the resident to choose her clothes for the

day and decide what she wanted for breakfast. Staff also prepared the resident to transfer from her bed to wheelchair, but she decided to remain in bed and rest. The resident was well groomed and appropriately dressed. Her bed linens were clean, and her room was clean and free of clutter.

The resident resided in an assisted living facility. The resident's diagnoses included a stroke with left side paralysis and diabetes. The resident required a wheelchair for mobility, and mechanical lift transfers to and from her bed and wheelchair. Her service plan was amended to reflect a staff assist of one person instead of two for the mechanical lift. The resident's service plan included assistance with bathing, oral hygiene, grooming and medication administration. The resident's assessment indicated she was alert, oriented and able to summon staff assistance and make her needs known.

An allegation was reported the resident did not receive regular showers, toileting, or safety checks by unknown staff on unknown dates.

During an interview, the resident said she had showers two times a week plus bed baths and was well cared for by staff. She had no concerns about her cares.

During an interview, unlicensed personnel said she does the resident's showers because she works day shifts. The resident does not decline her showers.

During an interview, the nurse said there were some service documentation gaps by staff, and she had met with them to review documentation expectations. The nurse said they switched over to new forms about 2 weeks earlier and they were still getting used to using them. She is working with a consultant to organize documentation and plans to switch to an electronic charting system.

In conclusion, 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: Not Applicable, resident is her own decision maker.
Alleged Perpetrator interviewed: Not Applicable.

Action taken by facility:
The nurse/owner met with staff to review documentation expectations

Action taken by the Minnesota Department of Health:
The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email

cc:
The Office of Ombudsman for Long Term Care
The Office of Ombudsman for Mental Health and Developmental Disabilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35315	A. BUILDING: _____ B. WING _____	C 12/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANDS CARE LLP	1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119

(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 ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL353156699C/#HL353154004M On December 19, 2022 the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 2 residents receiving services under the provider's Assisted Living license. The following two-day correction order is issued. Further correction orders may be issued at a later date when the investigation is completed.	0 000	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 License Providers. 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 surveyors' findings is the Time Period for Correction. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that:	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35315	A. BUILDING: _____ B. WING _____	C 12/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANDS CARE LLP	1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119

(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
0 470	Continued From page 1 (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure an overnight staff member was awake during her scheduled shift. Unlicensed personnel (ULP)-A said she was sleeping when the Minnesota Department of Health (MDH) surveyor arrived at the licensee for a complaint investigation. This had the ability to impact all residents. This practice resulted in a level two violation (a violation that did not harm a client's health or	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35315	A. BUILDING: _____ B. WING _____	C 12/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANDS CARE LLP	1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119

(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
0 470	Continued From page 2 safety but had the potential to have harmed a client's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). Findings include: On December 19, 2022, at 6:10 a.m. the MDH surveyor rang the licensee's front doorbell. There were no visible lights on at the windows or front door. ULP-A answered the front door clutching a jacket and rubbing her eyes. ULP-A said she was sleeping and did not know anyone was coming to the house. ULP-A said she was the only staff member at the house and the two residents were asleep. The MDH surveyor observed pillows and blankets on the livingroom couch. On December 19, 2022, at 6:24 a.m., ULP-A said she works an 8 or 12 hour overnight shift depending on the need. ULP-A said licensed assistant living director (LALD)-B never said she could not sleep during the shift. On December 19, 2022, at 8:23 a.m., LALD-B said staff could sleep because there is a call button alert in the kitchen and it rings loudly. ULP-C activated a call button alert light plugged into a kitchen wall outlet. The call button alert made noise, but the MDH surveyor did not observe the flashing light because an electric stand mixer stored in front of the call button alert blocked the flashing light from view in the dining and living rooms. ULP-C moved the electric stand mixer so the call button alert light was visible. On December 19, 2022, at 11:40 a.m., LALD-B said there is no awake staff policy or procedure	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35315	A. BUILDING: _____ B. WING _____	C 12/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANDS CARE LLP	1065 DENNIS STREET SOUTH MAPLEWOOD, MN 55119

(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
0 470	Continued From page 3 and she would talk with their consultant on what to do. Time Period to Correct: Two (2) Days	0 470		