DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

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State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL367489207M
Compliance #: HL367486892C

Date Concluded: May 24, 2024

Name, Address, and County of Licensee Investigated:
Arkhaven Home Care
2315 Western Ave N
Roseville MN 55113
Ramsey County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Maggie Regnier
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 temporarily placed and provided care for a resident in temporary housing while renovations were being done at the facility.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined neglect not substantiated. While the facility did place the resident in temporary housing while housing modifications were being done, the facility was able to meet her needs such as medication set up during this time. The facility called her multiple times a day and made trips to see her multiple times during a week.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and the resident. The investigation included review of facility records, building permits and work orders and the resident's medical record. Also, the investigator observed the facility floor plan and staff interactions with residents and other staff.

An equal opportunity employer.

The resident resided in an assisted living facility. The resident's diagnoses included below knee amputation, type 2 diabetes, anxiety disorder, and depression. The resident's service plan included assistance with bathing reminders, dressing, housekeeping, medication management and transfer assistance. The resident's assessment indicated the resident is mostly independent and was cognitively intake. The resident uses a wheelchair for mobility.

One day, the facility leadership identified it was difficult for the resident to move freely through the facility because of the narrow hallway and small bathroom. The resident had a challenging time navigating these areas in her electric wheelchair. The facility leadership offered to help the resident find a different residence that could better accommodate the resident, but she preferred to stay. The resident did not want to move so leadership made the decision to make housing modifications so the resident could move freely through the facility. The resident and leadership planned for an alternate living situation while the modifications were being done. When the modifications were complete, the resident returned and was able to navigate the rooms and halls with her electric wheelchair without difficulty.

A document titled Assisted Living Plan Submittal clearly identified the modifications needed to be done to the facility for the resident's accommodation.

While the resident was in the temporary housing, the facility provided a list to the resident which included the medications, indications, and time the medications should be taken along with how the medication should be taken.

During an interview, a manager stated the resident was involved with the decision-making process for either moving to a new facility or relocating until modifications could be done to the facility or staying at the facility while the modifications were being done. The manager stated the resident did not want to move and did not want to stay while being done and was happy with the temporary relocation plan. The manager also stated he and others contacted the resident daily to ensure she was safe and taking medications as ordered. Leadership also stated the resident would come back to the facility many times during the day just to be close with the staff.

During an interview, the nurse stated she reviewed the medications and set them up weekly for the resident.

During an interview, the resident stated she was happy with all the planning the facility did to ensure she could move freely throughout the facility spaces. The resident stated she had no significant medication or safety issues during the time she was relocated. The resident also stated she was happy with the temporary relocation plan.

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:
Alleged Perpetrator interviewed: Not Applicable

Action taken by facility:
The facility asked the resident if she wanted to move to a facility that could better accommodate her. The facility involved the resident with all the decisions and planning. The facility did contact the resident daily to ensure her needs were being met.

Action taken by the Minnesota Department of Health:
No further action 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36748	A. BUILDING: ______ B. WING ______	C 05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARKHAVEN HOME CARE LLC	2315 WESTERN AVENUE NORTH ROSEVILLE, MN 55113

(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 On May 15, 2024, the Minnesota Department of Health initiated an investigation of complaint #HL367486892C/#HL367489207M. No correction orders are issued.	0 000		

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