

# State Rapid Response Investigative Public Report

*Office of Health Facility Complaints*

**Maltreatment Report #:** HL372632080M  
**Compliance #:** HL372639983C

**Date Concluded:** August 25, 2024

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

**Investigated:**

Optimum Healthcare services  
5060 Hughes Ave  
Fridley MN 55421  
Anoka 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 resident did not receive her medications as prescribed.

**Investigative Findings and Conclusion:**

The Minnesota Department of Health determined neglect was not substantiated. The facility documented the times the resident refused to take her medications and offered assistance in ensuring refills were ordered as needed.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted the resident and family members. The investigation included review of facility records, hospital records, resident records including medication administration records, facility policies and procedures. Also, the investigator observed staff interaction with other staff, residents, and visitors.

The resident resided in an assisted living facility. The resident's diagnoses included coronary artery disease, aortic dissection, and a history of strokes. The resident's service plan included assistance with medication administration and health assessments. The resident's assessment indicated the resident also needed help managing anxiety and agitation.

The progress notes indicated the resident said she was concerned that she was not getting her medications. The same document indicated the medication the resident had in mind was no longer prescribed to her due to lack of follow-up with her medical provider. Due to concern for possible stroke, the facility transferred the resident to the emergency room.

A review of the resident's medication administration record for the preceding 3 months indicated the resident received her medications as ordered with the exception of a few times when it was documented the resident refused her medication. The resident's progress notes indicated there were occasions the resident refused to take her medication as prescribed.

In the two weeks prior to the resident's transfer to the emergency room, the progress notes indicated the facility discussed the need to renew and refill the resident's prescriptions and offered assistance. However, the notes indicated the resident said she would follow-up with her medical provider at upcoming appointments.

While at the hospital, the emergency room documents indicated the resident said she had been taking all her medications when asked.

During an interview, a facility manager stated the resident was very independent and wanted little assistance from the facility.

During an interview, a nurse stated that the resident would often refuse a medication but then later ask for the medication. The nurse also stated the resident often wanted to take medications according to how the resident felt, not how they were ordered, which made it difficult to administer medications.

During an interview, the resident stated it took up to 3 days to get refills of medications.

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:** Not Applicable

**Action taken by facility:**

The facility documented resident's refusal of medications as needed. The facility offered the resident assistance with ordering and/or obtaining medications but the resident opted to handle this herself.

**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>37263</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>OPTIMUM HEALTHCARE SERVICES LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5060 HUGHES AVENUE NE FRIDLEY, MN 55421</b>		
(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	<b>Initial Comments</b>  On July 17, 2024, the Minnesota Department of Health initiated an investigation of complaint #H372639983C/#HL372632080M. No correction orders are issued.	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE