

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL374912762M
Compliance #: HL374914567C

Date Concluded: September 11, 2023

Name, Address, and County of Licensee

Investigated:

Harmony Home Health Customized Living
8497 Kentucky Ave. N
Brooklyn Park, MN 55445
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Brooke Anderson, RN
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 alleged perpetrator (AP)/facility staff member emotionally abused a resident when the AP told the resident, "I can have someone hurt you" and "we can replace you" during an argument.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined abuse was not substantiated. While an argument occurred, the incident was witnessed, and the behavior did not rise to the level of abuse.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of the resident's medical record, personnel files, and facility policies and procedures. Also, the investigator toured the facility and observed interactions between staff and residents.

The resident resided in an assisted living facility. The resident's diagnoses included lower back pain, hypertension, and generalized anxiety disorder. The resident's service plan included assistance with medication management, behavior management, and meal assistance. The resident's assessment indicated the resident was cognitively intact and had a history of verbal aggression towards others and trouble controlling emotions.

Medical records indicated the resident had a history of aggressive behavior towards staff including verbal aggression. Medical records indicated staff utilized interventions such as redirection, speaking in a calm manner, and keeping distance of an arm's length away from the resident for safety.

Progress notes indicated the resident became upset one day when the AP put a dish in the dishwasher. The resident yelled at the AP and stated he was using the dish. The AP responded to the resident that they were not aware the resident was using the dish. The resident threatened the AP and said, "you keep messing with me and see what is going to happen." Progress notes indicated the resident continued to make inappropriate comments to the AP, who did not respond. Progress notes further indicated management was notified of the incident.

During an interview, the AP stated the resident threatened the AP and other staff in the facility. The AP stated there were several incidents that occurred with the resident. The resident would get upset when the AP would cook food. When the resident was upset, he threatened the AP that he would "call the state and get the AP fired." The resident also threatened to beat up the resident's family. The AP told the resident they would contact police and reported these incidents to management staff. After reporting the concerns to management, the AP was moved to a different facility.

During an interview, facility management stated there was tension between the resident and the AP. The resident threatened the AP about hurting the AP's family. Facility management stated the day of the incident, they overheard the resident and AP. Facility management stated the resident threatened the AP, but the AP did not threaten the resident. However, the AP did make rude comments to the resident like "don't talk to me like that, you are a grown man." Facility management believed the resident was using recreational drugs, which caused him to be "erratic." The AP was moved to a different facility due to the tension between him and the AP and the resident was later discharged from the facility due to his unpredictable and erratic behavior.

Attempts made to contact the resident's case manager were unsuccessful.

In conclusion, the Minnesota Department of Health determined abuse 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.

Abuse: Minnesota Statutes section 626.5572, subdivision 2.

"Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

(2) the use of drugs to injure or facilitate crime as defined in section 609.235;

(3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and

(4) criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451.

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

(1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;

(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;

Vulnerable Adult interviewed: No, current contact information was not available

Family/Responsible Party interviewed: No, family information was not available

Alleged Perpetrator interviewed: Yes.

Action taken by facility:

The facility had interventions in place to mitigate the resident's behaviors. Facility staff were educated on the interventions and attempted to utilize them, however, interventions were not effective.

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: 37491	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HARMONY HEALTH SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8497 KENTUCKY AVENUE NORTH BROOKLYN PARK, MN 55445
--	--

(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>Initial Comments</p> <p>On August 28, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL374914567C/#HL374912762M. No correction orders are issued.</p>	0 000	<p>Minnesota Department of Health is documenting the State 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 REFLECTS THE SCOPE AND LEVEL</p>	

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37491	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HARMONY HEALTH SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8497 KENTUCKY AVENUE NORTH BROOKLYN PARK, MN 55445
--	--

(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	Continued From page 1	0 000	ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	