Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL371339462M
Compliance #: HL371338601C

Date Concluded: April 29, 2025

Name, Address, and County of Licensee Investigated:
Obed-Edom Assisted Living
7388 Symphony Street Northeast
Fridley, Minnesota 55432
Anoka County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Nicole Myslicki, 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 facility abused the resident when facility staff threatened to discharge the resident due to her financial circumstances.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined abuse was not substantiated. The resident denied any staff members threatened to discharge her and was satisfied living at the facility. The facility never stopped her services while waiting for her county payments to begin.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted the case manager. The investigation included review of the resident record, staff schedules, and related facility policy and procedures. Also, the investigator observed how staff spoke and interacted with the resident, and medication administration.

The resident resided in an assisted living facility. The resident's diagnoses included several mental health diagnoses. The resident's service plan included assistance with medication administration. The resident's assessment identified her as being at risk to be abused.

Email correspondence indicated the facility informed the resident's case manager they would consider discharging the resident to the street, as they could not afford to keep her without compensation. The case manager indicated she could not enter a service agreement without the resident's medical assistance being renewed, and the county had to process the renewal.

During an interview, the licensed assisted living director (LALD) stated no one threatened the resident. The first couple of months she lived at the facility, the facility did not receive waivered services payments from the county due to a lapse in coverage. However, the resident continued to receive her services. The resident also paid her rent each month through her rep-payee.

During an interview, the resident stated no staff members threatened to discharge her. She also never experienced an interruption in her services. The resident stated she enjoyed living at the facility, and her mental health has improved since moving in.

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: …
(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: Yes.
Family/Responsible Party interviewed: Not applicable. The resident declined for the investigation to include an interview with family.
Alleged Perpetrator interviewed: Not Applicable

Action taken by facility:
The facility continued to provide services while the resident's waivered county payments were not yet established.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37133	A. BUILDING: _____ B. WING _____	C 04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OBED-EDOM ASSISTED LIVING	7388 SYMPHONY STREET NE FRIDLEY, MN 55432

(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 April 23, 2025, the Minnesota Department of Health initiated an investigation of complaint HL371338601C/HL371339462M. No correction orders are issued.	0 000		