



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
December 3, 2021

Administrator  
Anoka Rehabilitation And Living Center  
3000 4th Avenue  
Anoka, MN 55303

RE: CCN: 245205  
Cycle Start Date: October 7, 2021

Dear Administrator:

On October 21, 2021, we notified you a remedy was imposed. On November 24, 2021 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of November 24, 2021.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective January 7, 2021, did not go into effect. (42 CFR 488.417 (b))

In our letter of October 21, 2021, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from January 7, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on November 24, 2021, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Enforcement Specialist  
Minnesota Department of Health  
Program Assurance Unit  
Health Regulation Division  
Telephone: 651-201-4161 Fax: 651-215-9697  
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
October 21, 2021

Administrator  
Anoka Rehabilitation And Living Center  
3000 4th Avenue  
Anoka, MN 55303

RE: CCN: 245205  
Cycle Start Date: October 7, 2021

Dear Administrator:

On October 7, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

## **DEPARTMENT CONTACT**

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Midtown Square  
3333 Division Street, Suite 212  
Saint Cloud, Minnesota 56301-4557  
Email: susie.haben@state.mn.us  
Office: (320) 223-7356 Mobile: (651) 230-2334

## **PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE**

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

## **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of

the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

### **FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

If substantial compliance with the regulations is not verified by January 7, 2022 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by April 7, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

### **INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)**

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [https://mdhprovidercontent.web.health.state.mn.us/lrc\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Anoka Rehabilitation And Living Center

October 21, 2021

Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Kamala Fiske-Downing".

Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245205</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANOKA REHABILITATION AND LIVING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 4TH AVENUE</b> <b>ANOKA, MN 55303</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) COMPLETION DATE	
E 000	Initial Comments  On 10/6/21 - 10/7/21, a COVID-19 Focused Infection Control survey was conducted at your facility by the Minnesota Department of Health to determine compliance with Emergency Preparedness regulations §483.73(b)(6). The facility was found to be in compliance.	E 000			
F 000	Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents. <b>INITIAL COMMENTS</b>  On 10/6/21 - 10/7/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be not in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  In addition, as a result of the investigation a COVID-19 Focused Infection Control survey was also conducted 10/6/21 - 10/7/21 at your facility by the Minnesota Department of Health to determine compliance with §483.73 Infection Control. The facility was determined to be not in compliance.  The following complaint was found to be UNSUBSTANTIATED, however a related deficiency was cited at F887. H5205133C (MN00077078)  The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Electronically Signed**

TITLE

(X6) DATE  
**10/26/2021**

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 000	Continued From page 1 at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.  Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained with your verification.	F 000			
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii)  §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any	F 887		11/9/21	

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F 887	Continued From page 2 additional doses; (v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident; or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following: (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure COVID-19 vaccinations were offered to 2 of 5 residents (R1, R2) reviewed for COVID-19 vaccination status. In addition, the facility failed to provide and document the issuance of required COVID-19 vaccination education to residents prior to administering the COVID-19 vaccine.	F 887	It is the policy of Anoka Rehabilitation and Living Center that when COVID-19 vaccines are available to the facility, each resident and staff member will be offered the COVID-19 Vaccine unless medically contraindicated or the resident or staff member is already immunized. 2 of 5 residents were not offered the COVID-19 vaccine and did not receive education on		



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F 887	<p>Continued From page 3</p> <p>Findings include:</p> <p>R1's Minimum Data Set (MDS) Entry Tracking Record dated 9/27/21, indicated R1 admitted to the facility on 9/27/21.</p> <p>R1's electronic medical record (EMR) lacked documentation R1 was COVID-19 vaccinated. Further, R1's EMR lacked documentation R1 and/or her representative were offered the COVID-19 vaccine upon and/or after admission nor that she and/or her representative were provided education related to the risk and/or benefits of the vaccine. R1's EMR lacked documentation of COVID-19 vaccine contraindications.</p> <p>When interviewed on 10/7/21, at 12:20 p.m. R1's family member stated during a phone interview the facility provided no education on the COVID-19 vaccination. R1's family member stated R1 was not vaccinated prior to being admitted to the nursing home.</p> <p>When interviewed on 10/7/21, at 12:24 p.m. R1 stated she was not provided by the nursing home facility, education material about COVID-19 vaccinations. R1 stated she was not vaccinated prior to being admitted to the facility.</p> <p>R2's MDS Entry Tracking Record dated 9/29/21, indicated R2 admitted to the facility on 9/29/21.</p> <p>R2's Inter-department Communication &amp; Admission Check Off, indicated R2 was not COVID-19 vaccinated. R1's EMR lacked documentation R2 and/or his representative were offered the COVID-19 vaccine upon and/or after</p>	F 887	<p>getting the vaccine with pros and con for the vaccine.</p> <p>Upon admission, staff will identify the vaccination status of each resident admitted. If the resident is unvaccinated, staff will obtain a COVID-19 vaccine record and document if the resident/family member wants to receive a covid vaccine while in the facility. The resident/family will be provided education about the benefits and risks for receiving or declining the COVID-19 vaccine to aid in their decision making. If they choose to receive the vaccine they will be provided information about the vaccine they choose to receive. Staff will be available to answer questions. They will be provided information about institutions administering the vaccine including the address, and whether an appointment is needed to receive the vaccine, as well as the hours. The resident/family member will need to set up transportation to receive the vaccine off site. Staff can assist setting up transportation as needed. All information and teaching will be documented in the nurse's notes of the resident's medical record.</p> <p>Staff will be trained on the process to provide education and offer the COVID-19 vaccine to newly admitted unvaccinated residents to prevent further non-compliance. Audits of unvaccinated residents will be conducted by Director of Nursing and/or designated person to ensure the residents received education on the COVID-19 vaccine to make an</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>ANOKA REHABILITATION AND LIVING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 4TH AVENUE</b> <b>ANOKA, MN 55303</b>		
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F 887	<p>Continued From page 4</p> <p>admission nor that he or his representative were provided education related to the risk and/or benefits of the vaccine. R2's EMR lacked documentation of COVID-19 vaccine contraindications.</p> <p>When interviewed on 10/7/21, at 12:54 p.m. R2 stated he had not received the COVID-19 vaccination prior to admission to the nursing home. R2 stated he did not receive education information about COVID-19 vaccination when he was admitted to the nursing home.</p> <p>When interviewed during phone call on 10/7/21, at 2:35 p.m. R2's family member stated she did not recall the nursing home providing education material about COVID-19 vaccination.</p> <p>When interviewed on 10/7/21, at 1:55 p.m. admission coordinator (AC)-A &amp; (AC)-B stated during the admission process COVID-19 vaccination records are requested and reviewed. If there were no COVID-19 vaccination records provided the resident would be in a 14 day quarantine until other information was provided. AC-A &amp; AC-B stated no education information was provided to residents when admitted to the facility.</p> <p>When interviewed on 10/7/21, at 2:12 p.m. director of nursing (DON), assistant director or nursing (ADON) and administrator confirmed the facility did not have a policy or procedure to provide education materials to new residents about COVID-19 vaccination. DON stated education would be provided to residents if the resident requested COVID-19 vaccination upon the vaccination being administered.</p>	F 887	<p>informed decision and that it was appropriately documented. An audit will be done with all unvaccinated residents that are admitted for three months. The audit results will be shared at the monthly QAPI meeting. The DON and/or designee will be responsible for compliance.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 887	<p>Continued From page 5</p> <p>When interviewed on 10/7/21, at 2:25 p.m. registered nurse (RN)-A stated nurses provided verbal information concerning COVID-19 vaccination but nothing was in writing. RN-A stated not being aware of any written information provided to the residents about COVID-19 vaccination.</p> <p>When interviewed on 10/7/21, at 2:47 p.m. registered nurse (RN)-B stated no material is provided to new residents about COVID-19 vaccination. RN-B stated if the resident requested the information RN-B would provide it but only if a resident had requested it.</p> <p>Requested facility COVID-19 education to resident policy, this was not received.</p>	F 887		



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
October 21, 2021

Administrator  
Anoka Rehabilitation And Living Center  
3000 4th Avenue  
Anoka, MN 55303

Re: Event ID: C05R11

Dear Administrator:

The above facility survey was completed on October 7, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Minnesota Department of Health  
Licensing and Certification Program  
Program Assurance Unit  
Health Regulation Division  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00893</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/07/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANOKA REHABILITATION AND LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 4TH AVENUE ANOKA, MN 55303</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 10/6/21 - 10/7/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found in compliance with the MN State Licensure.</p> <p>The following complaint was found to be</p>	2 000		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE  
10/26/21

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>ANOKA REHABILITATION AND LIVING CENTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3000 4TH AVENUE</b> <b>ANOKA, MN 55303</b>
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(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
2 000	<p>Continued From page 1</p> <p>UNSUBSTANTIATED: H5205133C (MN00077078).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		