

Electronically Delivered August 17, 2022

Administrator The Estates At Linden LLC 105 West Linden Street Stillwater, MN 55082

RE: CCN: 245337

Cycle Start Date: June 23, 2022

#### Dear Administrator:

On August 2, 2022, the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Melissa Poepping, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

M. Ping

P.O. Box 64900

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: Melissa.Poepping@state.mn.us



Electronically delivered

August 17, 2022

Administrator The Estates At Linden LLC 105 West Linden Street Stillwater, MN 55082

Re: Reinspection Results

Event ID: NOQE12

#### Dear Administrator:

On August 2, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on June 23, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

M. Pris

P.O. Box 64900

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: Melissa.Poepping@state.mn.us



Electronically delivered August 17, 2022 CMS Certification Number (CCN): 245337

Administrator The Estates At Linden LLC 105 West Linden Street Stillwater, MN 55082

Dear Administrator:

The Minnesota Department of Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying skilled nursing facilities and nursing facilities to determine whether they meet the requirements for participation. To participate as a skilled nursing facility in the Medicare program or as a nursing facility in the Medicaid program, a provider must be in substantial compliance with each of the requirements established by the Secretary of Health and Human Services found in 42 CFR part 483, Subpart B.

Based upon your facility being in substantial compliance, we are recommending to CMS that your facility be recertified for participation in the Medicare and Medicaid program.

Effective July 31, 2022 the above facility is certified for:

51 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 51 skilled nursing facility beds.

You should advise our office of any changes in staffing, services, or organization, which might affect your certification status. If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and/or Medicaid provider agreement may be subject to non-renewal or termination.

Please contact me if you have any questions.

Sincerely,

Melissa Poepping, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

P.O. Box 64900

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: Melissa.Poepping@state.mn.us



Electronically delivered July 1, 2022

Administrator
The Estates At Linden LLC
105 West Linden Street
Stillwater, MN 55082

RE: CCN: 245337

Cycle Start Date: June 23, 2022

#### Dear Administrator:

On June 23, 2022, 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"and/or an E tag), i.e., the plan of correction should be directed to:

Sarah Grebenc, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900

Email: sarah.grebenc@state.mn.us

Office: (651) 238-8786 Mobile (651)238-8786

#### 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 September 23, 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 December 23, 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: <a href="https://mdhprovidercontent.web.health.state.mn.us/ltc\_idr.cfm">https://mdhprovidercontent.web.health.state.mn.us/ltc\_idr.cfm</a>

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: <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\_8.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\_8.html</a>

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.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

William Abderhalden, Fire Safety Supervisor Deputy State Fire Marshal Health Care/Corrections Supervisor – Interim Minnesota Department of Public Safety 445 Minnesota Street, Suite 145 St. Paul, MN 55101-5145

Cell: (507) 361-6204

Email: william.abderhalden@state.mn.us

Fax: (651) 215-0525

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

P.O. Box 64900

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

(X1) PROVIDER/SUPPLIER/CLIA

**IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

PRINTED: 07/11/2022 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

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THE EST	ATES AT LINDEN LLC			STILLWATER, MN 55082		
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	Appendix Z, Emerg Requirements, §483	3.73(b)(6) was conducted ecertification survey. The				
F 000	signature is not required page of the CMS-25 correction is required	ed in ePOC and therefore a uired at the bottom of the first 567 form. Although no plan of ed, it is required that the facility of the electronic documents.	FΟ	00		
	survey was conduction investigation was all was found to be NC requirements of 42	2, a standard recertification ted at your facility. A complaint so conducted. Your facility T in compliance with the CFR 483, Subpart B, ong Term Care Facilities.				
	UNSUBSTANTIATE	laints were found to be ED, 689) and H5337061C				
	as your allegation of Departments accepted in ePOC, you at the bottom of the	f correction (POC) will serve f compliance upon the stance. Because you are our signature is not required first page of the CMS-2567 c submission of the POC will ion of compliance.				
	onsite revisit of you	acceptable electronic POC, an refacility may be conducted to compliance with the attained.				
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(X6) DATE
Electron	ically Signed				(	07/09/2022

(X2) MULTIPLE CONSTRUCTION

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG	COM	E SURVEY IPLETED
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	§483.45(f)(1) Medicipercent or greater; This REQUIREMENT by: Based on observative review, the facility for a medication error greater. The facility 8% with 2 errors out 1 of 6 residents (R3 medication administration administration administration administration administration.	cation error rates are not 5  NT is not met as evidenced  tion, interview, and document ailed to ensure they were free or rate of five percent or had a medication error rate of it of 25 opportunities involving 38) who were observed during		Immediate Corrective Action: RN-A was immediately educated correct units of insulin to be prim signed off on the insulin pen edu given out on 6/22/2022.  R38 did not have any adverse re affects as a result of the error. Nupdated and stated there was not physically determine that the result blood sugar levels would have be affected by this as each person a insulin differently.	ed. RN-A cation  actions or was way to idents een	
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During an interview on 6/22/22, at 10:19 a.m. the consultant pharmacist (CP) stated insulin pen needles need to be primed with two to three units of insulin and then dial up the prescribed dosage of insulin.  During an interview on 6/22/22, at 1:22 p.m. the director of nursing (DON) stated insulin pen needles need to be primed with two units of insulin and then dial up the insulin to ensure the resident received the correct insulin dose.  Polaris Pharmacy Services document titled How to Give a Shot: Insulin Pens, undated, indicated to first dial up two units to prime the needle, and ensure at least a drop of insulin appears. Then dial up the prescribed dose of insulin.  Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant	A. BUILDIN B. WING	ROVIDER OR SUPPLIER  ATES AT LINDEN LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL (EACH ORPECTIVE ATON SHOUL CROSS-REFERENCE) TO THE APPROLEMENT OF THE STILLWATER, MN 55082  Continued From page 2 insulin this time from the lispro injector pen: she cleaned the tip of the insulin pen with an alcohol wipe, applied the needle, dialed up one unit to prime the needle. RN-A then turned the dial to draw up four units as prescribed. RN-A then administered the insulin to R38.  During an interview on 6/22/22, at 10:02 a.m. RN-A stated she was not aware the insulin pen needles to be primed with two units of insulin and then the prescribed dosage, so she only primed the needles with one unit. RN-A stated she had not seen insulin come out of the needle during priming to indicate it was primed fully.  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WING  3TREET ADDRESS, CITY, STATE, ZIP CODE  108 WEST LINDEN STREET  STILLWATER, MN 55082  ID PROVIDER OR SUPPLIER  ADDITION OF LISC IDENTIFYING INFORMATION)  COntinued From page 2  insulin this time from the lispro injector pen: she cleaned the tip of the insulin pen with an alcohol wipe, applied the needle, clialed up one unit to grime the needle. RN-A then turned the dial to draw up four units as prescribed, RN-A then administered the insulin to R38.  During an interview on 6/22/22, at 10.02 a.m. RN-A stated she was not aware the insulin pen needles to be primed with two units of insulin and then the prescribed dosage, so she only primed the needle with come unit. RN-A stated she had not seen insulin come out of the needle during priming to indicate it was primed fully.  During an interview on 6/22/22, at 10.19 a.m. the consultant pharmacist (CP) stated insulin pen needles need to be primed with two to three units of insulin and then dial up the prescribed dosage of insulin.  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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	245337	B. WING _		06/	C <b>23/2022</b>	
PROVIDER OR SUPPLIER	C		STREET ADDRESS, CITY, STATE, ZIP CODE  105 WEST LINDEN STREET  STILLWATER, MN 55082	<u> </u>		
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	PROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa This REQUIREMEI by: Based on observar review, the facility f free of significant m residents (R38) rev administration using Findings include:  R38's admission M 6/20/22, was in pro  MHM (Monarch He Interview for Menta 6/20/2022, indicate cognition.  R38's Diagnosis Re diagnoses of type dementia.  R38's care plan dat higher blood sugars were directed to pre ordered by the doc R38's Medication A dated 6/22/22, indi 1. Blood sugar res 2. Order for insulin 100 units/mL (millili subcutaneously in f 3. Order for insulin units subcutaneous  During an observat registered nurse (R	PROVIDER OR SUPPLIER  TATES AT LINDEN LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure residents were free of significant medication errors for 1 of 1 residents (R38) reviewed for insulin administration using an insulin pen.  Findings include:  R38's admission Minimum Data Set (MDS) dated 6/20/22, was in progress.  MHM (Monarch Health Management) Brief Interview for Mental Status (BIMS) form dated 6/20/2022, indicated R38 had severely impaired cognition.  R38's Diagnosis Report dated 6/23/22, indicated diagnoses of type II diabetes mellitus and dementia.	PROVIDER OR SUPPLIER  TATES AT LINDEN LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure residents were free of significant medication errors for 1 of 1 residents (R38) reviewed for insulin administration using an insulin pen.  Findings include:  R38's admission Minimum Data Set (MDS) dated 6/20/22, was in progress.  MHM (Monarch Health Management) Brief Interview for Mental Status (BIMS) form dated 6/20/2022, indicated R38 had severely impaired cognition.  R38's Diagnosis Report dated 6/23/22, indicated diagnoses of type II diabetes mellitus and dementia.  R38's care plan dated 6/23/22, indicated R38 had higher blood sugars since admission, and staff were directed to provide diabetes medication as ordered by the doctor.  R38's Medication Administration Record (MAR) dated 6/22/22, indicated the following:  1. Blood sugar results were 424  2. Order for insulin glargine solution pen-injector 100 units/mL (milliliters) inject four units subcutaneously in the morning  3. Order for insulin lispro 100 units/mL inject four units subcutaneously before meals.  During an observation on 6/22/22, at 9:35 a.m. registered nurse (RN)-A cleaned the tip of the	PROVIDER OR SUPPLIER  ATES AT LINDEN LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure residents were free of significant medication errors for 1 of 1 residents (R38) reviewed for insulin administration using an insulin pen.  Findings include:  R38's admission Minimum Data Set (MDS) dated 6/20/222, was in progress.  MHM (Monarch Health Management) Brief Interview for Mental Status (BiMS) form dated 6/20/222, indicated R38 had severely impaired cognition.  R38's Diagnosis Report dated 6/23/22, indicated diagnoses of type II diabetes mellitus and dementia.  R38's care plan dated 6/23/22, indicated R38 had higher blood sugars since admission, and staff were directed to provide diabetes medication as ordered by the doctor.  R38's Medication Administration Record (MAR) dated 6/22/222, indicated the following:  1. Blood sugar results were 424  2. Order for insulin glargine solution pen-injector 100 units/mL (millilliters) inject four units subcutaneously before meals.  Diving an observation on 6/22/22, at 9:35 a.m. registered nurse (RN) A cleaned the tip of the	A BUILDING  245337  B. WIND  3TREET ADDRESS, CITY, STATE, ZIP CODE  106 WEST LINDEN STREET  STILLWATER, MN 55082  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure residents were free of significant medication errors for 1 of 1 residents (R38) reviewed for insulin administration using an insulin pen.  Findings include: R38's admission Minimum Data Set (MDS) dated 6/20/22, was in progress.  MHM (Monarch Health Management) Brief Interview for Mental Status (BIMS) form dated 6/20/2022, indicated R38 had severely impaired cognition.  R38's Diagnosis Report dated 6/23/22, indicated diagnoses of type II diabetes melitus and dementia.  R38's Care plan dated 6/23/22, indicated R38 had higher blood sugars since admission, and staff were directed to provide diabetes medication as ordered by the doctor.  R38's Medication Administration Record (MAR) dated 6/22/22, indicated the following: 1. Blood sugar sensuls were 424 2. Order for insulin lispro 100 units/mL inject four units subcutaneously before meals.  During an observation on 6/22/22, at 9:35 a.m. registered nurse (RN)-A cleaned the tip of the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		COM	(X3) DATE SURVEY COMPLETED	
		245337	B. WING _		ı	C <b>23/2022</b>	
	PROVIDER OR SUPPLIER	C		STREET ADDRESS, CITY, STATE, ZIP C 105 WEST LINDEN STREET STILLWATER, MN 55082			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 760	unit of insulin. RN-A insulin glargine as pare process for the lispro injector prinsulin pen with an needle and dialed uneedle. RN-A then units as prescribed insulin to R38. By printed insulin to printed insulin compared to be primed the needles to be primed the needles with on not seen insulin compriming to indicate.  During an interview RN-C stated insuling units of insuling to prescribed dosage primed fully.  During an interview nurse practitioner (blood sugars, and sadjusting the medical stated she would exinsuling to be administrated she would exinsuling to be administrated.	and primed the dial with one A then dialed up four units of prescribed. RN-A repeated the he second type of insulin from en; she cleaned the tip of the alcohol wipe, applied the up one unit to prime the turned the dial to draw up four. RN-A administered the priming the insulin pen needles of insulin each, R38 was two units of insulin in total.  If on 6/22/22, at 10:02 a.m. as not aware the insulin pen ed with two units of insulin and I dosage, so she only primed the unit. RN-A stated she had the out of the needle during it was primed fully.  If on 6/22/22, at 10:05 a.m. a pen needles required two rime and then dial up the to ensure the needle was  If on 6/22/22, at 10:09 a.m. the NP) stated R38 had some high she was in the process of cation orders today. The NP expect the prescribed dosage of istered.			d in the new ensed nurses. ed by:		
	consultant pharmae needles need to be	on 6/22/22, at 10:19 a.m. the cist (CP) stated insulin pen primed with two to three units dial up the prescribed dosage					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZIP CO 105 WEST LINDEN STREET STILLWATER, MN 55082	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 760	Continued From pa	ge 5	F 7	760		
	director of nursing of needles need to be insulin and then dia ensure the resident dose.  Polaris Pharmacy Sto Give a Shot: Insulto first dial up two uses.	on 6/22/22, at 1:22 p.m. the (DON) stated insulin pen primed with two units of all up the prescribed insulin to received the correct insulin.  Services document titled How ulin Pens, undated, indicated units to prime the needle, and top of insulin appears. Then ed dose of insulin.				

(X1) PROVIDER/SUPPLIER/CLIA

**IDENTIFICATION NUMBER:** 

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

F5337031

(X2) MULTIPLE CONSTRUCTION

PRINTED: 07/19/2022 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

NAME OF PROVIDER OR SUPPLIER THE ESTATES AT LINDEN LLC  STREET ADDRESS, CITY, STATE, ZIP CODE 106 WEST LINDEN STREET STILLWATER, MN 55082  PROVIDER OR SHALL OF CORRECTION PROFITS AND SAMMARY STATEMENT OF DEFICIENCIES STILLWATER, MN 55082  PROFITS BROWLERS AND SAMMARY STATEMENT OF DEFICIENCIES STILLWATER, MN 55082  PROFITS PROFITS AND SAMMARY STATEMENT OF DEFICIENCIES STILLWATER, MN 55082  PROFITS PROFITS AND SAMMARY STATEMENT OF STATEMENT	AND PLAN O	A. BUILDING 01 - MAIN BUILDING 01		COMPLETED		
THE ESTATES AT LINDEN LIC    Mathematical Content of the Content o			245337	B. WING		06/22/2022
THE ESTATES AT LINDEN LLC  (X4) ID  SUMMARY STATEMENT OF DEFICIENCISES  (EACH EPICIENCY MILST BE PRECEDED BY FILL  REGULATORY OR LSC IDENTIFYING INFORMATION)  RESULATORY OR LSC IDENTIFYING INFORMATION  K 000  INITIAL COMMENTS  FIRE SAFETY  An annual Life Safety recertification survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division on 06/22/2022. At the time of this survey, The Estates At Linden LLC was found not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 43.70(a), Life Safety from Fire, and the 2012 edition of NFPA 99, Health Care and the 2012 edition of NFPA 99, Health Care and the 2012 edition of NFPA 99, Health Care Facilities Code.  THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF THE PIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF THE PIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION HAS BEEN ATTAINED IN ACCORDANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH THE REGULATION FOR THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION HAS BEEN ATTAINED IN ACCORDANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.  PLEASE RETURN THE PLAN OF CORRECTION IS NOT REQUIRED.  JEPARTORY DIRECTOR'S OR PROVIDERS SUPPLIER REPRESENTATIVES SIGNATURE  ABORATORY DIRECTOR'S OR PROVIDERS SUPPLIER REPRESENTATIVES SIGNATURE  ABORATORY DIRECTOR'S OR PROVIDERS SUPPLIER REPRESENTATIVES SIGNATURE  TITLE  **CORDANCE WITH YOUR VERIFICATION**  PREFILE PROVIDERS SUPPLIER REPRESENTATIVES SIGNATURE  TITLE  **CORDANCE WITH YOUR VERIFICATION**  PREFILE PROVIDERS SUPPLIER REPRESENTATIVES SIGNATURE  **CORDANCE WITH YOUR VERIFICATION**  PREFILE PROVIDERS SUPPLIER REPRESENTATIVES SIGNATURE  **CORDANCE WITH YOUR VERIFICATION**  PREFILE PROVIDERS SUPPLIER REPRESENTATIVES SIGNATURE  **CORDANCE WITH YOUR VERY SUPPLIER REPRESENTATIVES SI	NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	-
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FIRE SAFETY  An annual Life Safety recertification survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division on 06/22/2022. At the time of this survey, The Estates At Linden LLC was found not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2012 edition of National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 Existing Health Care and the 2012 edition of NFPA 99, Health Care facilities Code.  THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF COMPLIANCE.  UPON RECEIPT OF AN ACCEPTABLE POC, AN ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.  PLEASE RETURN THE PLAN OF CORRECTION.  PLEASE RETURN THE PLAN OF CORRECTION IS NOT REQUIRED.  JAPEN COPY OF THE FIRE SAFETY DEFICIENCIES (K-TAGS) TO:  IF PARTICIPATING IN THE E-POC PROCESS, A PAPER COPY OF THE PLAN OF CORRECTION IS NOT REQUIRED.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLÉTION
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Electronically Signed 07/09/2022	_ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE	(X6) DATE
	Electroni	ically Signed				07/09/2022

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.

<b>45337</b>	B. WING _		06/	
			1 00/	22/2022
		STREET ADDRESS, CITY, STATE, ZIP CODE  105 WEST LINDEN STREET  STILLWATER, MN 55082		
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	l \ '	E SURVEY IPLETED
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	are NOT MET as e	at 42 CFR, Subpart 483.70(a), videnced by: - Testing and Maintenance	K 3	345		7/31/22
	A fire alarm system accordance with arwith the requirement Electric Code, and and Signaling Code acceptance, mainter available.  9.6.1.3, 9.6.1.5, NFT This REQUIREMENT by: Based on a review and staff interview, documentation of resystem per NFPA 1 Code, sections 19.72 (2010 edition), NC Code, sections 14.2 deficient finding coon the residents with Findings include:  On 06/22/2022 betwith was revealed by a documentation that inspection there we the report which are off-premise location floor by 123 and LL unlock. They did not the residents with the report which are off-premise location floor by 123 and LL unlock. They did not the residents with the report which are off-premise location floor by 123 and LL unlock. They did not the residents with the report which are off-premise location floor by 123 and LL unlock. They did not the residents with the report which are off-premise location floor by 123 and LL unlock. They did not the residents with the report which are off-premise location floor by 123 and LL unlock. They did not the residents with the residents with the report which are off-premise location floor by 123 and LL unlock. They did not the residents with the report which are off-premise location floor by 123 and LL unlock. They did not the residents with the report which are off-premise location floor by 123 and LL unlock. They did not the residents with the report which are the report	of available documentation the facility failed to maintain epairs made to their fire alarm 01 (2012 edition), Life Safety 3.4.1 and 9.6.1.7, and NFPA National Fire Alarm and Signal 2.1.1.2, 14.2.1.2.2. This all have a widespread impact		The facility will obtain the doc of repairs made to their fire ala going forward. The failed aspet 4/1/2022 report have been not working order. The services to this and/or repair is approved scheduled for service on 7/11/Facility received paperwork or and confirmation of the work of the date from the vendor. Goir facility will ensure that all requidocumentation and service realarm testing and maintenance maintained. The administrator designee will meet with the madirector monthly x 3 months to documentation is in order. Facility and will decontinued auditing and moniton needed or if the frequency car Administrator/Maintenance	ects from ted to be in confirm and 2022. In approval order with a forward, ired ports of fire a intenance of ensure that cility will termine if oring is	

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K 345	drills they had docu alarm signals were Regional Maintenar the alarm contracto notification devices.  An interview with the Director and the Ad	ng review of the facilities fire mentation showing that fire reaching monitoring, and the nce Director informed me that r had been out to repair the	K 34	Director/and/or designee resp	onsible.	



Electronically delivered July 1, 2022

Administrator
The Estates At Linden LLC
105 West Linden Street
Stillwater, MN 55082

Re: State Nursing Home Licensing Orders

Event ID: NOQE11

#### Dear Administrator:

The above facility was surveyed on June 21, 2022 through June 23, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is <u>only a suggestion</u> and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\_8.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\_8.html</a>. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the

"Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Sarah Grebenc, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900

Email: sarah.grebenc@state.mn.us Office: (651) 238-8786 Mobile (651)238-8786

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.

Please feel free to call me with any questions.

Melissa Poepping, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

P.O. Box 64900

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

PRINTED: 07/11/2022 FORM APPROVED

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		00948	B. WING		06/23/2022
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE	
THE EST	ATES AT LINDEN LLC		TER, MN 550		
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	****ATTEN	NTION*****			
	NH LICENSING	CORRECTION ORDER			
	144A.10, this correct pursuant to a surve found that the defici	Minnesota Statute, section ction order has been issued y. If, upon reinspection, it is iency or deficiencies cited			
	not corrected shall I	ected, a fine for each violation be assessed in accordance ines promulgated by rule of artment of Health.			
	corrected requires of the requirements of the number and MN Rule When a rule contain comply with any of the lack of compliance. re-inspection with a result in the assess	nether a violation has been compliance with all rule provided at the tag ale number indicated below. It is several items, failure to the items will be considered Lack of compliance upon any item of multi-part rule will ment of a fine even if the item uring the initial inspection was			
	that may result from orders provided that the Department with	hearing on any assessments non-compliance with these ta written request is made to nin 15 days of receipt of a nt for non-compliance.			
	was conducted consurveyors from the Health (MDH). Your compliance with the following licensing of	S: , a standard licensing survey apleted at your facility by Minnesota Department of facility was found NOT in MN State Licensure. The orders were issued: 1545			
dinnocata D	epartment of Health				'

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

(X6) DATE 07/09/22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					С	
		00948	B. WING		06/23/20	22
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
TUE EQ	TATES AT LINIDEN LLC	105 WES	T LINDEN ST	REET		
INE ES	TATES AT LINDEN LLC	STILLWA	TER, MN 550	82		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COM	(X5) MPLETE DATE
2 000	Continued From pa	ge 1	2 000			
	UNSUBSTANTIATE	laints were found to be ED: 69) and H5337061C				
	correction that you	our electronic plan of have reviewed these orders, when they will be completed.				
	the State Licensing Federal software. Tassigned to Minnes Nursing Homes. Thappears in the far leading." The state statisted in the "Summ column and replace the correction order the findings which a statute after the statisted as evidence by." For findings are the Sugand Time Period for					
	receipt of State lice the Minnesota Department of Head you electronically. is necessary for State enter the word "CO available for text. You electronic State lice heading completion be corrected prior to	in 14-01, available at attate.mn.us/divs/fpc/profinfo/infelicensing orders are				

Minnesota Department of Health

STATE FORM N0QE11 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		` ′	(3) DATE SURVEY COMPLETED	
		00948	B. WING		06/2	) 3/2022	
	PROVIDER OR SUPPLIER	105 WES	DRESS, CITY, S T LINDEN ST TER, MN 550		•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE	
	not required at the state form. PLEASE DISREGATOURTH COLUMN "PROVIDER'S PLATON FEDE THIS WILL APPEA	and therefore a signature is bottom of the first page of RD THE HEADING OF THE	21545			7/31/22	
	percent as described Guidelines for Code 42, section 483.25 the State Operation Surveyors for Long- incorporated by refe purposes of this pa  (1) a discrepant prescribed and what administered to res  (2) the administered to res  (2) the administered to rese  (1) an error of discomfort or jeopal safety; or  (2) medication requires the medication requires the medication precipitate a reoccutoxicity. All medication error report must be	st ensure that: on error rate is less than five ed in the Interpretive e of Federal Regulations, title (m), found in Appendix P of s Manual, Guidance to Term Care Facilities, which is erence in part 4658.1315. For rt, a medication error means: ncy between what was at medications are actually idents in the nursing home; or estration of expired  any significant medication medication error is: which causes the resident rdizes the resident's health or on from a category that usually ation in the resident's blood to cific blood level and a single uld alter that level and arrence of symptoms or ions are administered as ident report or medication e filed for any medication error gnificant medication errors or					

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STATE FORM N0QE11 If continuation sheet 3 of 6

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		00948	B. WING		06/2	) 3/2022
	PROVIDER OR SUPPLIER	105 WEST	DRESS, CITY, S F LINDEN ST FER, MN 55			
(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 SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	TION SHOULD BE COMPLETE DATE	
21545	physician or the phyresident or the resident or the resident designated represe must be made in the C. All medication prescribed. An incirculate occurs. Any significant resident reactions in physician or the phyresident or the resident designated represe	ge 3 nust be reported to the sician's designee and the dent's legal guardian or ntative and an explanation e resident's clinical record. One are administered as dent report or medication error for any medication error that cant medication errors or nust be reported to the sician's designee and the dent's legal guardian or ntative and an explanation e resident's clinical record.	21545			
	by: Based on observation review, the facility facility of a medication error greater. The facility 8% with 2 errors out	ent is not met as evidenced on, interview, and document ailed to ensure they were free or rate of five percent or had a medication error rate of t of 25 opportunities involving (8) who were observed during tration.		corrected.		
	Findings include:					
	_	port dated 6/23/22, indicated I diabetes mellitus and				
	dated 6/22/22, indicated 1. Blood sugar results 2. Order for insuling 100 units/mL (millility subcutaneously in the subcutaneously i	ults were 424 glargine solution pen-injector ters) inject four units				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		` ′	X3) DATE SURVEY COMPLETED	
	00948	B. WING		ı	C <b>23/2022</b>	
NAME OF PROVIDER OR SUPPLIER  THE ESTATES AT LINDEN LL	105 WES	DRESS, CITY, ST F LINDEN STI FER, MN 550				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
registered nurse (Finsulin glargine injection applied the needle unit of insulin. RN-insulin glargine as repeated the same insulin this time from cleaned the tip of the wipe, applied the needle. It wipe, applied the needle. It wipe is administered the insulin gan interview RN-A stated she with needles to be primited the needles with or not seen insulin compriming to indicate to be of insulin and then of insulin.  During an interview consultant pharmaneedles need to be of insulin and then of insulin.  During an interview director of nursing needles need to be insulin and then dia resident received to Give a Shot: Insulin Shot	sly before meals.  Sion on 6/22/22, at 9:35 a.m.  RN)-A cleaned the tip of the ector pen with an alcohol wipe, and primed the dial with one A then dialed up four units of prescribed. RN-A then process for the second type of m the lispro injector pen: she he insulin pen with an alcohol eedle, dialed up one unit to RN-A then turned the dial to as prescribed. RN-A then isulin to R38.  Yon 6/22/22, at 10:02 a.m. as not aware the insulin pen ed with two units of insulin and didosage, so she only primed he unit. RN-A stated she had me out of the needle during it was primed fully.  Yon 6/22/22, at 10:19 a.m. the cist (CP) stated insulin pen exprimed with two to three units dial up the prescribed dosage  Yon 6/22/22, at 1:22 p.m. the (DON) stated insulin pen exprimed with two units of all up the insulin to ensure the the correct insulin dose.  Services document titled How ulin Pens, undated, indicated	21545				
•	units to prime the needle, and rop of insulin appears. Then					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		00948	B. WING		C 06/23/2022		
	NAME OF PROVIDER OR SUPPLIER  THE ESTATES AT LINDEN LLC  STREET ADDRESS, CITY, STATE, ZIP CODE  105 WEST LINDEN STREET						
	/	STILLWA	TER, MN 550	082			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	=	
21545	Continued From pa	ge 5	21545				
	dial up the prescribe	ed dose of insulin.					
	The director of nurse review and revise prinsulin administration are correctly administration are correctly administration and designed educate staff and designed ensure insulin and correctly administer committee could measure compliance.	HOD OF CORRECTION: sing (DON) or designee could olicies and procedures for on and to ensure medications istered. The director of e could develop a system to evelop a monitoring system to other medications were red. The quality assurance onitor these measures to construct the control of the could be a system to construct the control of the could be a system to construct the could be a system to construct the could be a system to construct the could be a system to coul					

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