



Protecting, Maintaining and Improving the Health of All Minnesotans

Electrically delivered via Email

May 14, 2025

Administrator
M Health Fairview University Of MN Medical Center
2450 Riverside Avenue
Minneapolis, MN 55454

RE: Event ID: FFH611

Dear Administrator:

An abbreviated standard survey was completed at your agency on May 13, 2025 by the Minnesota State Department of Health, for the purpose of investigating a complaint and assessing compliance with federal regulations and state licensing statutes.

We are pleased to inform you that this investigation resulted in no deficiencies being issued.

Enclosed is your copy fo the Federal Form CMS-2567 and State Form. A plan of correction is not required.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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

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

PRINTED: 05/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2025
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NAME OF PROVIDER OR SUPPLIER M HEALTH FAIRVIEW UNIVERSITY OF MN MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454
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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) COMPLETION DATE
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A 000	<p>INITIAL COMMENTS</p> <p>On 5/12/25 through 5/13/25, a substantial allegation investigation was conducted by the Minnesota Department of Health to investigate an alleged violation of Federal Regulations for Acute Care Hospital Conditions of Participation at 42 CFR, Part 482. The Conditions of Participation of §482.13 Condition of Participation: Patient's Rights and §482.23 Condition of Participation: Nursing Services were reviewed. As a result of the survey the facility was found IN compliance with these Conditions of Participation.</p> <p>The following complaints were reviewed: H00804347C (MN00112917) H00803467C (MN00112508) H00803339C (MN00112510) H00802688C (MN00112090)</p>	A 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2025
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NAME OF PROVIDER OR SUPPLIER M HEALTH FAIRVIEW UNIVERSITY OF MN MEI	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454
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6 000	<p>INITIAL COMMENTS</p> <p>In accordance with MN State Statute 144.55 Subd 3., for the purpose of hospital licensure, the commissioner of health shall use as minimum standards the hospital certification regulations. An abbreviated survey was conducted from 5/12/25 through 5/13/25 to investigate an alleged violation of State requirements for Hospital Licensure pertaining to: §482.13 Condition of Participation: Patient's Rights and §482.23 Condition of Participation: Nursing Services. Please refer to CMS 2567 for additional information.</p>	6 000		

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