DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electrically delivered via Email

August 29, 2024

Administrator
Mercy Hospital
4050 Coon Rapids Blvd
Coon Rapids, MN 55433

RE: Event ID: CY6O11

Dear Administrator:

An abbreviated standard survey was completed at your agency on August 16, 2024 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	240115	A. BUILDING _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY HOSPITAL	4050 COON RAPIDS BLVD COON RAPIDS, MN 55433

(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
A 000	INITIAL COMMENTS On 8/13/24 through 8/16/24, an abbreviated survey was completed by the Minnesota Department of Health to investigate alleged violations of the Conditions of Participation for §482.13 Condition of Participation: Patient's Rights for Acute Care Hospitals. Mercy Hospital - Unity Campus was found in compliance with the Federal Regulations for Hospital Conditions of Participation at 42 CFR, Part 482. The following complaints were reviewed: H01156643C (MN00105476), H01156810C (MN00105592), H01156809C (MN00104783).	A 000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00009	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY HOSPITAL	4050 COON RAPIDS BLVD COON RAPIDS, MN 55433

(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
6 000	INITIAL COMMENTS 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 8/13/24 through 8/16/24, to investigate alleged violations of State requirements for Hospital Licensure pertaining to: §482.13 Condition of Participation: Patient's Rights. Please refer to CMS 2567 for additional information.	6 000		