DEPARTMENT OF HEALTH

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

January 12, 2022

Administrator
Anoka-Metro Reg Treatment Ctr
3301 Seventh Ave North
Anoka, MN 55303

RE: Project Number Event ID: KCDP11

Dear Administrator:

On December 23, 2021, a substantial allegation investigation was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with the Medicare Conditions of Participation.

The investigators determined that the complaint associated with this allegation investigation was substantiated. However, your facility was found to be in compliance because corrective action was taken prior to the substantial allegation investigation.

Thank you for your cooperation.

Sincerely,

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

Enclosure(s)
cc: Licensing and Certification File

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 244002 | A. BUILDING _____ B. WING _____ | C 12/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ANOKA-METRO REG TREATMENT CTR** | **3301 SEVENTH AVE NORTH ANOKA, MN 55303** |

| (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<br><br>On 12/20/21 through 12/23/21, a substantial allegation investigation was conducted to investigate an alleged violation of the Conditions of Participation for hospitals participating in Medicare, specifically the Condition of Patient Rights at 42 CFR 482.13. Anoka Metro Regional Treatment Center was found IN in compliance with the Federal Regulations for Hospital Conditions of Participation at 42 CFR, Park 482.<br><br>The following complaints were SUBSTANTIATED:<br>H4002165C (MN79475), H4002167C (MN79316 & MN79318) and H4002168C (MN79651), however, no deficiencies were cited.<br><br>The following complaints were UNSUBSTANTIATED:<br>H4002166C (MN79413) | 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.

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January 12, 2022

Administrator
Anoka-Metro Reg Treatment Ctr
3301 Seventh Ave North
Anoka, MN 55303

RE: Event ID: KDCP11

Dear Administrator:

On December 23, 2021, a survey was completed at the above facility by the Minnesota Departments of Health and Public Safety for the purpose of assessing compliance with State standards for licensure based on Minnesota Statutes §144.55, Subd. 3.

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

Enclosed is your copy of 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.

Thank you for your cooperation.

Sincerely,

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

Enclosure(s)
cc: Licensing and Certification File O980

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 00004 | A. BUILDING: _____ B. WING _____ | C 12/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ANOKA-METRO REG TREATMENT CTR** | **3301 SEVENTH AVE NORTH ANOKA, MN 55303** |

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|---|---|---|---|---|
| 6 000 | INITIAL COMMENTS<br><br>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. A substantial allegation survey was conducted 12/20/21 to 12/23/21, to investigate an alleged violation of State requirements for Hospital Licensure pertaining to Patient Rights at 42 CFR 482.13. Please refer to CMS 2567. | 6 000 | | |