DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

July 27, 2022

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

RE: Event ID: PPOR11

Dear Administrator:

An abbreviated standard survey was completed at your agency on July 21, 2022 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,

Kamala Fiske-Downing

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

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 07/21/2022

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 On 7/20/22 through 7/21/22, a substantial allegation investigation was conducted to investigate alleged violations of the Conditions of Participation for Hospitals participating in Medicare, specifically the Condition of Participation of Patient Rights at 42 CFR 482.13. Your facility was found in compliance with the Federal Regulations for Hospital Conditions of Participation at 42 CFR, Part 482. Complaints H40023367C (MN85218), H40023326C (MN85216), and H40023264C (MN85263) were found to be SUBSTANTIATED, however, NO deficiencies were issued due to actions taken by the facility prior to survey.	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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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. A substantial allegation survey was conducted on 7/20/22 through 7/21/22, to investigate an alleged violation of State requirements for Hospital Licensure pertaining to Patient Rights at 42 CFR 482.13 related to complaints H40023367C (MN85218), H40023326C (MN85216), and H40023264C (MN85263). Please refer to CMS 2567.	6 000		