



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 24, 2025

Administrator
Guardian Angels Care Center
400 Evans Avenue
Elk River, MN 55330

RE: CCN: 245012
Cycle Start Date: April 24, 2025

Dear Administrator:

On June 6, 2025, the Minnesota Department of Health 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.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 6, 2025

Administrator
Guardian Angels Care Center
400 Evans Avenue
Elk River, MN 55330

RE: CCN: 245012
Cycle Start Date: April 24, 2025

Dear Administrator:

On April 24, 2025, a survey was completed at your facility by the Minnesota Department of Health 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

Guardian Angels Care Center

May 6, 2025

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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:

Susie Haben, Regional Operations Supervisor, Rapid Response

Health Regulation Division

Minnesota Department of Health

4140 Thielman Lane

Saint Cloud, Minnesota 56301-4557

Email: susie.haben@state.mn.us

Office: (320) 223-7356 Mobile: (651) 230-2334

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 July 24, 2025 (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 October 24, 2025 (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)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:
<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the

Guardian Angels Care Center

May 6, 2025

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same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive, flowing style.

Kamala Fiske-Downing

Compliance Analyst | Federal Enforcement

Health Regulation Division

Minnesota Department of Health

Kamala.Fiske-Downing@state.mn.us

Office: 651-201-4112

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

PRINTED: 05/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGELS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 EVANS AVENUE ELK RIVER, MN 55330		
(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
F 000	INITIAL COMMENTS On 4/22/25 through 4/24/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed during the survey: H50122763C (MN00112156); H50122849C (MN00112127). As a result of the investigation, a deficiency was cited at F695. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.	F 695			5/20/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/14/2025

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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F 695	Continued From page 1 The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow physician orders and ensure provider was notified of resident refusals for continuous positive airway pressure (CPAP) orders for 1 of 1 residents (R2) reviewed respiratory care. Findings include: R2's admission Minimal Data Set (MDS) dated 3/30/25, indicated R2 had diagnoses of pulmonary fibrosis (condition where the lungs become scarred and thickened, making it difficult to breathe), acute and chronic respiratory failure, chronic obstructive pulmonary disease, and obstructive sleep apnea (sleep disorder where breathing repeatedly pauses or slows down during sleep due to a blockage of the upper airway). Further, MDS revealed R2 had exhibited behavior related to rejection of care. R2's medication administration record (MAR) and treatment administration record (TAR) dated April 2025, revealed R2 had physician order's directing staff to record hours R2 kept his CPAP (a machine that uses mild alit pressure to keep breathing airways open while you sleep) on, chart when refuses every night shift dated 3/31/25. R2's MAR/TAR revealed on two occasions R2 had refused, and 10 occasions was documented			F 695	Provider for R2 was notified of R2 refusal for CPAP on 4/7/2025. R2 order for continuous positive airway pressure (CPAP) was reviewed and updated by Provider on 4/7/2025. R2 no longer resides at the Facility. An audit of resident refusal of Provider Orders has been conducted for 96 of 96 residents. Providers were notified of Residents with refusal of Provider orders per updated Administration Procedures of Medications policy. Administration Procedures for Medications Policy reviewed and updated. Facility nurses will receive re-education regarding following Provider orders and regarding notification to Providers of resident refusal. Facility will audit the resident charts for residents who refuse Provider orders to ensure Provider notification of refusals has been completed per Administration Procedures for Medications Policy. This audit will be completed weekly, for four (4) weeks, then monthly until reviewed by		

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F 695	Continued From page 2 as 0 hours worn. R2 also had an order to remove R2's CPAP at 8:00 a.m. which was documented as completed from 4/4/25 through 4/7/25. R1's care plan revised 4/21/25, identified R2 had a behavior problem as evidenced by increased agitation, restlessness, fidgeting, pulling off clothes, pulling at drainage tube, and self-transferring. R2's care plan directed staff when refusing cares or tasks to ensure safety, attempt to re-approach, offer alternate caregiver, offer choices, and notify charge nurse. Further, R2's care plan revealed R2 had an altered respiratory status and difficulty breathing. R2's respiratory interventions included CPAP use and R2 had the right to refuse but staff were to encourage use while in bed. On 4/23/25 at 11:14 a.m., licensed practical nurse (LPN)-A stated family member (FM)-A arrived at the facility on 4/7/25, and was upset R2 did not have his CPAP on and/or in his room. LPN-A stated this was her first time working with R2 and was not aware he required a CPAP, but LPN-A stated she would go look in R2's old room for it. LPN-A stated she found the CPAP and brought it to R2's current room. LPN-A confirmed she had observed R2 on the morning of 4/7/25, in bed without a CPAP on. Further, LPN-A stated she was informed R2 had a history of refusing the CPAP, but with R2's respiratory diagnoses he should have still been offered to wear it. On 4/23/25 at 12:05 p.m., FM-A stated R2 had end stage lung disease and tested positive for COVID-19 on 4/4/35, which R2 then had to move to the isolation unit into a private room. FM-A stated she arrived at the facility in the morning of 4/7/25, and noted R2 did not have his CPAP	F 695	QAPI for determination of an end date of audits.		

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F 695	Continued From page 3 machine. FM-A stated R2's CPAP was not new for him, and he had an order to wear the CPAP at night while sleeping due to his sleep apnea, however when R2 moved rooms on 4/4/25, staff did not bring his CPAP to his new room. Further, FM-A stated R2 would often decline to wear the CPAP or remove it himself, but he should still be offered to wear it. On 4/23/25 at 1:54 p.m. nurse practitioner (NP) stated R2 had an order to wear his CPAP at night because he had a diagnosis of sleep apnea. NP stated she was not aware of R2 refusing to wear the CPAP. On 4/23/25 at 2:50 p.m., registered nurse (RN)-A stated R2 had an order to wear his CPAP at night, however R2 had a history of refusing to wear the CPAP or removing the CPAP himself during the night. RN-A stated staff would still be expected to offer R2 his CPAP and document all refusals in R2's MAR/TAR, and RN-A confirmed staff would be expected to notify the provider of consistent refusals. On 4/23/25 at 4:35 p.m., combined interview with director of nursing (DON) and administrator revealed R2 was moved from the 100 unit on the evening of 4/3/25, to the 500 unit. DON and administrator stated during the transition to the other unit, R2's CPAP was not transferred to the new room and was not available for R2. Further, DON and administrator stated there were reports from the 100-unit staff R2 would often refuse to wear his CPAP, however DON and administrator confirmed R2's provider had not been updated regarding R2's consistent refusals as expected. In addition, DON and administrator confirmed staff had documented in R2's MAR/TAR for CPAP	F 695			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
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F 695	Continued From page 4 completion 4/4/25 through 4/7/25, however R2 did not have his CPAP in his room at the time. DON and administrator stated staff had not been re-educated regarding following physician orders and updating provider related to consistent refusals. On 4/24/25 at approximately 12:50 p.m., requested facility policy related to refusal of physician orders and notifying physician from administrator and DON, however facility failed to provide a copy.	F 695			



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May 6, 2025

Administrator
Guardian Angels Care Center
400 Evans Avenue
Elk River, MN 55330

Re: Event ID: 818111

Dear Administrator:

The above facility survey was completed on April 24, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is 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.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGELS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 EVANS AVENUE ELK RIVER, MN 55330		
(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	
2 000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. 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. INITIAL COMMENTS: On 4/22/25 through 4/24/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure.	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

05/14/25

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00611	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGELS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 EVANS AVENUE ELK RIVER, MN 55330		
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2 000	Continued From page 1 The following complaints were reviewed during the survey: H50122763C (MN00112156); H50122849C (MN00112127). Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000			