



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered  
February 17, 2026

Administrator  
Highland Chateau Health And Rehabilitation Center  
2319 WEST SEVENTH STREET  
SAINT PAUL, MN 55116

RE: CCN: 245028  
Cycle Start Date: December 30, 2025

Dear Administrator:

On February 11, 2026, the Minnesota Department(s) 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 cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697

Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)



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February 17, 2026

Administrator  
Highland Chateau Health And Rehabilitation Center  
2319 WEST SEVENTH STREET  
SAINT PAUL, MN 55116

Re: Reinspection Results  
Event ID: 1E14BC-H2

Dear Administrator:

On February 11, 2026 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 15, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697

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*An equal opportunity employer.*



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February 4, 2026

Administrator  
Highland Chateau Health And Rehabilitation Center  
2319 WEST SEVENTH STREET  
SAINT PAUL, MN 55116

RE: CCN: 245028

Cycle Start Date: December 30, 2025

Dear Administrator:

**Please note that this facility has been chosen as a Special Focus Facility (SFF). CMS' policy of progressive enforcement means that any SFF nursing home that reveals a pattern of persistent poor quality is subject to increasingly stringent enforcement action, including stronger civil monetary penalties, denial of payment for new admissions and/or termination of the Medicare provider agreement.**

On January 22, 2026, we informed you of imposed enforcement remedies.

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 30, 2026. (42 CFR 488.417 (b))

On January 15, 2026, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found 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.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 30, 2026. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 30, 2026.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of January 22, 2026, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from March 30, 2026.

### **ELECTRONIC PLAN OF CORRECTION (ePOC)**

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

**Lisa Krebs, Regional Operations Supervisor RR**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**Rochester District Office**  
**3425 40th Avenue NW, Suite 115**  
**Rochester, MN 55901**  
**Email: [Lisa.Krebs@state.mn.us](mailto:Lisa.Krebs@state.mn.us)**

**Office (507) 206-2728**

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

District Supervisor address block goes here

#### **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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 30, 2026 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

## **APPEAL RIGHTS**

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice.

A copy of the hearing request shall be submitted electronically to:

[tamika.brown@cms.hhs.gov](mailto:tamika.brown@cms.hhs.gov)

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building – Room G-644  
Washington, D.C. 20201  
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown at (312) 353-1502.

Information may also be emailed to [tamika.brown@cms.hhs.gov](mailto:tamika.brown@cms.hhs.gov).

### **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](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 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,



Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697

Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)



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February 4, 2026

Administrator  
Highland Chateau Health And Rehabilitation Center  
2319 WEST SEVENTH STREET  
SAINT PAUL, MN 55116

Re: State Nursing Home Licensing Orders

Event ID: 1E14BC-H1

Dear Administrator:

The above facility survey was completed on January 15, 2026 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 one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction

Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

**Lisa Krebs, Regional Operations Supervisor RR**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**Rochester District Office**  
**3425 40th Avenue NW, Suite 115**  
**Rochester, MN 55901**  
**Email: [Lisa.Krebs@state.mn.us](mailto:Lisa.Krebs@state.mn.us)**

**Office (507) 206-2728**

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.

Please feel free to call me with any questions.

Sincerely,

*Sarah Lane*

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697

Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/15/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Highland Chateau Health And Rehabilitation Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2319 WEST SEVENTH STREET , SAINT PAUL, Minnesota, 55116</b>	
(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
F0000	<p>INITIAL COMMENTS</p> <p>On 1/9/26, 1/13/26, 1/14/26, 1/15/26, 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.</p> <p>The following complaints were reviewed. H50281280C (2705540) (2701207) (2691947); H50289362C (2684112) (2681599); H50281703C (2696591) (2697582); H50281440C (2693866) with a deficiency issued at: F628</p> <p>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.</p> <p>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.</p>	F0000		02/04/2026
F0628 SS = D	<p>Discharge Process</p> <p>CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible</p>	F0628	<p>R2 and R 7 both remain in the facility and currently have an appeal case pending. All current residents who were issued a 30-day discharge notice, their notice included the email address to the state agency appeals coordinator and contact information to the Office of the Ombudsman for Long-Term care. Future residents who are issued a 30-day discharge notice, the form will be presented with the Ombudsman information and will include other office information for residents with disabilities and mental health contact information per policy.</p> <p>The IDT team was in-serviced on the Transfer Discharge Notice with focus on item #2 that the necessary information will be completed with the reason for discharge, transfer date, location, state long-term care ombudsman, agency information for mentally ill or developmental individuals and the state health department.</p>	02/06/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/15/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Highland Chateau Health And Rehabilitation Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2319 WEST SEVENTH STREET , SAINT PAUL, Minnesota, 55116</b>	
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F0628 SS = D	<p>Continued from page 1 for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p>	F0628	<p>Continued from page 1</p> <p>The Facility Administrator and/or designee are responsible for compliance.</p> <p>Audits on 30-day notice forms issued with the notice appeal contact information will begin weekly x 2 weeks then monthly to ensure compliance.</p> <p>Audit results will be reviewed by the Administrator, and the Administrator will take the audit results to QAPI for review and recommendation.</p> <p>Compliance: 02062026</p>	

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/15/2026</b>
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F0628 SS = D	<p>Continued from page 2</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and</p>	F0628		

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F0628 SS = D	<p>Continued from page 3 Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold</p>	F0628		

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/15/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Highland Chateau Health And Rehabilitation Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2319 WEST SEVENTH STREET , SAINT PAUL, Minnesota, 55116</b>	
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F0628 SS = D	<p>Continued from page 4 policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and document review the facility failed to ensure the contents of a 30-day discharge notice included the correct information for 2 of 2 residents (R2, R7) reviewed for admission/discharge.</p> <p>Findings include:</p> <p>Findings include:</p> <p>R2's face sheet dated 1/15/26, identified diagnosis of alcoholic cirrhosis (a final irreversible stage of alcohol associated liver disease), chronic viral hepatitis C (a bloodborne virus that causes liver inflammation), chronic obstructive pulmonary disease (a lung disease that causes severe airflow blockage) , absence of left leg above the knee, anxiety disorder (a mental health condition involving persistent, excessive fear of worry) and depression (a common serious mood disorder characterized by persistent sadness).</p> <p>R2's minimum data set (MDS) dated 10/3/25, identified R2 was independent with transfers and was cognitively intact.</p> <p>R2's smoking focus care plan dated 9/15/25, identified R2 was a smoker. Goal to not suffer injury from unsafe smoking practices. Interventions as followed: instruct</p>	F0628		

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F0628 SS = D	<p>Continued from page 5 resident about the facility policy on smoking locations, times and safety; notify charge nurse immediately if it is suspected resident has violated facility smoking policy.</p> <p>R2's progress note dated 12/28/25 at 9:40 p.m., identified R2 had been observed smoking inside his room. Staff reminded R2 that smoking inside the room is against facility policy. R2 was educated on the safety risk associated on smoking indoors, and R2 stated he had been "kicked out several times" and expressed that he does not care and it was "too cold to go outside to smoke." R2 stated he is aware of the risks and the facility policy, but stated he does not care.</p> <p>R2's progress note dated 12/28/25 at 10:32 p.m., identified R2 continued to smoke in his room, multiple staff asked R2 to not smoke. R2 continued to smoke anyway.</p> <p>R2's progress note dated 12/29/25, identified R2 was given a 30-day notice. R2's progress did not identify specific reasons why R2 was provided with a 30-day notice</p> <p>R2's discharge form dated 12/29/25, identified R2 would be transferred on 1/29/25 (incorrect date) and the reason for the transfer was as followed: The safety of individuals in the facility is endangered; The health of individuals in the facility would otherwise be endangered. The form was signed by the assistant director of nursing (ADON) on 12/29/25.</p> <p>The form did not identify an email address to the state agency (SA) appeals coordinator, nor, contact information to the Office of the Ombudsman for Long-Term Care for information or assistance.</p> <p>During an observation and interview on 1/14/26 at 1:31 p.m., R2 stated he had received an "eviction notice" a couple times recently. R2 went to his drawer and removed an initial discharge notice from a drawer in his room with a date of 11/17/25. R2 stated the facility "must have forgot about it" because he is still in the facility. R2 then removed a second discharge notice dated 12/29/25 out of his drawer, with a list of homeless shelters in the area stapled to the back. R2 stated he was being "kicked out" because he was being mean to other residents, however, he "gets along" with everyone. R2 was not aware of the notice being given to him because he violated the smoking policy. R2 stated the contact information for the ombudsman had not been listed on the form that was given to him, and he had to find the number from a</p>	F0628		

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F0628 SS = D	<p>Continued from page 6 staff member in the facility a few days ago. R2 stated the facility just gave him a list of homeless shelters to reach out to but "I am not going to homeless shelter, and I don't want to go anywhere."</p> <p>During an interview on 1/14/26 at 10:58 a.m., assistant director of nursing (ADON) stated on 12/29/25 she had been informed R2 had been violating the smoking policy repeatedly and had been caught smoking in his room and had been instructed by the administrator in training (AIT) to give R2 a 30-day discharge notice. ADON stated she had been given the form by the AIT, however, she did not notice that the area where the ombudsman's contact information was supposed to be entered was blank.</p> <p>R7's face sheet dated 1/15/26, identified diagnoses of diabetes mellitus (a condition where the body uses blood sugar as fuel), chronic pain syndrome, opioid dependence, depression, and anxiety.</p> <p>R7's Quarterly MDS dated 10/29/25, identified R7 was independent with transfers, activities of daily living, and was cognitively intact.</p> <p>R7's care plan dated 7/23/25, identified R7 is a vulnerable adult due to alcohol/substance abuse and traumatic life event. Goal to remain safe. Interventions as followed: if poses a potential threat to injure self or others notify provider, if safe allow resident personal space.</p> <p>R7's discharge form dated 12/29/25, identified R7 would be transferred on 1/29/26 and the reason for the transfer is as followed:</p> <ul style="list-style-type: none"> <li>-The safety of individuals in the facility is endangered.</li> <li>-The health of individuals in the facility would otherwise be endangered.</li> </ul> <p>The form did not identify an email address to the state agency (SA) appeals coordinator, nor, contact information to the Office of the Ombudsman for Long-Term Care for information or assistance.</p> <p>The form was signed by the assistant director of nursing (ADON) on 12/29/25.</p> <p>During an interview on 1/14/26 at 10:58 a.m., ADON stated R7 was given a 30-day notice because he was found to be using illicit drugs while in the facility and staff had to call 911 and be sent to the hospital</p>	F0628		

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F0628 SS = D	<p>Continued from page 7 for treatment.</p> <p>During an interview on 1/14/26 at 10:28 a.m., R7 stated the facility had given him a 30-day notice, however, the information to reach out to the ombudsman was not on the form. R7 further stated he finally was able to contact the ombudsman and they are assisting him. R7 thought the only option was to "beg" the administrator to stay because the facility had not done anything to help him find somewhere to go.</p> <p>During an interview on 1/15/26 at 12:15 p.m., the long term care ombudsman (LTCO) stated the 30-day notice forms should have included contact information to the ombudsman office to all the her to offer assistance with the appeal process for each resident that is given a 30 day notice. LTCO came to the facility on 1/7/26 to request a copy of the discharge notices given to R2 and R7, however, she did not received the requested information until 1/14/26.</p> <p>During an interview on 1/14/26 at 3:00 p.m., administrator in training (AIT) stated R2 had been given a 30-day notice on 12/29/25 due to not following the smoking policy and had repeatedly been found smoking in his room. DON further stated she was not aware the ombudsman's contact information had not been put on the forms before they had been given to both R2 and R7. AIT further stated the ombudsman came to the facility on 1/7/26 and inquired about the discharge notices for both R2 and R7, due to not being received by their office. AIT stated an email had been sent to the ombudsman office on 12/30/25, however, did not verify that the ombudsman's office received the forms.</p> <p>Review of the facility's Transfer or Discharge Notice Policy dated 3/2/25, identified Our facility shall provide a resident and/or the resident's representative (sponsor) with a thirty (30)-day written notice of an impending transfer or discharge.</p> <p>Except as specified below, a resident, and/or his or her representative (sponsor) will be given a thirty (30)-day advance notice of an impending transfer or discharge from our facility and a bed hold notice given to the resident and/or representative for emergent transfers or therapeutic leave: The transfer is necessary for the resident's welfare and the resident's needs cannot be met in the facility; The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility. The safety of individuals in the facility is endangered. The health of individuals in the facility would otherwise be</p>	F0628		

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F0628 SS = D	Continued from page 8 endangered. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. An immediate transfer or discharge is required by the resident's urgent medical needs. The resident has not resided in the facility for thirty (30) days; and/or The facility ceases to operate. The resident and/or representative (sponsor) will be provided with the following information: The reason for the transfer or discharge. The effective date of the transfer or discharge. The location to which the resident is being transferred or discharged. The name, address, and telephone number of the state long-term care ombudsman. The name, address, and telephone number of each individual or agency responsible for the protection and advocacy of mentally ill or developmental disabled individuals (as applies); and The name, address, and telephone number of the state health department agency that has been designated to handle appeals of transfers and discharge notices.	F0628		

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>On 1/9/26, 1/13/26, 1/14/26, 1/15/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	20000		02/04/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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20000	Continued from page 1  The following complaints were reviewed. H50281280C (2705540) (2701207) (2691947); H50289362C (2684112) (2681599); H50281703C (2696591) (2697582); H50281440C (2693866) with a licensing order issued at 1925.  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.  You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.  PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	20000		
21925	Patients & Residents of HC Fac.Bill of Rights  CFR(s): MN St. Statute 144.651 Subd. 29  Subd. 29. Transfers and discharges. Residents shall not be arbitrarily transferred or discharged. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days	21925	Corrected	02/06/2026

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21925	<p>Continued from page 2 before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the resident's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly-admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and document review the facility failed to ensure the contents of a 30-day discharge notice included the correct information for 2 of 2 residents (R2, R7) reviewed for admission/discharge.</p> <p>Findings include</p> <p>R2's face sheet dated 1/15/26, identified diagnosis of alcoholic cirrhosis (a final irreversible stage of alcohol associated liver disease), chronic viral hepatitis C (a bloodborne virus that causes liver inflammation), chronic obstructive pulmonary disease (a lung disease that causes severe airflow blockage) , absence of left leg above the knee, anxiety disorder (a mental health condition involving persistent, excessive fear of worry) and depression (a common serious mood disorder characterized by persistent sadness).</p> <p>R2's minimum data set (MDS) dated 10/3/25, identified R2 was independent with transfers and was cognitively intact.</p> <p>R2's smoking focus care plan dated 9/15/25, identified R2 was a smoker. Goal to not suffer injury from unsafe smoking practices. Interventions as followed: instruct resident about the facility policy on smoking locations, times and safety; notify charge nurse immediately if it is suspected resident has violated facility smoking policy.</p> <p>R2's progress note dated 12/28/25 at 9:40 p.m.,</p>	21925		

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21925	<p>Continued from page 3</p> <p>identified R2 had been observed smoking inside his room. Staff reminded R2 that smoking inside the room is against facility policy. R2 was educated on the safety risk associated on smoking indoors, and R2 stated he had been "kicked out several times" and expressed that he does not care and it was "too cold to go outside to smoke." R2 stated he is aware of the risks and the facility policy, but stated he does not care.</p> <p>R2's progress note dated 12/28/25 at 10:32 p.m., identified R2 continued to smoke in his room, multiple staff asked R2 to not smoke. R2 continued to smoke anyway.</p> <p>R2's progress note dated 12/29/25, identified R2 was given a 30-day notice. R2's progress did not identify specific reasons why R2 was provided with a 30-day notice</p> <p>R2's discharge form dated 12/29/25, identified R2 would be transferred on 1/29/25 (incorrect date) and the reason for the transfer was as followed: The safety of individuals in the facility is endangered; The health of individuals in the facility would otherwise be endangered. The form was signed by the assistant director of nursing (ADON) on 12/29/25.</p> <p>The form did not identify an email address to the state agency (SA) appeals coordinator, nor, contact information to the Office of the Ombudsman for Long-Term Care for information or assistance.</p> <p>During an observation and interview on 1/14/26 at 1:31 p.m., R2 stated he had received an "eviction notice" a couple times recently. R2 went to his drawer and removed an initial discharge notice from a drawer in his room with a date of 11/17/25. R2 stated the facility "must have forgot about it" because he is still in the facility. R2 then removed a second discharge notice dated 12/29/25 out of his drawer, with a list of homeless shelters in the area stapled to the back. R2 stated he was being "kicked out" because he was being mean to other residents, however, he "gets along" with everyone. R2 was not aware of the notice being given to him because he violated the smoking policy. R2 stated the contact information for the ombudsman had not been listed on the form that was given to him, and he had to find the number from a staff member in the facility a few days ago. R2 stated the facility just gave him a list of homeless shelters to reach out to but "I am not going to homeless shelter, and I don't want to go anywhere."</p>	21925		

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21925	<p>Continued from page 4</p> <p>During an interview on 1/14/26 at 10:58 a.m., assistant director of nursing (ADON) stated on 12/29/25 she had been informed R2 had been violating the smoking policy repeatedly and had been caught smoking in his room and had been instructed by the administrator in training (AIT) to give R2 a 30-day discharge notice. ADON stated she had been given the form by the AIT, however, she did not notice that the area where the ombudsman's contact information was supposed to be entered was blank.</p> <p>R7's face sheet dated 1/15/26, identified diagnoses of diabetes mellitus (a condition where the body uses blood sugar as fuel), chronic pain syndrome, opioid dependence, depression, and anxiety.</p> <p>R7's Quarterly MDS dated 10/29/25, identified R7 was independent with transfers, activities of daily living, and was cognitively intact.</p> <p>R7's care plan dated 7/23/25, identified R7 is a vulnerable adult due to alcohol/substance abuse and traumatic life event. Goal to remain safe. Interventions as followed: if poses a potential threat to injure self or others notify provider, if safe allow resident personal space.</p> <p>R7's discharge form dated 12/29/25, identified R7 would be transferred on 1/29/26 and the reason for the transfer is as followed:</p> <ul style="list-style-type: none"> <li>-The safety of individuals in the facility is endangered.</li> <li>-The health of individuals in the facility would otherwise be endangered.</li> </ul> <p>The form did not identify an email address to the state agency (SA) appeals coordinator, nor, contact information to the Office of the Ombudsman for Long-Term Care for information or assistance.</p> <p>The form was signed by the assistant director of nursing (ADON) on 12/29/25.</p> <p>During an interview on 1/14/26 at 10:58 a.m., ADON stated R7 was given a 30-day notice because he was found to be using illicit drugs while in the facility and staff had to call 911 and be sent to the hospital for treatment.</p> <p>During an interview on 1/14/26 at 10:28 a.m., R7 stated</p>	21925		

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21925	<p>Continued from page 5 the facility had given him a 30-day notice, however, the information to reach out to the ombudsman was not on the form. R7 further stated he finally was able to contact the ombudsman and they are assisting him. R7 thought the only option was to "beg" the administrator to stay because the facility had not done anything to help him find somewhere to go.</p> <p>During an interview on 1/15/26 at 12:15 p.m., the long term care ombudsman (LTCO) stated the 30-day notice forms should have included contact information to the ombudsman office to all the her to offer assistance with the appeal process for each resident that is given a 30 day notice. LTCO came to the facility on 1/7/26 to request a copy of the discharge notices given to R2 and R7, however, she did not received the requested information until 1/14/26.</p> <p>During an interview on 1/14/26 at 3:00 p.m., administrator in training (AIT) stated R2 had been given a 30-day notice on 12/29/25 due to not following the smoking policy and had repeatedly been found smoking in his room. DON further stated she was not aware the ombudsman's contact information had not been put on the forms before they had been given to both R2 and R7. AIT further stated the ombudsman came to the facility on 1/7/26 and inquired about the discharge notices for both R2 and R7, due to not being received by their office. AIT stated an email had been sent to the ombudsman office on 12/30/25, however, did not verify that the ombudsman's office received the forms.</p> <p>Review of the facility's Transfer or Discharge Notice Policy dated 3/2/25, identified Our facility shall provide a resident and/or the resident's representative (sponsor) with a thirty (30)-day written notice of an impending transfer or discharge.</p> <p>Except as specified below, a resident, and/or his or her representative (sponsor) will be given a thirty (30)-day advance notice of an impending transfer or discharge from our facility and a bed hold notice given to the resident and/or representative for emergent transfers or therapeutic leave:</p> <p>The transfer is necessary for the resident's welfare and the resident's needs cannot be met in the facility;The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.The safety of individuals in the facility is endangered.The health of individuals in the facility would otherwise be endangered.The resident has</p>	21925		

Minnesota State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/15/2026</b>
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21925	<p>Continued from page 6 failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. An immediate transfer or discharge is required by the resident's urgent medical needs. The resident has not resided in the facility for thirty (30) days; and/or The facility ceases to operate.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON), or designee could review and/or develop policy and procedures that written notification was provided to the resident and their representative before a transfer. The facility could educate staff on these policies and audit periodically. The results of these audits will be reviewed by the quality assessment committee to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	21925		