



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered  
February 13, 2026

Administrator  
ST ANTHONY PARK HOME INC  
2237 COMMONWEALTH AVENUE  
SAINT PAUL, MN 55108

RE: CCN: 245063

Cycle Start Date: January 14, 2026

Dear Administrator:

On February 11, 2026, 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.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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](mailto:Melissa.Poepping@state.mn.us)



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February 13, 2026

Administrator  
ST ANTHONY PARK HOME INC  
2237 COMMONWEALTH AVENUE  
SAINT PAUL, MN 55108

Re: Reinspection Results  
Event ID: 1E0E00-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 14, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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](mailto:Melissa.Poepping@state.mn.us)



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered  
January 27, 2026

Administrator  
ST ANTHONY PARK HOME INC  
  
2237 COMMONWEALTH AVENUE  
SAINT PAUL, MN 55108

RE: CCN:245063  
Cycle Start Date: January 14, 2026

Dear Administrator:

On January 14, 2026, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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 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:

**Lisa Krebs, Regional Operations Supervisor, Rapid Response**  
**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**  
**Office (507) 206-2728**

#### **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 April 14, 2026 (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 July 14, 2026 (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](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,



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](mailto:Melissa.Poepping@state.mn.us)



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Electronically delivered  
January 27, 2026

Administrator  
ST ANTHONY PARK HOME INC  
2237 COMMONWEALTH AVENUE  
SAINT PAUL, MN 55108

Re: State Nursing Home Licensing Orders  
Event ID: 1E0E00-H1

Dear Administrator:

The above facility survey was completed on January 14, 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, Rapid Response  
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.



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](mailto:Melissa.Poepping@state.mn.us)

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>        |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><b>245063</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING  | (X3) DATE SURVEY COMPLETED<br><b>01/14/2026</b> |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>ST ANTHONY PARK HOME INC</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2237 COMMONWEALTH AVENUE , SAINT PAUL, Minnesota, 55108</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 1/14/26, 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: H50633460C (2712917) with a citation at F880.</p> <p>H50633541C (2714331 and 2714429).</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   |   | 02/06/2026                                      |
| F0880<br>SS = F   | <p>Infection Prevention &amp; Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p>   | F0880   | <p>Corrective active for those affected</p> <p>Immediately upon identification of the deficiency, staff on duty were instructed to don appropriate masks per outbreak protocol.</p> <p>Follow-up audits were completed to ensure compliance until all residents were out of COVID-19 isolation on 1/17/26.</p> <p>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.</p> <p>The COVID-19 policy and procedure was reviewed and updated to reflect communication protocol when the facility is in an outbreak and requiring facility-wide masking. The review date was added to the policy and</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 |
|---|-------|-----------|

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><b>245063</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING  | (X3) DATE SURVEY COMPLETED<br><b>01/14/2026</b> |
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| F0880<br>SS = F   | <p>Continued from page 1</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> | F0880   | <p>Continued from page 1 procedure.</p> <p>Re-education was provided to staff on outbreak masking protocol, how mandatory outbreak masking protocol will be communicated and proper mask usage. Competencies were completed by staff on the proper usage/fitting of masks.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</p> <p>The facility will conduct audits to ensure compliance with staff wearing masks during a facility outbreak Qshift x 2 weeks, daily x 2 weeks, 2x/week x 1 month, weekly for a month and monthly thereafter.</p> <p>Audit results will be documented and reviewed by the Quality Assurance and Performance Improvement (QAPI) Committee. Any non-compliance will result in immediate corrective action and re-education and the audit frequency will be adjusted as needed.</p> <p>Person responsible for monitoring and compliance:<br/>Director of Nursing/Designee</p> <p>The date that the deficiency will be corrected<br/>2/6/26</p> |   |

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>        |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><b>245063</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING  | (X3) DATE SURVEY COMPLETED<br><b>01/14/2026</b> |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>ST ANTHONY PARK HOME INC</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2237 COMMONWEALTH AVENUE , SAINT PAUL, Minnesota, 55108</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                            |
| F0880<br>SS = F   | <p>Continued from page 2</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and document review, the facility failed to ensure appropriate personal protective equipment (PPE) was worn by staff according to the Center for Disease Control and Prevention (CDC) guidelines for a facility in outbreak status. This had the potential to affect all 73 residents in the building.</p> <p>Findings include:</p> <p>CDC Infection control guidance: SARS-CoV-2 (Covid-19) dated 6/24/2024 advised source control is recommended for those residing or working on a unit of the facility experiencing a Covid-19 or other outbreak of respiratory infection. Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.</p> <p>On 1/14/2026 at 8:30 a.m., a sign was observed on the front door and in the elevator which directed "Masks required for staff."</p> <p>On 1/14/2026 at 9:04 a.m., licensed practical nurse (LPN)-A was observed not wearing a mask while standing at the nurse's desk in close proximity to other staff members. LPN-A stated he did not know if he should be wearing a mask, but was going to put one on until he could find the answer.</p> <p>On 1/14/2026 at 9:12 a.m., laundry assistant (LA)-A was observed not wearing a mask while talking with a resident in the resident's room. Nursing assistant (NA) was observed at the nurse's desk not wearing a mask. At 9:19 a.m., NA-A was observed wearing a mask.</p> <p>During an interview on 1/14/2026 at 9:19 AM LA-A stated she delivers laundry to all resident rooms in the facility. She did not have a mask on because it made her face break out. At 9:26 a.m. LA-A was observed wearing a mask. LA-A stated she was informed she needed to wear a mask whenever she was around the residents.</p> | F0880   |   |   |

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>        |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><b>245063</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING  | (X3) DATE SURVEY COMPLETED<br><b>01/14/2026</b> |
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| F0880<br>SS = F   | <p>Continued from page 3</p> <p>On 1/14/2026 at 10:13 a.m., NA-B was observed wearing her mask under her chin while in a common area with residents. NA-B stated masks should be worn covering the nose and mouth whenever she is around residents.</p> <p>On 1/14/2026 at 11:50 a.m., LPN-B was observed wearing her mask under her chin while at the nurse's desk with other staff members. LPN-B stated she should have had her mask covering her nose and mouth when she was around other people. All staff members were required to wear a mask.</p> <p>On 1/14/2026 at 1:45 p.m., NA-A was observed wearing a mask under her chin in a common area with residents. NA-A stated all staff are required to wear a mask and acknowledged she was not wearing a mask this morning until she was reminded to put one on. NA-A stated a mask should be worn covering her nose and mouth when around residents.</p> <p>During an interview on 1/14/2026 at 2:29 p.m., the infection preventionist nurse (IP) stated all staff members are required to wear a mask when in resident care areas and at the nurse's desk. A mask is worn properly when covering the nose and mouth.</p> <p>The undated Covid-19 policy and procedure instructed signage will be posted regarding an outbreak, personal protective equipment, and source control.</p> | F0880   |   |   |

Minnesota State Department of Health

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING  | (X3) DATE SURVEY COMPLETED<br><b>01/14/2026</b> |
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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 1/14/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with MN State Licensure, and the following licensing orders 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  |   | 02/06/2026                                      |

Office of Primary Care and Health Systems Management

|   |       |           |
|---|-------|-----------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|

Minnesota State Department of Health

| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING  | (X3) DATE SURVEY COMPLETED<br><b>01/14/2026</b> |
|---|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>ST ANTHONY PARK HOME INC</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2237 COMMONWEALTH AVENUE , SAINT PAUL, Minnesota, 55108</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                            |
| 20000   | <p>Continued from page 1<br/>The following complaints were reviewed: H50633460C (2712917) with a licensing order issued at 1375.</p> <p>H50633541C (2714331 and 2714429).</p> <p>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.</p> <p>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.</p> <p>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.</p> | 20000  |   |   |
| 21375   | <p>Infection Control; Program</p> <p>CFR(s): MN Rule 4658.0800 Subp. 1</p> <p>Subpart 1. Infection control program. A nursing home must establish and maintain an infection control program designed to provide a safe and sanitary environment.</p>  | 21375  | Corrected.  | 02/06/2026                                      |

Minnesota State Department of Health

| <p><b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b></p>         | <p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p>   | <p>(X2) MULTIPLE CONSTRUCTION<br/>A. BUILDING<br/>B. WING</p>   | <p>(X3) DATE SURVEY COMPLETED<br/><b>01/14/2026</b></p>   |                      |
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| <p>21375</p>  | <p>Continued from page 2</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 appropriate personal protective equipment (PPE) was worn by staff according to the Center for Disease Control and Prevention (CDC) guidelines for a facility in outbreak status. This had the potential to affect all 73 residents in the building.</p> <p>Findings include:</p> <p>CDC Infection control guidance: SARS-CoV-2 (Covid-19) dated 6/24/2024 advised source control is recommended for those residing or working on a unit of the facility experiencing a Covid-19 or other outbreak of respiratory infection. Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.</p> <p>On 1/14/2026 at 8:30 a.m., a sign was observed on the front door and in the elevator which directed "Masks required for staff."</p> <p>On 1/14/2026 at 9:04 a.m., licensed practical nurse (LPN)-A was observed not wearing a mask while standing at the nurse's desk in close proximity to other staff members. LPN-A stated he did not know if he should be wearing a mask, but was going to put one on until he could find the answer.</p> <p>On 1/14/2026 at 9:12 a.m., laundry assistant (LA)-A was observed not wearing a mask while talking with a resident in the resident's room. Nursing assistant (NA) was observed at the nurse's desk not wearing a mask. At 9:19 a.m., NA-A was observed wearing a mask.</p> <p>During an interview on 1/14/2026 at 9:19 AM LA-A stated she delivers laundry to all resident rooms in the facility. She did not have a mask on because it made her face break out. At 9:26 a.m. LA-A was observed wearing a mask. LA-A stated she was informed she needed to wear a mask whenever she was around the residents.</p> <p>On 1/14/2026 at 10:13 a.m., NA-B was observed wearing her mask under her chin while in a common area with residents. NA-B stated masks should be worn covering the nose and mouth whenever she is around residents.</p> <p>On 1/14/2026 at 11:50 a.m., LPN-B was observed wearing her mask under her chin while at the nurse's desk with</p> | <p>21375</p>  |   |                      |

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| 21375   | <p>Continued from page 3<br/>other staff members. LPN-B stated she should have had her mask covering her nose and mouth when she was around other people. All staff members were required to wear a mask.</p> <p>On 1/14/2026 at 1:45 p.m., NA-A was observed wearing a mask under her chin in a common area with residents. NA-A stated all staff are required to wear a mask and acknowledged she was not wearing a mask this morning until she was reminded to put one on. NA-A stated a mask should be worn covering her nose and mouth when around residents.</p> <p>During an interview on 1/14/2026 at 2:29 p.m., the infection preventionist nurse (IP) stated all staff members are required to wear a mask when in resident care areas and at the nurse's desk. A mask is worn properly when covering the nose and mouth.</p> <p>The undated Covid-19 policy and procedure instructed signage will be posted regarding an outbreak, personal protective equipment, and source control.</p> <p>Suggested Method of correction: The infection preventionist or designee could educate staff on the appropriate utilization and of personal protective equipment. The IC/designee could develop an auditing system to ensure ongoing compliance</p> <p>Time Period of correction: 21 days</p> | 21375  |   |   |