



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

Electronically Delivered  
October 8, 2024

Administrator  
The Emeralds At Faribault LLC  
500 Southeast First Street  
Faribault, MN 55021

RE: CCN: 245067  
Cycle Start Date: September 5, 2024

Dear Administrator:

On October 7, 2024, 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)



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

Electronically delivered  
September 18, 2024

Administrator  
The Emeralds At Faribault LLC  
500 Southeast First Street  
Faribault, MN 55021

RE: CCN: 245067  
Cycle Start Date: September 5, 2024

Dear Administrator:

On September 5, 2024, 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 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:

Terri Ament, Regional Operations Supervisor, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Duluth Technology Village  
11 East Superior Street, Suite 290  
Duluth, Minnesota 55802-2007  
Email: [teresa.ament@state.mn.us](mailto:teresa.ament@state.mn.us)  
Office: (218) 302-6151 Mobile: (218) 766-2720

#### 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 December 5, 2024 (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 March 5, 2025 (six months after the

The Emeralds At Faribault LLC

September 18, 2024

Page 3

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) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, 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:

Nursing Home Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

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

All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:

[https://mdhprovidercontent.web.health.state.mn.us/ltc\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are 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)

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.

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)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE EMERALDS AT FARIBAULT LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 SOUTHEAST FIRST STREET FARIBAULT, MN 55021</b>
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>On 9/3/24 through 9/5/24, 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 complaint was reviewed.</p> <p>H50677698C (MN00106210, MN00106293) with deficiencies issued at F609 and F610.</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>	F 000		
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in</p>	F 609		9/27/24

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

TITLE

(X6) DATE

Electronically Signed

09/27/2024

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 609	<p>Continued From page 1</p> <p>serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to report an allegation of sexual abuse immediately (within two hours) to the State Agency (SA) for 1 of 3 residents (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1's Admission Record dated 6/17/24, indicated R1's diagnoses included pain in left shoulder, weakness, history of falling and chronic kidney disease.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 6/17/24 indicated R1 required extensive assistance with activities of daily living (ADLs) and had intact cognition.</p> <p>R1's care plan dated 6/17/24 indicated R1 was at risk for abuse with interventions including staff to</p>	F 609	<p>The Administrator and/or designee will ensure training and education is conducted on the proper actions to take for alleged or suspected abuse.</p> <p>On 9/4/24, staff education was conducted on vulnerable adult, abuse and timely reporting.</p> <p>An additional in-service training on abuse prevention was held at an All Staff Meeting on 09/27/24. The Administrator and Director of Nursing educated staff on the definition of a vulnerable adult and ensuring staff understand all residents in the facility are considered to be vulnerable adults. The Administrator and Director of Nursing educated on timely reporting with suspected/alleged abuse, types of abuse, and the proper communication to report abuse.</p> <p>In addition, to ensure any allegations of</p>	

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F 609	<p>Continued From page 2</p> <p>follow facility vulnerable adult policies and procedures, and the State Agency will be notified of any suspected abuse.</p> <p>On 9/4/24 at 12:21 a.m. R1 stated he was sexually abused on 8/23/24 when a female nurse touched his penis inappropriately after putting a cream on his left hip. He was "pissed off" and not happy about the situation. He requested the nurse manager in his room and told him about the abuse. The following day, he went to the social worker's office to report the incident.</p> <p>On 9/4/24 at 1:13 p.m. registered nurse (RN-A) stated he became aware of the incident about two weeks ago when R1 told him nursing staff touched his penis inappropriately. He went straight to report it to social worker (SW)-A, but did not know if it was reported to the SA or not. The incident should have been reported immediately.</p> <p>On 9/4/24 at 1:43 p.m. SW-A stated R1 told her a nursing staff checked his "junk" on 8/23/24. When she asked R1 for more details, R1 pointed his fingers toward his penis and said he was inappropriately touched. She did not report the allegation of sexual abuse immediately to the SA.</p> <p>On 9/4/24 at 3:37 p.m. RN-B stated R1 fell on 8/23/24, and when law enforcement and the emergency medical services (EMS) arrived to take R1 to the hospital, he told law enforcement he had been sexually abused. Law enforcement told her about the sexual abuse allegation. She reported the sexual abuse allegation to the administrator right away over the phone.</p> <p>On 9/4/24 at 4:46 p.m. the administrator stated</p>	F 609	<p>abuse are reported to the State Agency timely (within 2 hours of alleged abuse or injury and within 24 hours if no abuse or injury occurred), access to OHFC Nursing Home Provider Portal has been given to the Social Services Director and Interim Director of Nursing.</p> <p>The Administrator and/or designee, will conduct weekly audits x4, monthly audits x2 and report to QAPI committee for further evaluation and recommendation on vulnerable adult abuse reporting policy and procedure.</p>	

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F 609	Continued From page 3 when RN-B told her of R1's sexual abuse allegations on 8/23/24, she directed RN-B to write her statement. The facility should report allegations of sexual abuse to the SA immediately. She acknowledged R1's sexual allegation was not reported within two hours.  The facility Abuse Prohibition/Vulnerable Adult policy revised 3/24 directed facility staff, other residents, consultants, or volunteers' staff or other agencies serving the individual to promptly report, document and investigate all incidents of alleged or suspected abuse/neglect.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.  §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure an allegation of sexual	F 610	The Administrator and/or designee will ensure training and education is	9/27/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/05/2024</b>
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F 610	<p>Continued From page 4</p> <p>abuse was thoroughly investigated and adequate resident protection provided to ensure safety for 1 of 3 residents (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1's Admission Record dated 6/17/24, indicated R1's diagnoses included pain in left shoulder, weakness, history of falling and chronic kidney disease.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 6/17/24 indicated R1 required extensive assistance with activities of daily living (ADLs) and had intact cognition.</p> <p>R1's care plan dated 6/17/24 indicated R1 was at risk for abuse with instruction to staff to follow facility vulnerable adult policies and procedures.</p> <p>R1's medical record lacked evidence of the incident being investigated.</p> <p>On 9/4/24 at 12:21 a.m. R1 stated he was sexually abused on 8/23/24 when a female nurse touched his penis inappropriately after putting a cream on his left hip. He was "pissed off" and not happy about the situation. He requested the nurse manager in his room and told him about the abuse. The following day, he went to the social worker's office to report the incident.</p> <p>On 9/4/24 at 1:13 p.m. registered nurse (RN-A) stated he became aware of the incident about two weeks ago when R1 told him nursing staff touched his penis inappropriately. He went straight to report it to the social worker (SW)-A. The incident should have been investigated immediately.</p>	F 610	<p>conducted on the proper actions to take for alleged or suspected abuse.</p> <p>On 9/4/24, staff education was conducted on vulnerable adult, abuse and timely reporting.</p> <p>An additional in-service training on abuse prevention was held at an All Staff Meeting on 09/27/24. The Administrator and Director of Nursing educated staff on the definition of a vulnerable adult and ensuring staff understand all residents in the facility are considered to be vulnerable adults. The Administrator and Director of Nursing educated on timely reporting with suspected/alleged abuse, types of abuse, and the proper communication to report abuse.</p> <p>In addition, to ensure any allegations of abuse are reported to the State Agency timely (within 2 hours of alleged abuse or injury and within 24 hours if no abuse or injury occurred), access to OHFC Nursing Home Provider Portal has been given to the Social Services Director and Interim Director of Nursing.</p> <p>The Administrator and/or designee, will conduct weekly audits x4, monthly audits x2 and report to QAPI committee for further evaluation and recommendation on vulnerable adult abuse reporting policy and procedure.</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>THE EMERALDS AT FARIBAULT LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 SOUTHEAST FIRST STREET FARIBAULT, MN 55021</b>		
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F 610	<p>Continued From page 5</p> <p>On 9/4/24 at 4:46 p.m. the administrator stated when RN-B told her of R1's sexual abuse allegations on 8/23/24, she directed RN-B to write her statement, and told the supervisor to initiate an investigation. She acknowledged R1's allegation of sexual abuse was not investigated.</p> <p>The facility Abuse Prohibition/Vulnerable Adult Abuse policy revised 3/24 directed facility staff, other residents, consultants, or volunteers' staff or other agencies serving the individual to promptly report, document and investigate all incidents of alleged or suspected abuse/neglect.</p>	F 610		



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

Electronically delivered

September 18, 2024

Administrator  
The Emeralds At Faribault LLC  
500 Southeast First Street  
Faribault, MN 55021

Re: Event ID: 9P1411

Dear Administrator:

The above facility survey was completed on September 5, 2024 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, 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)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00571</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE EMERALDS AT FARIBAULT LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 SOUTHEAST FIRST STREET FARIBAULT, MN 55021</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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: On 9/3/24 through 9/5/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaint was reviewed: H50677698C (MN00106210, MN00106293). NO</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

09/27/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00571</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/05/2024</b>
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2 000	Continued From page 1  licensing orders were issued. 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		