DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
December 30, 2025

Administrator
Mount Olivet Careview Home
5517 LYNDALE AVENUE SOUTH
MINNEAPOLIS, MN 55419

RE: CCN: 245071

Cycle Start Date: November 18, 2025

Dear Administrator:

On December 22, 2025, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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

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December 30, 2025

Administrator
Mount Olivet Careview Home
5517 LYNDALE AVENUE SOUTH
MINNEAPOLIS, MN 55419

Re: Reinspection Results
Event ID: 1DB62B-H2

Dear Administrator:

On December 22, 2025 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 November 18, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any 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

DEPARTMENT OF HEALTH

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December 9, 2025

Administrator
Mount Olivet Careview Home

5517 LYNDALE AVENUE SOUTH
MINNEAPOLIS, MN 55419

RE: CCN:245071

Cycle Start Date: November 18, 2025

Dear Administrator:

On November 18, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting 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 February 18, 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 May 18, 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

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

DEPARTMENT OF HEALTH

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December 9, 2025

Administrator
Mount Olivet Careview Home
5517 LYNDALE AVENUE SOUTH
MINNEAPOLIS, MN 55419

Re: State Nursing Home Licensing Orders
Event ID: 1DB62B-H1

Dear Administrator:

The above facility survey was completed on November 18, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted 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. 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
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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245071	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mount Olivet Careview Home	**5517 LYNDALE AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55419**

(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	INITIAL COMMENTS On 11/17/25 through 11/18/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H50717568C (2666910 and 2666862) with an incidental finding at F757. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F0000		
F0757 SS = D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or	F0757	R2 and R3's narcotic orders were reviewed and updated on 12/11/25. Supplemental documentation requirement will be added to ensure nurse is entering the reason for the PRN. This will also include supplemental documentation to ensure nurse is attempting and entering non-pharm interventions R2 and R3 pain assessments reviewed on 12/10/25. An updated pain assessment for R2 completed by 12/11/25 R2 and R3 care plans were reviewed and updated accordingly to reflect their pain, pain goals, and non-pharmacological interventions on 12/12/25 All other residents in the building on PRN opioid	12/19/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245071	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

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F0757 SS = D	Continued from page 1 §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to identify the indication for the administration of narcotic medications and failed to ensure non-pharmacological interventions were attempted/offered and documented prior to the administration of as needed (PRN) narcotic medications for 2 of 3 residents (R2, R3) reviewed for pain. Findings include: R2's quarterly Minimum Data Set (MDS) dated 10/14/25 indicated severely impaired cognition with diagnoses including stroke and dementia. The MDS identified R2 had received scheduled pain medication but no PRN pain medication. R2's pain assessment dated 10/13/25 indicated R2 was unable to rate his pain and was not exhibiting any signs or symptoms of pain. R2 had not received any PRN pain medication. No non-medication interventions used to manage pain that have been effective were listed. R2's care plan dated 10/25/25 had a focus of alteration in/potential for alteration in comfort related to disease progression with interventions including but not limited to: provide comfortable room temperature or remove/add blanket, apply non-pharmacological approaches for comfort/pain reduction, provide quiet environment, collaborate with provider if pain control measures currently ordered are ineffective, combine non-pharmacological interventions with pharmacological interventions, communicate with and involve family/responsible party in interventions, medication/treatments as ordered, monitor pain control documentation with PRN analgesics to determine effectiveness, and observe for verbal/non-verbal indicators of pain. The care plan also had a focus of	F0757	Continued from page 1 medications will have their orders and care plans reviewed by 12/16/25. Care plans will be updated if needed with non-pharmacological interventions. Policy and procedure have been reviewed and updated. Procedure updated to add supplemental documentation to PRN opioid medications as well as non-pharm interventions. Nursing staff will be educated by 12/19/25 on PRN opioid use, non-pharmacological interventions and documentation The facility will conduct audits on 10% of residents using PRN opioids weekly x4 weeks and then monthly for 3 months to verify that nonpharmacological interventions were used and the proper documentation was completed if opioids were administered. Results of above audits will be reported to the QAPI committee. The Director of Nursing will be responsible for compliance. Compliance date 12/19/25	

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F0757 SS = D	Continued from page 2 opioid use with interventions including observe for tolerance and report to provider if the medication is no longer effective in managing pain. R2's provider order dated 4/14/25 instructed Morphine (a narcotic pain-relieving medication) Solu tab 5 milligrams (mg). Give every 1 hour as needed for pain/shortness of breath (SOB)/dyspnea (difficult and uncomfortable breathing). R2's medication administration record for November 2025 indicated R2 received PRN Morphine the following 4 times: - 11/11/25 at 12:51 a.m., R2 received PRN Morphine which was recorded as "E [effective]." A corresponding progress note dated 11/11/25 identified the medication was administered but did not include any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/12/25 at 11:52 p.m., R2 received PRN Morphine which was recorded as "E." A corresponding progress note dated 11/12/25 identified the medication was administered but did not include any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/13/25 at 4:30 a.m., R2 received PRN Morphine which was recorded as "E." A corresponding progress note dated 11/13/25 identified the medication was administered but did not include any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/17/25 at 1:00 a.m., R2 received PRN Morphine which was recorded as "E." A corresponding progress note dated 11/17/25 identified the medication was administered but did not include any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. R3's admission MDS dated 10/28/25 indicated severely impaired cognition with diagnoses included Alzheimer's disease and hypertension (high blood pressure). R3's pain assessment dated 11/17/25 indicated R3 demonstrated facial indicators of pain 1 to 2 days during the look-back period and had received non-medication interventions for pain as well as	F0757		

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F0757 SS = D	Continued from page 3 scheduled and PRN pain medication. Non-medication interventions used to manage pain that have been effective were repositioning, Broda chair, and ice cream. R3's care plan dated 10/22/25 had a focus of alteration in/potential for alteration in comfort related to end stage disease progress with interventions including but not limited to: provide comfortable room temperature or remove/add blanket as needed, observe for objective signs/symptoms of pain, report to hospice any signs/symptoms of pain or discomfort. The care plan also had a focus of opioid use. Morphine is used due to end-stage disease processes to promote comfort and symptom management related to pain with interventions including but not limited to: monitor and report constipation, sedation and cognitive impairment (new or worsening), respiratory depression, dizziness and falls, and urinary retention; and observe and report to provider is medication is no longer effective in managing pain. R3's provider order dated 11/12/25 and discontinued on 11/14/25 instructed Morphine Solu tab 2.5 mg. Give 1 tablet sublingually (under the tongue) every 4 hours as needed for pain or SOB. R3's current provider order dated 11/14/25 instructed Morphine Solu tab 5 mg. Give 1 tablet by mouth every 2 hours as needed for pain or SOB. R3's medication administration record for November 2025 indicated R3 received PRN Morphine the following 5 times: -11/13/25 at 10:59 a.m., R3 received PRN Morphine which was recorded as "E." A corresponding progress note dated 11/13/25 identified the medication was administered for pain/SOB but did not include a pain assessment and what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/13/25 at 3:05 p.m., R3 received PRN Morphine which was recorded as "I [ineffective]." A corresponding progress note dated 11/13/25 identified the medication was administered but did not include any recorded symptoms R3 was experiencing and what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. The follow-up note did not include indication as to why the medication was deemed ineffective. -11/14/25 at 7:34 a.m., R3 received PRN Morphine which	F0757		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0757 SS = D	Continued from page 4 was recorded as “E.” A corresponding progress note dated 11/14/25 identified the medication was administered but did not include any recorded symptoms R3 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/16/25 at 7:49 a.m., R3 received PRN Morphine which was recorded as “E.” A corresponding progress note dated 11/16/25 identified the medication was administered but did not include any recorded symptoms R3 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/16/25 at 10:40 p.m., R3 received PRN Morphine which was recorded as “E.” A corresponding progress note dated 11/16/25 identified the medication was administered but did not include any recorded symptoms R3 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. During an interview on 11/18/2025 at 2:10 p.m., registered nurse (RN)-A stated non-pharmacological interventions should be tried before administering a PRN medication. Non-pharmacological interventions included offering food or drink, repositioning, offer activity or toileting. If those interventions are unsuccessful then a PRN could be administered. When documenting a PRN medication administration, the nurse should include what interventions were tried prior to and the specific reason the medication was administered for. If the medication was for pain, a pain number should be included in the note. If RN-A needed to follow up on a PRN medication that was administered by the previous nurse, RN-A would look for a progress note to indicate why the medication was administered so she could accurately assess the resident for medication effectiveness. During an interview on 11/18/2025 at 2:19 p.m., RN-B stated when a resident was in pain, the nurse should assess the resident then try appropriate non-pharmacological interventions. Non-pharmacological interventions included offering food or drink, repositioning, or toileting. If the pain continued, PRN pain medication could be administered. A progress note should be written to include the residents pain level and pain location. When the nurse went back to assess if the medication worked, they should compare the before and after pain ratings and ask how the location of the pain was currently feeling. If the previous nurse administered the medication and there was no	F0757		

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F0757 SS = D	Continued from page 5 specific information, it would be difficult to assess whether or not the medication was effective. During an interview on 11/18/2025 at 12:32 p.m., nurse practitioner (NP)-A stated when administering a PRN medication, the nurse should document what signs and symptoms the resident was displaying that indicated the need for the PRN medication. If the PRN medication is for pain, the note should include a pain rating and location. Proper documentation is needed to assure the medication is being utilized correctly and to determine if medication changes are needed. During an interview on 11/18/2025 at 4:12 p.m., the director of nursing (DON) stated non-pharmaceutical interventions should be attempted prior to PRN medication administration. When documenting PRN medication administration, the nurse should include any non-pharmacological interventions tried and the signs and symptoms the resident was displaying that indicated the need for the medication. If the PRN medication is for pain, a pain rating should be included utilizing the numerical or non-verbal pain scale. Proper documentation is important so effectiveness of the medication can be determined. The Administration of Medications policy dated 2024 instructed PRN medications are documented on MAR with a progress note as to non-pharmacological attempts prior to medication administration along with effectiveness.	F0757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/18/2025**

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Mount Olivet Careview Home	**5517 LYNDALE AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55419**

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20000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 11/17/25 through 11/18/25, 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.	20000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/18/2025**

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20000	Continued from page 1 The following complaints were reviewed:H50717568C (2666910 and 2666862) with an incidental licensing order issued at 1535. 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 https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html. 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		
21535	Unnecessary Drug Usage; General CFR(s): MN Rule4658.1315 Subp.1 ABCD Subpart 1. General. A resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:	21535	Corrected.	12/19/2025

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21535	Continued from page 2 A. in excessive dose, including duplicate drug therapy; B. for excessive duration; C. without adequate indications for its use; or D. in the presence of adverse consequences which indicate the dose should be reduced or discontinued. In addition to the drug regimen review required in part 4658.1310, the nursing home must comply with provisions in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (1) found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, published by the Department of Health and Human Services, Health Care Financing Administration, April 1992. This standard is incorporated by reference. It is available through the Minitex interlibrary loan system and the State Law Library. It is not subject to frequent change. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to identify the indication for the administration of narcotic medications and failed to ensure non-pharmacological interventions were attempted/offered and documented prior to the administration of as needed (PRN) narcotic medications for 2 of 3 residents (R2, R3) reviewed for pain. Findings include: R2's quarterly Minimum Data Set (MDS) dated 10/14/25 indicated severely impaired cognition with diagnoses including stroke and dementia. The MDS identified R2 had received scheduled pain medication but no PRN pain medication. R2's pain assessment dated 10/13/25 indicated R2 was unable to rate his pain and was not exhibiting any signs or symptoms of pain. R2 had not received any PRN pain medication. No non-medication interventions used to manage pain that have been effective were listed. R2's care plan dated 10/25/25 had a focus of alteration in/potential for alteration in comfort related to disease progression with interventions including but not limited to: provide comfortable room temperature or remove/add blanket, apply non-pharmacological approaches for comfort/pain reduction, provide quiet environment, collaborate with provider if pain control measures currently ordered are ineffective, combine	21535		

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21535	Continued from page 3 non-pharmacological interventions with pharmacological interventions, communicate with and involve family/responsible party in interventions, medication/treatments as ordered, monitor pain control documentation with PRN analgesics to determine effectiveness, and observe for verbal/non-verbal indicators of pain. The care plan also had a focus of opioid use with interventions including observe for tolerance and report to provider if the medication is no longer effective in managing pain. R2's provider order dated 4/14/25 instructed Morphine (a narcotic pain-relieving medication) Solu tab 5 milligrams (mg). Give every 1 hour as needed for pain/shortness of breath (SOB)/dyspnea (difficult and uncomfortable breathing). R2's medication administration record for November 2025 indicated R2 received PRN Morphine the following 4 times: - 11/11/25 at 12:51 a.m., R2 received PRN Morphine which was recorded as "E [effective]." A corresponding progress note dated 11/11/25 identified the medication was administered but did not include any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/12/25 at 11:52 p.m., R2 received PRN Morphine which was recorded as "E." A corresponding progress note dated 11/12/25 identified the medication was administered but did not include any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/13/25 at 4:30 a.m., R2 received PRN Morphine which was recorded as "E." A corresponding progress note dated 11/13/25 identified the medication was administered but did not include any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/17/25 at 1:00 a.m., R2 received PRN Morphine which was recorded as "E." A corresponding progress note dated 11/17/25 identified the medication was administered but did not include any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. R3's admission MDS dated 10/28/25 indicated severely	21535		

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21535	Continued from page 4 impaired cognition with diagnoses included Alzheimer's disease and hypertension (high blood pressure). R3's pain assessment dated 11/17/25 indicated R3 demonstrated facial indicators of pain 1 to 2 days during the look-back period and had received non-medication interventions for pain as well as scheduled and PRN pain medication. Non-medication interventions used to manage pain that have been effective were repositioning, Broda chair, and ice cream. R3's care plan dated 10/22/25 had a focus of alteration in/potential for alteration in comfort related to end stage disease progress with interventions including but not limited to: provide comfortable room temperature or remove/add blanket as needed, observe for objective signs/symptoms of pain, report to hospice any signs/symptoms of pain or discomfort. The care plan also had a focus of opioid use. Morphine is used due to end-stage disease processes to promote comfort and symptom management related to pain with interventions including but not limited to: monitor and report constipation, sedation and cognitive impairment (new or worsening), respiratory depression, dizziness and falls, and urinary retention; and observe and report to provider is medication is no longer effective in managing pain. R3's provider order dated 11/12/25 and discontinued on 11/14/25 instructed Morphine Solu tab 2.5 mg. Give 1 tablet sublingually (under the tongue) every 4 hours as needed for pain or SOB. R3's current provider order dated 11/14/25 instructed Morphine Solu tab 5 mg. Give 1 tablet by mouth every 2 hours as needed for pain or SOB. R3's medication administration record for November 2025 indicated R3 received PRN Morphine the following 5 times: -11/13/25 at 10:59 a.m., R3 received PRN Morphine which was recorded as "E." A corresponding progress note dated 11/13/25 identified the medication was administered for pain/SOB but did not include a pain assessment and what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/13/25 at 3:05 p.m., R3 received PRN Morphine which was recorded as "I [ineffective]." A corresponding progress note dated 11/13/25 identified the medication was administered but did not include any recorded	21535		

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21535	Continued from page 5 symptoms R3 was experiencing and what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. The follow-up note did not include indication as to why the medication was deemed ineffective. -11/14/25 at 7:34 a.m., R3 received PRN Morphine which was recorded as “E.” A corresponding progress note dated 11/14/25 identified the medication was administered but did not include any recorded symptoms R3 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/16/25 at 7:49 a.m., R3 received PRN Morphine which was recorded as “E.” A corresponding progress note dated 11/16/25 identified the medication was administered but did not include any recorded symptoms R3 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. -11/16/25 at 10:40 p.m., R3 received PRN Morphine which was recorded as “E.” A corresponding progress note dated 11/16/25 identified the medication was administered but did not include any recorded symptoms R3 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided. During an interview on 11/18/2025 at 2:10 p.m., registered nurse (RN)-A stated non-pharmacological interventions should be tried before administering a PRN medication. Non-pharmacological interventions included offering food or drink, repositioning, offer activity or toileting. If those interventions are unsuccessful then a PRN could be administered. When documenting a PRN medication administration, the nurse should include what interventions were tried prior to and the specific reason the medication was administered for. If the medication was for pain, a pain number should be included in the note. If RN-A needed to follow up on a PRN medication that was administered by the previous nurse, RN-A would look for a progress note to indicate why the medication was administered so she could accurately assess the resident for medication effectiveness. During an interview on 11/18/2025 at 2:19 p.m., RN-B stated when a resident was in pain, the nurse should assess the resident then try appropriate non-pharmacological interventions. Non-pharmacological interventions included offering food or drink, repositioning, or toileting. If the pain continued, PRN	21535		

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21535	Continued from page 6 pain medication could be administered. A progress note should be written to include the residents pain level and pain location. When the nurse went back to assess if the medication worked, they should compare the before and after pain ratings and ask how the location of the pain was currently feeling. If the previous nurse administered the medication and there was no specific information, it would be difficult to assess whether or not the medication was effective. During an interview on 11/18/2025 at 12:32 p.m., nurse practitioner (NP)-A stated when administering a PRN medication, the nurse should document what signs and symptoms the resident was displaying that indicated the need for the PRN medication. If the PRN medication is for pain, the note should include a pain rating and location. Proper documentation is needed to assure the medication is being utilized correctly and to determine if medication changes are needed. During an interview on 11/18/2025 at 4:12 p.m., the director of nursing (DON) stated non-pharmaceutical interventions should be attempted prior to PRN medication administration. When documenting PRN medication administration, the nurse should include any non-pharmacological interventions tried and the signs and symptoms the resident was displaying that indicated the need for the medication. If the PRN medication is for pain, a pain rating should be included utilizing the numerical or non-verbal pain scale. Proper documentation is important so effectiveness of the medication can be determined. The Administration of Medications policy dated 2024 instructed PRN medications are documented on MAR with a progress note as to non-pharmacological attempts prior to medication administration along with effectiveness. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee and the consulting pharmacist should develop and/or revise policies to monitor medications for adequate indications for use to treat a specific condition(s) as diagnosed and documented in the clinical record to ensure each resident's entire drug medication regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being and be consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals. The director of nursing (DON) or designee and the consulting pharmacist	21535		

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21535	Continued from page 7 should educate physicians and staff on the importance of ensuring medication ordered is appropriate for each resident's use. Audits should be developed to monitor medications for adequate indications for use and appropriate timeframes for a specific and measurable amount of time. The DON and/or designee should take those findings/education to the Quality Assurance Performance Improvement (QAPI) committee to determine compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21535		