



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 4, 2024

Administrator
The Estates At St Louis Park LLC
3201 Virginia Avenue South
Saint Louis Park, MN 55426

RE: CCN: 245148
Cycle Start Date: February 29, 2024

Dear Administrator:

On March 13, 2024, we notified you a remedy was imposed. On March 28, 2024 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of March 27, 2024.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective March 28, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of March 13, 2024, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 28, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on March 27, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have 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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 13, 2024

Administrator
The Estates At St Louis Park LLC
3201 Virginia Avenue South
Saint Louis Park, MN 55426

RE: CCN: 245148
Cycle Start Date: February 29, 2024

Dear Administrator:

On February 29, 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 actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective March 28, 2024.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 28, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 28, 2024.

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

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,995; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by March 28, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Estates At St Louis Park Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 28, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

DEPARTMENT CONTACT

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

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS location and/or the Minnesota Department of Human Services that your provider agreement be terminated by August 29, 2024 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or

termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

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

Steven.Delich@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

The Estates At St Louis Park LLC

March 13, 2024

Page 5

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://forms.web.health.state.mn.us/form/NHDisputeResolution>

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

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



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Electronically delivered

March 13, 2024

Administrator
The Estates At St Louis Park LLC
3201 Virginia Avenue South
Saint Louis Park, MN 55426

Re: Event ID: KNR911

Dear Administrator:

The above facility survey was completed on February 29, 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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00943	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/29/2024
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NAME OF PROVIDER OR SUPPLIER THE ESTATES AT ST LOUIS PARK LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3201 VIRGINIA AVENUE SOUTH SAINT LOUIS PARK, MN 55426
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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) COMPLETE DATE
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2 000	<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: On 2/27/24 through 2/29/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure and no licensing orders were issued. The following complaints were reviewed: H51481170C (MN98897);</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 03/14/24
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00943	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/29/2024
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2 000	<p>Continued From page 1</p> <p>H51481182C (MN98628) H51481100C (MN100985)</p> <p>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.</p>	2 000		

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

PRINTED: 03/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT ST LOUIS PARK LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3201 VIRGINIA AVENUE SOUTH SAINT LOUIS PARK, MN 55426		
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F 000	INITIAL COMMENTS On 2/27/24 through 2/29/24, 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. The following complaints were reviewed: H51481170C (MN98897); H51481182C (MN98628) H51481100C (MN100985) with a deficiency cited at F684. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered	F 684		3/22/24	

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

TITLE

(X6) DATE

Electronically Signed

03/14/2024

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 684	<p>Continued From page 1</p> <p>care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to routinely assess skin conditions and implement interventions for 1 of 1 residents (R1) reviewed for quality of care. This resulted in actual harm to R1 who admitted to the facility following surgical repair of abdomen due to cancer, did not receive wound care for nine days, and was re-hospitalized due to severe sepsis.</p> <p>Findings include:</p> <p>R1's admission minimum data set (MDS) dated 2/07/24, indicated R1 was cognitively intact had diagnoses of cancer, diabetes mellitus, major surgery involving gastrointestinal tract involving abdominal contents with surgical wound care. The MDS further indicated R1 does not reject care, required supervision with activities of daily living (ADLs), occasionally incontinent of urine, frequently incontinent of bowel, received parental intravenous feeding, and a mechanically altered diet.</p> <p>R1's Care Plan dated 2/21/24, indicated R1 had generalized weakness due to recent surgical removal of pancreas related to malignant neoplasm of extrahepatic bile duct, intrahepatic bile duct carcinoma and fistula of the intestines. The care plan indicated R1 had alteration in skin integrity due to ostomy in place with window to provide wound care and directed staff to monitor skin integrity daily during cares, and treatment to open areas per order with weekly measurements and assessment of wound.</p> <p>R1's signed physician orders dated 1/25/24,</p>	F 684	<p>F684</p> <p>1.R1 skin assessment was completed on 3/14/24. R1's wound treatment is being completed per MD order. Resident interviewed on 3/14/24 she expressed wound care is being completed per order. R1's care plan was updated. R1 was assessed and has not experienced any further adverse effects. R1's wound is currently stable.</p> <p>2. All residents with wounds have the potential to be affected. All residents with current wounds in house Will be reviewed to ensure treatments are being completed per treatment order. Weekly wound rounds and wound meetings will be conducted to make sure all wounds have current and appropriate nursing orders.</p> <p>3. Education will be completed with licensed nursing staff and HUCS on transcription wound order process and documentation. A section will be added to daily clinical standup to check all new admissions wound order treatments for appropriate orders and if needed follow up with provider for clarification.</p> <p>4. Audits will be completed by Regional Nurse Consultant or designee weekly x4 weeks to ensure new admissions treatment orders are transcribed correctly. Audits will be brought to QAPI for review. Audits will be completed by Regional Nurse Consultant or designee weekly to</p>	

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

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F 684	<p>Continued From page 2</p> <p>indicated wound or incision care for skilled nursing facility: Please change wound pouch once weekly or more frequently as needed if it is leaking, etc. Remove old Kerlix packing and exchange for new dry Kerlix packing twice daily or more as needed. If pouch is leaking, remove pouch and clean skin. If comfortable, can attempt to reapply pouch: cleanse and dry skin thoroughly. Apply Cavilon Advanced to all intact skin around wound and allow to dry. Apply barrier ring along bottom half of wound edge. Cut pouch slightly larger than wound, enter around wound and apply consistent pressure to encourage adherence. If unable to get pouch to adhere or uncomfortable changing can initiate normal saline moistened Kerlix packing, cover with ABD and secure with Medipore tape. Change BID (twice daily) and PRN (as needed) for saturation. Cover with ABD (abdominal pad) then abdominal binder.</p> <p>R1's Treatment Administration Record (TAR) 2/1/24 through 2/13/24 , directed staff to do the following: Wound or Incision Care: Once weekly and PRN for leaking. Remove old Kerlix packing and exchange for a new dry Kerlix packing BID or more PRN. If pouch is leaking, remove pouch and cleanse skin. Can attempt to reapply pouch Cleanse and dry skin thoroughly. Apply Cavlion advanced to all intact skin around wound, allow to dry. Apply barrier ring along bottom half of wound edge. Cut pouch slightly larger then wound, enter around wound and apply consistent pressure to encourage adherence every evening shift every Thursday. The treatment sheet indicated all days were marked with a X except Thursday February 1st and February 8th 2024.</p> <p>Review of the TAR from 2/1/24 through 2/13/24</p>	F 684	<p>ensure wound treatments are being completed. Audits will continue 5x week for 1 month and 2x week for 1 month. Audits will be brought to QAPI for review. Date certain: 3/22/24</p>	

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F 684	<p>Continued From page 3</p> <p>indicated the following: 2/01/24- indicated the treatment was completed with a initials 2/08/24- indicated initials by a nurse representing the treatment was completed.</p> <p>R1's Wound Care Pancreatic Surgery Follow up Progress Note Dated 2/09/24, indicated: The patient's hospital course was complicated . She had Colorectal surgery and wound ostomy assisted with wound cares and the patient currently has an ostomy pouch with dressing changes twice daily.</p> <p>Discharge Summary dated 2/21/24 at 11:14, indicated R1 was admitted on 2/13/24, for severe sepsis secondary to colocutaneous fistula and cellulitis (Subcutaneously fistulas are abnormal communications between the colon and the abdominal skin. Cellulitis is a common bacterial skin infection that causes redness, swelling, and pain in the infected area of the skin).</p> <p>During interview on 2/28/24 at 7:45 a.m., registered nurse (RN) case manager from Abbott Hospital stated she spoke with the physician assistant (PA)-A from surgical unit who informed her R1 was admitted to the hospital on 2/13/24, with severe sepsis probably due to lack of wound care and stated the PA-A informed her she changed R1's dressing on 2/09/24, and on the same day she was admitted to the hospital with sepsis (2/13/24). RN added, during the exchange PA-A informed her the dressing should have been changed twice daily but was not.</p> <p>During interview on 2/28/24 at 10:52 a.m., heath unit coordinator (HUC)-A stated she transcribed the orders and missed the second order for the</p>	F 684		

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NAME OF PROVIDER OR SUPPLIER THE ESTATES AT ST LOUIS PARK LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3201 VIRGINIA AVENUE SOUTH SAINT LOUIS PARK, MN 55426		
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F 684	<p>Continued From page 4</p> <p>dressing to be changed twice daily. In addition, the HUC-A stated after she transcribes the orders onto point click care (PCC) two other nurses are to check the orders in addition to the nurse manager which did not occur.</p> <p>During interview on 2/28/24 at 3:03 p.m., registered nurse (RN)-B stated he had only worked with R1 once but had never seen her wound. When surveyor questioned RN-B if it was his initials on the dressing change dated 2/8/24 (Thursday), he stated again that he had never seen R1's wound and that the NP was in the building and must have treated her wound so he signed off on it. During RN-B's interview HUC-A overheard the discussion and denied the NP saw R1 on 2/8/24 as she was not on NP's schedule that day. RN-B verified according to the TAR the only time the dressing was changed at the facility was on 2/01/24.</p> <p>R1's medical record lacked evidence of a NP visit on 2/8/24.</p> <p>During interview on 2/28/24 at 3:22 p.m., R1 stated the facility only changed her dressing once a week, and that is why she ended up in the hospital with sepsis. R1 stated she kept asking the staff to change her dressing and they told her they would but never came back to change it. R1 added that she knew it needed to be changed twice daily because that is what the hospital did.</p> <p>During interview on 2/29/24 at 10:05 a.m., surgical physician assistant (PA)-A stated R1 she was admitted to the skilled nursing facility on 1/31/24 and was supposed to have her dressing changed twice daily and as far as they know her dressing was changed only twice since her</p>	F 684		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/29/2024
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F 684	<p>Continued From page 5</p> <p>hospitalization on 2/13/24 with a discharge back to the facility on 2/22/24. The PA-A stated R1 was seen at the clinic on 2/9/24 and her wound looked okay and then on 2/13/24, they were shocked to see she had the same dressing on since the 2/09/24 appointment and her wounds had cellulitis on the top of the wound with purulent drainage. The PA-A stated the lack of dressing changes definitely contributed to her sepsis and with stool coming out of the fistula she was surprised R1 did not get sick sooner.</p> <p>During interview on 2/29/24 at 1:36 p.m., the facility RN case manager (interim assistant director of nursing)(RN-C) stated she had worked with R1 once on 2/22/24, upon her return from the hospital. RN-C described the process for transcribing new orders, stating the HUC would transcribe the orders, then the nurse checks the orders to ensure accuracy and then a second nurse confirms the order and lastly the nurse manager is to finalize the orders. All individuals in this process should sign off. In reference to R1's initial orders on 1/31/24 upon admission, RN-C stated the check should have been completed and she would need to located the paperwork with the initials and send that to the surveyor. As of 3/04/24 (2 days following exit), no paperwork had been received by the facility.</p> <p>On 2/29/24 at 2:00 p.m., RN-C provided the facility's wound measurements which identified the following: -On 1/31/24, R1 had a superior surgical wound measured area -13 centimeters (cm), length 5.63 cm, width 3.03 cm and deepest point 2.2 cm.</p> <p>The facilities next measurement was not until 2/22/24 at 11:49 a.m., which identified the</p>	F 684		

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F 684	<p>Continued From page 6</p> <p>following after R1 was hospitalized from 2/13/24 to 2/21/24: -on 2/21/24 R1 had a superior surgical wound measured area - 3.23 cm, length 7.95 cm, width 1.25 cm and deepest point 2 cm. The measurements showed a increased improvement to R1's wound since hospitalization.</p> <p>During interview on 2/29/24 at 11:00 a.m., the facility administrator stated the director of nursing had been out now for a few weeks and the assistant of director of nursing (ADON) had just quit. The administrator stated they have recently hired a new ADON and are hoping things will get better. Administrator acknowledged the orders were not followed.</p> <p>Skin Wound Management Policy revised 2/2024, indicated a weekly skin inspection will be completed by a licensed staff. When a significant alteration in skin integrity is noted the following actions will be taken: Notify Provider/Treatment Ordered, Notify resident representative, complete education with resident/resident representative including risk nd benefits, initiate skin and wound evaluation.</p>	F 684		