



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 Therefore, the NATCEP prohibition is rescinded.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



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April 4, 2024

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

Re: Reinspection Results
Event ID: 870012

Dear Administrator:

On March 28, 2024 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 March 13, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue 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 19, 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 informed you of imposed enforcement remedies.

On March 13, 2024, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level E), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

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

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

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 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.

As we notified you in our letter of March 13, 2024, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from March 28, 2024.

ELECTRONIC PLAN OF CORRECTION (ePOC)

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

An equal opportunity employer.

The Estates At St Louis Park LLC

March 19, 2024

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

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

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

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

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

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:

Terri Ament, 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
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 - 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

The Estates At St Louis Park LLC

March 19, 2024

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validate that substantial compliance with the regulations has been attained in accordance with your verification.

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

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

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

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

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

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

The Estates At St Louis Park LLC

March 19, 2024

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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/ 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://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 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.



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 19, 2024

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

Re: State Nursing Home Licensing Orders
Event ID: 870011

Dear Administrator:

The above facility was surveyed on March 13, 2024 through March 13, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. 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.

The Estates At St Louis Park Llc

March 19, 2024

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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:

Terri Ament, 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
Office: (218) 302-6151 Mobile: (218) 766-2720

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 CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2024
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 3/13/24, 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 complaints were reviewed: H51481743C (MN00101485, MN00101523) H51481618C (MN00099495) H51481619C (MN00097773) H51481687C (MN00097480) H51481693C (MN00101542) A deficiency was issued at F550.</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 550 SS=E	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside</p>	F 550		3/27/24

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

TITLE

(X6) DATE

Electronically Signed

03/20/2024

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 550	<p>Continued From page 1</p> <p>the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document</p>	F 550	R1 and R2 no longer reside in the facility.	

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F 550	<p>Continued From page 2</p> <p>review, the facility failed to preserve resident's dignity for 3 of 4 residents (R1, R3, R4) reviewed for toileting assistance.</p> <p>Findings include:</p> <p>R1's Face Sheet printed 3/13/24, indicated diagnoses which included chronic systolic heart failure, atrial fibrillation, and type II diabetes.</p> <p>R1's Brief Interview for Mental Status (BIMS) assessment dated 3/12/24 indicated R1 was cognitively intact.</p> <p>R1's care plan dated 3/6/24, indicated toileting interventions that included assist of one for voiding in the urinal, assist of one with bowel movement in bedpan, and check and change every two to three hours as needed.</p> <p>R3's Face Sheet printed 3/13/24, indicated diagnoses which included chronic systolic heart failure, atherosclerotic heart disease, chronic kidney disease, and type II diabetes.</p> <p>R3's quarterly Minimum Data Set (MDS) dated 2/7/24, indicated he was cognitively intact, and required a two person assist with toileting.</p> <p>R3's care plan revised on 1/17/24, indicated interventions including check and offer assistance every two to three hours and as needed. Offer for resident to use bedpan or urinal. On 4/19/21 an intervention "refuses to use a bedpan" was initiated.</p> <p>R4's Face Sheet printed 3/13/24, indicated</p>	F 550	<p>R3, and R4 were interviewed about toileting preference. The care plan and care sheet updated to reflect toileting preferences. R3 and R4 will be audited weekly to ensure that they are being toileted in a dignifying manner and that staff are treating them with dignity and respect.</p> <p>All residents have the potential to be affected by not being treated in a dignified and respectful manner.</p> <p>Education regarding dignity and resident preferences will be completed for all nursing staff. It will be specifically noted in the education that it is not dignifying to tell a resident they must toilet in their brief when that is not their care plan and/or preference.</p> <p>5 residents per unit will be interviewed weekly if staff treat them in a dignifying and respectful manner. Audits will continue weekly for 1 month, then twice a month for 1 month. Audits will be brought to QAPI for review to continue frequency, decrease frequency, or discontinue. Director of Nursing and/or Designee will be responsible.</p>	

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F 550	<p>Continued From page 3</p> <p>diagnoses which included essential hypertension and hypernatremia.</p> <p>R4's annual MDS dated 1/11/24 indicated she was cognitively intact and required a two-person physical assist for toileting.</p> <p>R4's care plan revised 12/15/23, indicated toileting interventions which included R4 asked for help with placing feet into brief, but requested to do the rest herself including wiping of bottom. The care plan also indicated to offer to toilet/check and change every two to three hours.</p> <p>On 3/13/24 at 11:00 a.m., R1 stated on 3/9/24 in the evening, he put the call light on because he needed toileting assistance. A nursing assistant answered the call light and told him to "go in your pants." R1 stated he was forced to be incontinent in his incontinence brief. Roughly a half hour later, R1 stated his friend visited him in his room. His friend was there for about two and a half hours. R1 reported about a half hour after his friend left, the staff came in the room to change his incontinent brief.</p> <p>R1's plan of care response history from 3/9/24, showed he required total dependence for toilet use at 7:57 a.m. and 7:53 p.m.</p> <p>On 3/13/24 11:11 a.m., R1's friend (F)-A (who visited on 3/9/24) was interviewed. F-A stated he arrived shortly after 5 p.m. and R1 apologized for the smell. R1 told him he had used the call light twice to ask for toileting assistance. F-A stated he left at around 7:30 p.m., and R1 still had not been changed. F-A stated he did not recall any staff</p>	F 550		

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F 550	<p>Continued From page 4 checking in on R1 during the visit.</p> <p>On 3/13/24 at 2:38 p.m., R4 was heard yelling "help, help." R4 stated she had asked twice to use the bathroom and was waiting for assistance. R4 stated staff tell her to just go in her brief "all the time." R4 stated she has asked to use a bedpan, but staff tell her they are not going to provide her a bedpan. R4 stated, "It is so degrading to urinate in my pants."</p> <p>On 3/13/24 at 2:55 p.m., R3 stated if he is in the bed "they tell me to go on myself." R3 stated he would use the bedpan, but staff do not offer it.</p> <p>On 3/13/24 at 3:32 p.m., the administrator stated it was not appropriate to tell residents to urinate in their incontinent briefs. The administrator stated there was enough staff to address resident's toileting needs in a timely manner.</p> <p>On 3/13/24 at 3:46 p.m., the assistant director of nursing (ADON) stated a therapy evaluation and nursing evaluation was done to determine a toileting plan for each resident. The plan considers the resident's preferences and comfort. The ADON stated it was concerning residents were reporting they were being told to void in their incontinent brief. The ADON stated there were enough staff on each floor to address all resident's toileting needs timely.</p> <p>The Monarch Resident Rights Policy last revised 1/2024, linked the Combined Federal and State Bill of Rights which indicated a facility must treat each resident with respect and dignity, and care for each resident in a manner that promotes</p>	F 550		

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F 550	Continued From page 5 maintenance of their quality of life.	F 550		
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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 03/13/2024
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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 3/13/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued.</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

03/20/24

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H51481618C (MN00099495) H51481743C (MN00101485) H51481743C (MN00101523) H51481619C (MN00097773) H51481687C (MN00097480) H51481693C (MN00101542)</p> <p>A licensing order was issued at 144.651 Subd 30. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at 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</p>	2 000		

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2 000	Continued From page 2 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.	2 000		
21930	MN St. Statute 144.651 Subd. 30 Patients & Residents of HC Fac.Bill of Rights Subd. 30. Protection and advocacy services. Patients and residents shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to preserve resident's dignity for 3 of 4 residents (R1, R3, R4) reviewed for toileting assistance. Findings include:	21930	Corrected.	3/27/24

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21930	<p>Continued From page 3</p> <p>R1's Face Sheet printed 3/13/24, indicated diagnoses which included chronic systolic heart failure, atrial fibrillation, and type II diabetes.</p> <p>R1's Brief Interview for Mental Status (BIMS) assessment dated 3/12/24 indicated R1 was cognitively intact.</p> <p>R1's care plan dated 3/6/24, indicated toileting interventions that included assist of one for voiding in the urinal, assist of one with bowel movement in bedpan, and check and change every two to three hours as needed.</p> <p>R3's Face Sheet printed 3/13/24, indicated diagnoses which included chronic systolic heart failure, atherosclerotic heart disease, chronic kidney disease, and type II diabetes.</p> <p>R3's quarterly Minimum Data Set (MDS) dated 2/7/24, indicated he was cognitively intact, and required a two person assist with toileting.</p> <p>R3's care plan revised on 1/17/24, indicated interventions including check and offer assistance every two to three hours and as needed. Offer for resident to use bedpan or urinal. On 4/19/21 an intervention "refuses to use a bedpan" was initiated.</p> <p>R4's Face Sheet printed 3/13/24, indicated diagnoses which included essential hypertension and hypernatremia.</p> <p>R4's annual MDS dated 1/11/24 indicated she was cognitively intact and required a two-person physical assist for toileting.</p>	21930		

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21930	<p>Continued From page 4</p> <p>R4's care plan revised 12/15/23, indicated toileting interventions which included R4 asked for help with placing feet into brief, but requested to do the rest herself including wiping of bottom. The care plan also indicated to offer to toilet/check and change every two to three hours.</p> <p>On 3/13/24 at 11:00 a.m., R1 stated on 3/9/24 in the evening, he put the call light on because he needed toileting assistance. A nursing assistant answered the call light and told him to "go in your pants." R1 stated he was forced to be incontinent in his incontinence brief. Roughly a half hour later, R1 stated his friend visited him in his room. His friend was there for about two and a half hours. R1 reported about a half hour after his friend left, the staff came in the room to change his incontinent brief.</p> <p>R1's plan of care response history from 3/9/24, showed he required total dependence for toilet use at 7:57 a.m. and 7:53 p.m.</p> <p>On 3/13/24 11:11 a.m., R1's friend (F)-A (who visited on 3/9/24) was interviewed. F-A stated he arrived shortly after 5 p.m. and R1 apologized for the smell. R1 told him he had used the call light twice to ask for toileting assistance. F-A stated he left at around 7:30 p.m., and R1 still had not been changed. F-A stated he did not recall any staff checking in on R1 during the visit.</p> <p>On 3/13/24 at 2:38 p.m., R4 was heard yelling "help, help." R4 stated she had asked twice to use the bathroom and was waiting for assistance. R4 stated staff tell her to just go in her brief "all the time." R4 stated she has asked to use a bedpan,</p>	21930		

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21930	<p>Continued From page 5</p> <p>but staff tell her they are not going to provide her a bedpan. R4 stated, 'It is so degrading to urinate in my pants.'</p> <p>On 3/13/24 at 2:55 p.m., R3 stated if he is in the bed "they tell me to go on myself." R3 stated he would use the bedpan, but staff do not offer it.</p> <p>On 3/13/24 at 3:32 p.m., the administrator stated it was not appropriate to tell residents to urinate in their incontinent briefs. The administrator stated there was enough staff to address resident's toileting needs in a timely manner.</p> <p>On 3/13/24 at 3:46 p.m., the assistant director of nursing (ADON) stated a therapy evaluation and nursing evaluation was done to determine a toileting plan for each resident. The plan considers the resident's preferences and comfort. The ADON stated it was concerning residents were reporting they were being told to void in their incontinent brief. The ADON stated there were enough staff on each floor to address all resident's toileting needs timely.</p> <p>The Monarch Resident Rights Policy last revised 1/2024, linked the Combined Federal and State Bill of Rights which indicated a facility must treat each resident with respect and dignity, and care for each resident in a manner that promotes maintenance of their quality of life.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, could review/revise policies and procedures related resident dignity. The DON or designee could re-educate all staff on policies and procedures.</p>	21930		

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21930	<p>Continued From page 6</p> <p>The DON or designee could develop a system for evaluating and monitoring consistent implementation of policies and procedures. The results of those measurable audits could be routinely brought to the facility's Quality Assurance Performance Improvement (QAPI) committee to determine ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21930		