



Protecting, Maintaining and Improving the Health of All Minnesota

Electronically delivered
August 27, 2020

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

RE: CCN: 245148
Cycle Start Date: August 18, 2020

Dear Administrator:

On August 18, 2020, a survey was completed at your facility by the Minnesota Department(s) 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 immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action were taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On August 17, 2020, the situation of immediate jeopardy to potential health and safety cited at F600 was removed.

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 listed below to the CMS Region V Office for imposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty, (42 CFR 488.430 through 488.444).

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the**

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following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, The Estates At St Louis Park LLC is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective August 18, 2020. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

DEPARTMENT CONTACT

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

**Susanne Reuss, Unit Supervisor
Metro C Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: susanne.reuss@state.mn.us
Phone: (651) 201-3793**

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

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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:

Tamika.Brown@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) 565-9462**

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 Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@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
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day

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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,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

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

PRINTED: 08/27/2020
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 08/18/2020
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		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>On 8/13/20 to 8/18/20, an abbreviated standard survey was completed at your facility by the Minnesota Department of Health. It was determined that your facility was not in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</p> <p>Complaint H5148259C was substantiated at F600 for past non-compliance. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the correction.</p> <p>The immediate jeopardy (IJ) began on 7/19/20, when the facility failed to protect R1 from physical abuse. The IJ was identified on 8/18/20, and the director of nursing (DON) and administrator were notified at 1:56 p.m. of an IJ at past non compliance. It was determined that the facility did a thorough investigation, implemented measures to educate staff and showed evidence that the majority of staff had been trained by 8/17/20, therefore, this deficient practice is being cited at Past Noncompliance.</p> <p>AN EXTENDED SURVEY WAS COMPLETED ON 8/18/2020.</p> <p>The following complaint was found to be unsubstantiated: H5148260C</p> <p>Although no plan of correction is required for a finding of past non-compliance, it is required the facility acknowledge receipt of the electronic documents.</p>	F 000			
F 600	Free from Abuse and Neglect	F 600			

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

TITLE

(X6) DATE

Electronically Signed

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 600 SS=J	Continued From page 1 CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to protect 1 of 3 residents (R1) from abuse. Physical abuse occurred when three staff members held R1 down against her will while they administered a medication rectally on 7/19/20, which resulted in an immediate jeopardy (IJ) situation. The IJ began on 7/19/20, when the facility staff failed to protect, prevent, and report a witnessed observation of R1's physical abuse. The IJ was identified on 8/18/20, and the director of nursing (DON) and administrator were notified at 1:56 p.m. of the IJ. The IJ was cited at past non-compliance because the facility had implemented a thorough investigation, facility wide training of staff, and showed evidence of compliance as of 8/17/20. Findings include	F 600	Past noncompliance: no plan of correction required.		

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	<p>Continued From page 2</p> <p>R1's diagnoses obtained from the face sheet printed 8/14/20, included alcoholic cirrhosis of the liver, acute respiratory failure, altered mental status and degeneration of nervous system due to alcohol.</p> <p>R1's Minimum Data Set (MDS) dated 6/3/20, indicated R1 had a severely impaired cognition and did not display physical or verbal behaviors towards others.</p> <p>R1's care plan dated 3/25/20, indicated R1 had altered cognition due to alcohol liver failure and needed time to communicate her needs/wants. The care plan directed staff to provide cues, reorientation and supervision as needed. The care plan also indicated on 7/22/20, R1 started to become more lucid, aware, and required assist of one from staff.</p> <p>A review of physician orders revealed R1 had an order dated 7/11/20, for Lactulose Encephalopathy Solution insert 200 gram rectally, via enema, every six hours for liver failure. During further review of R1's July medication administration record, it was revealed R1 had refused the medication from the registered nurse (RN)-A on 7/18/20, at 6 p.m., however, received the medication on 7/19/20, at 6 p.m. from RN-A.</p> <p>A nursing note dated 7/18/20, by RN-A indicated R1 adamantly refused to have lactulose solution given rectally and that risks and benefits were explained, but R1 continued to refuse.</p> <p>During interview on 8/13/20, at 8:43 a.m. nursing assistant (NA)-A identified that an incident involving two nurses and R1 had occurred on the</p>				

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 600	<p>Continued From page 3</p> <p>evening of 7/19/20, where two nurses held R1 down while they administered R1's enema. NA-A then indicated that RN-A had approached R1 to administer the enema but R1 refused it, but then after a few minutes RN-A returned with RN-B and NA-A, to administer the enema. NA-A further indicated that upon entering the room, R1 again refused the enema. NA-A also indicated R1 was yelling and screaming, and that RN-B held R1's hands, and mouth and while holding her down in bed, RN-A administered the enema. NA-A then indicated the incident was never reported to the facility. NA-A further indicated that the incident was reported when R1 had died and that the incident had occurred a week or two prior to being reported to the State Agency by NA-A, on 7/30/20.</p> <p>On 8/18/20, at 8:13 a.m., during interview, the facility administrator and DON notified surveyor that after learning about the incident from the surveyor on 8/13/20, both RNs and NA were suspended and the SA was notified immediately. The DON indicated phone interviews were conducted with both RNs and NA, where it was learned that the incident happened on 7/19/20. The incident had not been reported to the facility immediately per the Abuse Policy and was not reported to the SA until 7/30/20, by NA-A. The DON also identified that both nurses admitted that the incident, as described by NA-A, had occurred. The DON then indicated that RN-A made a statement that she went to give R1 the medication but R1 refused it, then RN-B and NA-A, came in the room, they put a mask over R1's face because R1 was spitting at them. RN-B then held R1's hands down while RN-A administered the enema. The DON also explained that RN-A was asked why she felt that</p>	F 600			

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F 600	<p>Continued From page 4</p> <p>RN-A and other staff felt there was such an importance of R1 getting this medication, and RN-A indicated it was in the best interest of R1. The DON then stated "I asked if the order told her [RN-A] to hold her [R1] down and force her, [RN-A] stated no." The DON indicated other nurses were interviewed on the floor where R1 resided at that time, all the nurses indicated R1 would refuse her medication but R1 needed to be re-approached. The DON also indicated the nurse practitioner (NP) was interviewed and asked if the intent of the order was for staff to force R1 into getting the medication and NP indicated the order was never meant to force anything on R1. The DON further identified the NP indicated the order for R1 was changed on 7/11/20, due to R1's unresponsive state to receive the medication rectally, but later the order was changed again on 7/21/20, for staff to either give orally or rectally due to R1 becoming more alert and responsive.</p> <p>On 8/18/20, at 11:35 a.m. during a follow up interview the DON stated, "When the staff involved were interviewed, they all acknowledged they performed a medication administration against R1's will." The DON also stated, "[RN-A] did say 'we made her [R1] do it,' and that [RN-B] said 'we put a mask on her because she was screaming and spitting.'"</p> <p>Although the facility staff failed to report the allegation of resident abuse to facility management on 7/19/20; upon learning of the incident of 8/13/20 when brought to the attention by the surveyor, immediate action took place. The incident was reported immediately to the SA, and RN-A, RN-B, NA-A, were suspended pending investigation. A thorough investigation took place</p>	F 600			

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F 600	<p>Continued From page 5</p> <p>and the facility was able to verify corrective action had been implemented, including RN-A, RN-B and NA-A being terminated. The facility continued with a plan to educate all staff on the importance of reporting, protecting and preventing abuse, which began 8/13/20, and continued to 8/18/20. In addition, the facility planned to have staff take a competency quiz at a later date regarding the information taught about abuse and reporting. It was determined that the majority of staff had been trained by 8/17/20, and therefore, this deficient practice is being cited at Past Noncompliance.</p> <p>Review of Monarch Health Management policy, "Abuse Prohibition/Vulnerable Adult Plan" revised 7/5/19, indicated that the purpose is to ensure that residents are not subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants, or volunteers, staff or other agencies serving the individual, family members or legal guardians, friends or other individuals, or self-abuse. The policy further indicated that all staff are responsible for reporting any situation that is considered abuse or neglect along with injuries of unknown origin. Also that reporting must occur immediately to a supervisor and that reporting to the state agency must be reported no later than 2 hours after forming the suspicion of abuse.</p>	F 600			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 27, 2020

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

Re: Event ID: WR2G11

Dear Administrator:

The above facility survey was completed on August 18, 2020 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, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
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 08/18/2020
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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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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 8/13/20, through 8/18/20, an abbreviated survey was conducted to determine compliance with State Licensure.</p> <p>The following complaint was found to be substantiated: H5148259C, however, no licensing orders were issued.</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaint was found to be unsubstantiated: H5148260C.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the State form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents</p>	2 000		