



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

Electronically delivered  
December 7, 2021

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

RE: CCN: 245148  
Cycle Start Date: August 19, 2021

Dear Administrator:

On September 12, 2021, we informed you of imposed enforcement remedies.

On November 9, 2021, 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 isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective November 19, 2021, will remain in effect.
- Directed plan of correction, Federal regulations at 42 CFR § 488.424. Please see electronically attached documents for the DPOC.

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 RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 19, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 19, 2021.

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

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admissions.

As we notified you in our letter of September 12, 2021, 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 November 19, 2021.

### **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 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" 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**

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December 7, 2021

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**Duluth Technology Village**

**11 East Superior Street, Suite 290**

**Duluth, Minnesota 55802-2007**

**Email: [teresa.ament@state.mn.us](mailto:teresa.ament@state.mn.us)**

**Office: (218) 302-6151 Mobile: (218) 766-2720**

## **PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE**

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - 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 Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by February 19, 2022 (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,

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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:

**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](mailto:Tamika.Brown@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://mdhprovidercontent.web.health.state.mn.us/lrc\\_idr.cfm](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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[https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)



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

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December 8, 2021

**Revised Letter**

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

RE: CCN: 245148  
Cycle Start Date: August 19, 2021

**This letter will replace the letter sent on December 7, 2021. There was no DPOC cited at at this survey.**

Dear Administrator:

On September 12, 2021, we informed you of imposed enforcement remedies.

On November 9, 2021, 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 isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

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Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

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

PRINTED: 12/16/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/09/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT ST LOUIS PARK LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3201 VIRGINIA AVENUE SOUTH</b> <b>SAINT LOUIS PARK, MN 55426</b>		
(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><b>INITIAL COMMENTS</b></p> <p>On 11/5/21, 11/8/21 and 11/9/21, a standard abbreviated survey was conducted at your facility. Your facility was found NOT to be in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints was found to be SUBSTANTIATED: H5148340C (MN78184 and MN78207), with deficiency cited at F684</p> <p>The following complaints were found to be UNSUBSTANTIATED: H5148339C (MN77937, MN77956, MN78015, and MN78018), and H5148341C (MN78254)</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 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 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</p>	F 684		11/12/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Electronically Signed**

TITLE

(X6) DATE  
**12/09/2021**

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/09/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT ST LOUIS PARK LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3201 VIRGINIA AVENUE SOUTH</b> <b>SAINT LOUIS PARK, MN 55426</b>		
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F 684	<p>Continued From page 1</p> <p>that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review, the facility failed to provide personal care in a manner that did not cause discomfort for 2 of 3 residents (R1, R6) observed to receive peri care, colostomy care, and/or repositioning.</p> <p>Findings:</p> <p>R1's quarterly Minimum Data Set (MDS) dated 9/20/21, indicated R1 had intact cognition and diagnoses of quadriplegia (paralysis of both arms and legs), mild intellectual disability, morbid obesity, and anxiety disorder. The MDS also indicated R1 was totally dependent on staff for all care, requiring assistance of two or more for bed mobility, toileting, and personal hygiene; R1 had an indwelling urinary catheter and colostomy (opening in abdomen for drainage of feces into a bag).</p> <p>R1's Care Area Assessment (CAA) worksheet dated 6/30/21, indicated R1's colostomy care needed to be managed by staff and R1 was at risk for unmet hygiene needs.</p> <p>R1's Care Plan (CP) dated 8/9/19, indicated staff should empty colostomy bag twice each shift and as needed. The CP also indicated staff should empty the colostomy bag when it was one-third to one-half full.</p> <p>R1's physician order dated 10/5/21, indicated R1's colostomy bag was to be checked every shift</p>	F 684	<p>R1 was assessed during the survey and was found to not have any injuries due to positioning or staff technique/competency. R1's plan of care and nursing assistant team sheet was reviewed and revised as necessary.</p> <p>R6 was assessed and was found to have no injuries regarding his scrotum. R6 was interviewed by the administrator and administrator intern on 11/8/21 and resident did not report to administrator that staff were hitting his scrotum during peri-care. R6 reported to administrator that he felt "staff just needed to change his technique when wiping". R6's plan of care and nursing assistant team sheet was reviewed and revised. R6 was also interviewed by facility staff during the survey on 11/5/21 and was asked if cares were going well and if R6 was satisfied with cares. R6 reported that he was satisfied and felt staff were respecting him and treating him with dignity during cares. R1 and R6 both reside on a unit primarily for bariatric residents. On 11/12/21, audits of resident plan of care for like-residents was conducted and plans of care were reviewed and remain current. During the survey on 11/5/21, resident interviews were conducted with like-residents by facility staff regarding if staff treated them with dignity and respect during care, and if there were any concerns with care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/09/2021</b>
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F 684	<p>Continued From page 2</p> <p>and emptied when one-third to one-half full with recording of output every shift.</p> <p>During continuous observation from 9:45 through 10:20 a.m. on 11/5/21, registered nurse (RN)-C and nursing assistant (NA)-B were observed to provide R1 colostomy care, left abdominal growth wound care, and repositioning. Upon initiating wound care, NA-B lifted R1's left leg, bending it at the knee to better expose the wound area. When the leg was bent, R1 cried out that it hurt. NA-B informed R1 that they needed to bend the leg in order to visualize the wound. RN-C stated instead of bending R1's leg, they could turn her to the side to gain access to the wound. NA-B released R1's leg and slightly turned her to the side. Once positioned on her side, RN-C dressed the wound followed by both NA-B and RN-C rolling R1 side-to-side to remove a soiled chux and draw sheet. When rolling R1, NA-B told RN-C to "just pull on it [chux]" to get it out. RN-C disagreed and stated no, that they should turn R1 again so that the soiled items could be easily removed. RN-C proceeded to roll the items under R1 and as R1 was rolled to the opposite side, the soiled items were easily removed. RN-C proceeded to clean up the dirty supplies while NA-B placed pillows under R1's extremities. With erratic jolting/jerky type movements, NA-B lifted each leg with one arm while shoving a pillow under each leg with the other arm. Once her legs were positioned, R1 requested to have her shoulder repositioned. NA-B proceeded to place both hands under R1's shoulder and with jolting/jerky movements, pulled it towards him. R1 grimaced and said, "ow".</p> <p>During an interview on 11/5/21, at 10:45 a.m., NA-B stated R1 was difficult to work with and always complained about her care. NA-B stated</p>	F 684	<p>Residents interviewed did not have any concerns with care provided or concerns with dignity and respect during cares. Staff re-education was initiated on 11/12/21 regarding turning/positioning residents in bed, ostomy care, and plan of care specific to the residents identified. Audits of care related to ostomy, staff turning and repositioning in bed, and perineal care related to residents with enlarged scrotums will be conducted weekly for four weeks, monthly for 2 months, and the QAPI committee will determine further audits as necessary. The Director of Nursing/designee will be responsible for ensuring compliance.</p>		

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/09/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT ST LOUIS PARK LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3201 VIRGINIA AVENUE SOUTH</b> <b>SAINT LOUIS PARK, MN 55426</b>		
(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 684	<p>Continued From page 3</p> <p>she always tried to get staff in trouble. NA-B stated there should be two staff providing care but he did not always have time to find staff because they were short of staff. NA-B stated he was strong, so he could do a lot of things by himself. NA-B was unaware of being rough or jerky with his movements.</p> <p>During an interview on 11/5/21, at 11:30 a.m., RN-C stated she never had any care concerns voiced by R1. RN-C stated she was aware R1 complained about some of the NAs but not the nurses.</p> <p>During an interview on 11/5/21, at 3:58 p.m., R1 stated staff provided "rough care." When asked what rough meant, R1 stated the staff handled her roughly by pulling on her shoulder, arms/legs and pushing her when turning her.</p> <p>During an interview on 11/9/21, at 10:40 p.m., RN-B stated at least two staff should be providing care to R1, especially when turning or positioning her and when placing pillows under her extremities. RN-B stated one staff should lift the extremity while a second staff would place the pillows. RN-B also stated staff were to use the draw sheet when turning or moving R1's torso and not pull on her.</p> <p>During an interview on 11/9/21, at 12:24 p.m., the director of nursing (DON) stated staff should be following the care sheet and if it indicated that two staff were needed for care, then she expected two staff provide the care. The DON stated when positioning limbs of extremely obese residents, one staff should lift the limb while another staff placed the pillows.</p>	F 684			

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F 684	<p>Continued From page 4</p> <p>R6's annual MDS dated 8/24/21, indicated R6 had intact cognition and diagnoses of morbid obesity, left below the knee amputation, and Diabetes. The MDS also indicated R6 was totally dependent on staff for all care, required assistance of two or more for bed mobility, toileting, and personal hygiene; had an indwelling urinary catheter and colostomy (opening in abdomen for drainage of feces into a bag). R6's MDS also indicated R6 needed extensive assistance (two or more staff) with personal hygiene and toileting.</p> <p>R6's CAA worksheet dated 9/2/21, indicated R6 had impaired mobility, required incontinence care for both bowel and bladder, had a body mass index (BMI) of 50 kilograms per square meters.</p> <p>R6's Care Plan dated 3/24/21, indicated staff should assist R6 with pericare every morning, at bedtime, and as needed after each incontinent episode.</p> <p>During observation on 11/5/21, at 3:00 p.m. NA-B was observed providing incontinent bowel care to R6 NA-B cleansed R6's rectal area with bath wipes. While washing R6, he used jerky, poking like motions while wiping him. R6 jumped each time NA-B wiped him. When cleansing R6's scrotal area, NA-B reached under R6's scrotum with a jerking, poking motion.</p> <p>During an interview on 11/5/21, at 3:30 p.m., R6 stated staff were often rough with his pericare, "they always punch my scrotum and it hurts." R6 stated he has informed the staff that cares were rough and added that some staff did improve after being informed of how he felt. R6 stated he felt as though NA-B tended to "punch" his</p>	F 684			

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

PRINTED: 12/16/2021  
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F 684	<p>Continued From page 5 scrotum every time they wiped it.</p> <p>During an interview on 11/9/21, at 10:40 p.m., RN-B stated she was aware R6 complained about staff hurting his scrotum during cares and also stated, "but you have to understand he has a very big and very sensitive scrotum.' RN-B agreed given the size and sensitivity of the scrotum, staff should be aware and careful when providing pericare.</p> <p>During an interview on 11/9/21, around 12:45 p.m. the administrator stated R6 informed her on 11/8/21, staff were hitting his scrotum when doing pericare and verified she had not yet addressed his concern with the staff.</p>	F 684			





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

Electronically delivered  
December 7, 2021

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

Re: Event ID: TXYG11

Dear Administrator:

The above facility survey was completed on November 9, 2021 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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Minnesota Department of Health  
Licensing and Certification Program  
Program Assurance Unit  
Health Regulation Division  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00943</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/09/2021</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></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 11/5/21, 11/8/21, and 11/9/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date</p>	2 000		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE  
12/09/21

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>when they will be completed.</p> <p>The following complaint was found to be SUBSTANTIATED: H5148340C (MN78184 and MN78207), with no licensing orders issued</p> <p>The following complaints were found to be UNSUBSTANTIATED: H5148339C (MN77937, MN77956, MN78015, and MN78018) and H5148341C (MN78254)</p> <p>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 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 &lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; 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</p>	2 000		

Minnesota Department of Health

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2 000	<p>Continued From page 2</p> <p>available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p> <p>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.</p>	2 000		