Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 17, 2025

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

RE: CCN: 245148
Cycle Start Date: February 5, 2025

Dear Administrator:

On March 12, 2025, we notified you a remedy was imposed. On April 10, 2025 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 28, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective May 5, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of March 12, 2025, 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 May 5, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on March 28, 2025, 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 Therefore, the NATCEP prohibition is rescinded.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,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245148	A. BUILDING _____ B. WING _____	C 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ESTATES AT ST LOUIS PARK LLC	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	INITIAL COMMENTS On 2/4/25 and 2/5/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint H51486601C (MN110343) was reviewed with a deficiency cited at F692. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition	F 692		2/27/25

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

Electronically Signed | 02/20/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See 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 692	Continued From page 1 demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure 1 of 1 resident (R1) remained nothing per oral (NPO), receiving nutrition via tube feeding per his hospital discharge orders. Findings include: R1's quarterly Minimum Data Set (MDS) dated 12/26/24, indicated R1 had Parkinson's, hemiplegia and was severely cognitively impaired. In addition R1's MDS indicated he had no behaviors, had impairment in upper and lower extremities, no or unknown for weight loss or weight gain and received feeding via tube feeding and also had a mechanically altered diet, and 51% or more alternative route and 501 cubic centimeters (CC) or more per day by IV (intravenous) or tube feeding, which R1 received tube feeding. R1's Care Plan dated 2/04/25, indicated R1 had Parkinson's and was at risk for malnutrition and dehydration due to dysphagia (swallowing disorder), and received tube feedings per physician order, staff to check placement of tube feeding, residents head of bed to be elevated 30-40 degrees during feeding and thirty minutes	F 692	R1's diet was immediately changed per order on 2/4/2025. The physician and dietitian reviewed orders to ensure accuracy and appropriateness. Residents were not affected. Nursing leaders reviewed other residents' diet orders to ensure there were no other orders for NPO. No other resident in the facility had orders for NPO. Education will be completed with nurse leaders, nurses, health unit coordinators, and dietitians on the process for reviewing and ensuring accuracy of diet orders upon return from the hospital. Audits will be completed on diet orders upon return from hospital weekly x4 weeks and results shared with the facility QAPI Committee for input on the need to increase, decrease, or discontinue the audits. Any discrepancies will be addressed immediately.	

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F 692	Continued From page 2 after tube feedings, monitor resident every shift for signs and symptoms of aspiration. R1 received enteral nutrition via PEG (Percutaneous endoscope gastrostomy) (a tube is passed into a patient's stomach through the abdominal wall) with nursing staff managing and mechanically altered diet due to dysphagia benefiting from puree with honey thicken liquids. R1's past hospitalizations indicated the following: 1) Discharge Summary (DC) orders dated 12/13/24, indicated R1 was admitted on 12/08/24 through 12/13/24, for aspiration pneumonia and to take amoxicillin 10.9 milliliters (ml) by mouth two times a day for 4 days. 2) D/C Summary dated 1/01/25, indicated R1 was admitted from 12/27/24 through 1/01/25, for sepsis due to pneumonia, acute respiratory failure. The D/C summary further indicated R1 had chronic tube feeding, Parkinson's disease, stroke, and risk of aspiration pneumonia on-going and was re-admitted on 12/27/24 with sepsis. R1's Interagency Assessment and Orders dated 1/01/25 indicated R1's diet was to be NPO (nothing by mouth). And to have continuous Tube feeding prescription four cans of Iso-source 1.5 formula per day given through the PEG tube set at 65 ml/hr. per day 7:00 p.m. to 10:00 a.m. water flushes 150 ml every 4 hours. In addition to orders for Occupational Therapy, Physical Therapy and Speech Therapy. Review of the facility documentation indicated R1 received food/oral liquids even though R1 was supposed to be NPO on 1/01/25 through 1/27/25, R1 received oral intake of foods with percentages eaten on the following dates:	F 692		

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F 692	Continued From page 3 -1/02/25 76% - 100% -1/3/2025 0 - 25% -1/4/2025 26% - 50% -1/5/2025 08:00 a.m. 51% - 75% -1/5/2025 12:00 p.m. 51% - 75% -1/07/25 51-75% -1/09/25 20-51% -1/10/25 51-75% -1/11/25 75-100% -1/13/25 25-50% -1/14/25 75 to 100% -1/15/25 75 to 100% -1/16/25 0-25% -1/17/25 51 -75% -1/18/25 0-25% -1/22/25 0 to 25% -1/25/25 0-25% -1/26/25 0-25% in the a.m. and 75-100% in the evening -1/27/25/25 0-25% in the a.m. and 0-25% in the evening. A Hospital Discharge Summary (DC) indicated a admit date of 1/28/25 and discharge date of 1/31/25, R1's primary problem of right lower lobe pneumonia. R1 currently resided at a long-term care facility. R1 had sepsis pneumonia due to aspiration (unclear origin) and was to be NPO with tube feedings managed per registered dietician (RD). Staff were to to continue elevation of head of bed (HOB) greater than 30 degrees at all times and administer Vantin (antibiotic) 200 mg via tube feed twice daily. During observation on 2/04/25, licensed practical nurse (LPN)-A was observed to hook up R1's tube feeding and provide physician ordered water flush. R1 was observed to be in bed with his HOB greater than 30 degrees.	F 692		

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F 692	Continued From page 4 During interview on 2/05/25, at 10:00 a.m. LPN-A stated R1 has been eating food in the dining room with staff assistance until the discharge from the hospital on 1/31/25, when he was placed on NPO. LPN-A was unaware R1 was supposed to be NPO after his discharge on 1/01/25. During observation on 2/05/25, at 10:10 a.m. R1 was observed to be lying in bed with his HOB elevated greater than 30 degrees. During interview on 2/05/25, at 10:21 a.m. registered nurse (RN)-A stated she was not aware of R1's diet changed to NPO 1/01/25 and referred me to the facilities speech language pathologist (SLP). During interview on 2/05/25, at 10:30 a.m., the speech-language pathologist (SLP)-A stated she was unaware R1 was placed on NPO after his 1/01/25, hospitalization. SLP-A stated it would make sense he was placed on 1/01/25, since R1 was hospitalized twice for aspiration pneumonia. She would not have approved R1 to be eating unless R1 had a swallow study in a hospital since he was unable to fully participate in a bedside swallow study. During interview on 2/05/25, at 10:56 a.m. with R1's nurse practioner (NP), she noted "somewhere it was lost" that R1 was supposed to be NPO after his hospitalization return on 1/01/25. Looking at the discharge orders, R1 should have been NPO and received PT/PT and ST evaluations. R1 was a Full Code and was at a high risk for aspiration with the tube feeding and even with oral intake. It would be "really hard" to know if he aspirated from food or the tube	F 692		

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F 692	Continued From page 5 feeding, however, staff should not be feeding him oral foods without a swallow study evaluation. During interview on 2/05/25, at 11:13 a.m., hospital registered dietician (RD)-B stated she was unaware R1 had been receiving food by mouth after his discharge on 1/01/25. RD-B spoke with the facilities RD-A and was never informed he was eating along with getting his tube feedings. During interview on 2/05/25, at 11:41 a.m. the director of nursing (DON) stated after reviewing R1's discharge orders on 1/01/25, it was noticed staff did not sign off on the diet orders of NPO. The DON stated there is not a policy for checking the orders, and noted the facility had an ineffective process and they needed to change processes. Facility policy Therapeutic Diets revised October 2017, indicated therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care. No policy was provided related to reconciliation of physician orders by the end of the survey.	F 692		

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	00943	A. BUILDING: _____ B. WING _____	C 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ESTATES AT ST LOUIS PARK LLC	3201 VIRGINIA AVENUE SOUTH SAINT LOUIS PARK, MN 55426

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 2/4/25 though 2/5/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure. The following complaint was reviewed:	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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2 000	Continued From page 1 H51486601C (MN110343). NO licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 13, 2025

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

RE: CCN: 245148
Cycle Start Date: February 5, 2025

Dear Administrator:

On February 5, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Nicole Dahl, RN, Regional Operations Supervisor
Marshall District Office
Health Regulation Division
Minnesota Department of Health
1400 East Lyon Street, Suite 102
Marshall, MN 56258-2504
Email: nicole.osterloh@state.mn.us
Office: 507-476-4230
Mobile: (507) 251-6264 Mobile: (605) 881-6192

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by May 5, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by August 5, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 **and Minnesota Statute 144A.10 subd 15**, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: https://forms.web.health.state.mn.us/form/NHDisputeResolution

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

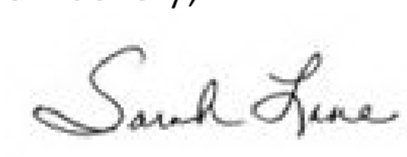
INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: https://forms.web.health.state.mn.us/form/NHDisputeResolution

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
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February 13, 2025

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

Re: Event ID: KM6W11

Dear Administrator:

The above facility survey was completed on February 5, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted 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,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us