



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 11, 2025

Administrator
THE VILLAS AT NEW BRIGHTON
825 FIRST AVENUE NORTHWEST
NEW BRIGHTON, MN 55112

RE: CCN: 245164
Cycle Start Date: June 11, 2025

Dear Administrator:

On July 1, 2025, we notified you a remedy was imposed.

On September 8, 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 September 03, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 09, 2025, did not go into effect. (42 CFR 488.417 (b))

In our letter of July 1, 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 September 9, 2025, due to denial of payment for new admissions. Since your facility attained substantial compliance on September 03, 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 Therefore, the NATCEP prohibition is rescinded.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,

A handwritten signature in black ink that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
PO Box 64975 | 625 Robert Street North
St. Paul, MN 55164-0975
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 11, 2025

Administrator
The Villas at New Brighton
825 First Avenue Northwest
New Brighton, MN 55112

Re: Reinspection Results
Event ID: 0XN511

Dear Administrator:

On July 9, 2025, 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 June 11, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
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Protecting, Maintaining and Improving the Health of All Minnesotans

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August 20, 2025

Administrator

THE VILLAS AT NEW BRIGHTON
825 FIRST AVENUE NORTHWEST
NEW BRIGHTON, MN 55112

RE: CCN: 245164

Cycle Start Date: June 11, 2025

Dear Administrator:

On July 1, 2025, we notified you a remedy was imposed.

On August 5, 2025, the Minnesota Departments of Health and Public Safety 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 July 8, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 9, 2025, will not go into effect. (42 CFR 488.417 (b))

In our letter of July 1, 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 September 9, 2025, due to denial of payment for new admissions. Since your facility attained substantial compliance on July 8, 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,

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September 11, 2025

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Re: Reinspection Results
Event ID: 0XN511

Dear Administrator:

On July 9, 2025, 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 June 11, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

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

PRINTED: 07/09/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2025
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT NEW BRIGHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 825 FIRST AVENUE NORTHWEST NEW BRIGHTON, MN 55112		
(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 6/09/25 through 6/11/25, 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 complaints were reviewed: H51646507C (MN113578). H51645650C (MN113357) As a result of the investigation a deficiency was cited at F585. 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 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC	F 585		7/8/25	

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

TITLE

(X6) DATE

Electronically Signed

07/07/2025

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 585	<p>Continued From page 1 facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their</p>	F 585		

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F 585	Continued From page 2 conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the	F 585		

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F 585	<p>Continued From page 3</p> <p>result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure voiced grievances and complaints against the facility were acted upon, investigated or resolved for 1 of 1 resident (R1) reviewed who had grievances. care concerns</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 5/20/25, indicated R1 had anxiety was cognitively intact with no behaviors. In addition the MDS indicated R1 had a surgical wound with no pressure ulcers, was independent with activities of daily living and was incontinent of bowel and bladder and had frequent pain.</p> <p>R1's Care Plan dated 5/16/25, indicated R1 had limited mobility, risk for falls and had pain. R1's Care Plan also indicated alteration in behavior as evidence by diagnosis of mood disorder and anxiety staff were directed to monitor for medication effectiveness, be alert to mood and behavior changes and use kind firm approach in addition to psych visits. In addition the Care Plan indicated R1 made many demands on staff, ex: remove your shoes before entering room. Threatening staff to report to the Minnesota Department of Health (MDH). Staff were directed to validate feelings and provide emotional support.</p> <p>R1's Profile Sheet indicated R1 discharged from the facility on 5/29/25.</p>	F 585	<ol style="list-style-type: none"> 1. R1 discharged from the facility 2. All residents may have a grievance, therefore all may be affected 3. Complaint and Grievance policy was reviewed and no changes needed. <p>The Grievance area in the morning meeting was adjusted to include a column for incident status and a column for notes. Each business day the open grievances are reviewed and discussed with IDT. This discussion includes information regarding the investigation and follow up so that IDT can provide feedback.</p> <ol style="list-style-type: none"> 4. Educated IDT to the complaint and grievance policy and the long term community coalition consumer fact sheet on resident grievances <p>Educated IDT regarding how to thoroughly investigate a grievance</p> <p>Educated IDT regarding the changes and expectations regarding the grievance area in the morning meeting</p> <ol style="list-style-type: none"> 5. All grievances will be audited weekly x 4 weeks by the regional social worker/designee. These audits will include reviewing all grievances to check that the IDT member assigned to the grievance 	

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F 585	<p>Continued From page 4</p> <p>During interview on 6/10/25 at 10:36 a.m., R1 stated she had filed multiple grievances to the while living at the facility and did not feel they were followed up on never felt they were followed up or attempted to resolve. In addition, R1 stated she felt her pain was not managed at the facility, R1 stated adding her pain was always at a 7 to a 9 out of 10 consistently. (A numeric pain scale is a self-report pain assessment tool that uses a numerical scale, usually from 0 to 10, to quantify a person's pain intensity. Zero typically represents no pain, while 10 represents the worst pain imaginable.)</p> <p>Review of R1's grievances indicated the following:</p> <p>Grievance Form -Nurse/CNA Behavior dated 5/20/25, completed by the director of nursing (DON), indicated resident (R1) stated that nurse did not give her pain meds at 1:00 p.m. The form indicated under "steps taken to investigate concern/grievance": Per progress notes, resident received Tylenol as needed at 6:30 a.m., oxycodone (opioid medication to treat severe pain) at 7:14 a.m., and then at 10:30 a.m. the nurse called the physician requesting an additional dose of oxycodone prior to dressing change due to the oxycodone order was only for every 6 hours. The Grievance form indicated the order was received, and R1 did receive the one time dose of oxycodone. In addition R1 was alert and orientated and able to verbalize her pain and request a pain medication as needed. The report also indicated under resolution resident continues to be followed by the pain team.</p> <p>During interview on 6/11/25 at 9:57 a.m., regional nurse consultant (RNC) stated the grievances</p>	F 585	<p>completed the following:</p> <p>A. thoroughly investigated the grievance including documented proof of all items investigated.</p> <p>B. That follow up actions were completed (if applicable) and there is documentation that those items were completed</p> <p>C. That the summary of pertinent findings/conclusion regarding the concerns raised were reviewed with the complainant. The results of these audits will be shared with the facility QAPI committee by the Administrator or designee for input on the need to increase, decrease or discontinue the audits.</p>	

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F 585	<p>Continued From page 5</p> <p>were reviewed by the director of nursing (DON) and herself. The RNC stated on 5/28/25, they both meet with R1 on 5/28/25 to review the resolution, although upon further investigation it was found R1's treatment was not signed off on 5/20/25, and the new order which was requested on 5/20/25 at 10:30 a.m., was not received and transcribed until 12:45 p.m. which was ordered for oxycodone 5 mg by mouth every four hours as needed for pain only four per day and the medication administration record (MAR) indicated the oxycodone was not administrated until 3:01 p.m. (8 hours later), and the treatment record indicated the dressing change to her surgical wound was never changed. The RNC further provided a Statement of Reported Incident dated 6/11/25, which indicated a nurse who worked on 5/20/25 evening shift stated he completed the dressing change.</p> <p>R1's Grievance Form request lacked evidence the facility investigated the complaint and provide R1 a resolution to her concern. Additionally, the grievance form that was reviewed with R1 identified she received her oxycodone per request at 1:00 p.m., which was not accurate. (received at 3:00 p.m.)</p> <p>Grievance Form-Medication Issue dated 5/22/25, completed by corporate Compliance Liaison (CCL) indicated resident sent an email to CCL that stated "I have been in here without pain medication since 1 p.m. today and asking for them since 4:30 p.m.! My call light has been unplugged and the nurse has refused to give me his name and this is all on the camera in the hallway. You asked me if I felt unsafe now I do. The nurse realized finally I was recording him and revealed his name." The form indicated email</p>	F 585		

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F 585	<p>Continued From page 6</p> <p>was sent to DON and social services requesting that follow up be completed regarding grievance. The DON's comment on the form indicated resident walked to and from bathroom during interview with no visible signs of pain or discomfort email sent to provider for alternative pain medication orders as requested by resident during resolution interview on 5/28/25. An additional Statement of Reported Incident completed by registered nurse (RN)-A on 5/22/25, indicated he administered her pain medications when she requested at 8:45 p.m.</p> <p>During interview on 6/10/25 at 10:30 a.m., the DON stated R1 would ask for her pain medications and then she would decline them indicating she did not want to get addicted to them, adding it was possible on that day she didn't want her pain medications.</p> <p>During interview on 6/11/25 at 12:52 p.m., RNC stated when they spoke to R1 on 5/28/25, she was informed when her call light was unplugged from the wall her call light was automatically turned on. In addition, RNC stated R1's nurse practitioner was informed of medication change request but she discharged the following day. The RNC stated she was unaware R1 stated she felt unsafe at the facility and did not interview R1 to her comment.</p> <p>Complaint and Grievance Policy revised 9/2023, indicated Any resident, resident representative, or applicant for admission who has reason to believe that he/she had been mistreated, denied services, or discriminated against in any aspect by the facility may file a complaint or grievance. Grievances can be submitted anonymously, and individuals have the right to file a grievance</p>	F 585		

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F 585	Continued From page 7 without fear of discrimination or reprisal. Forms are to be made readily available within the facility report a complaint or grievance. Any complaints, regardless of how they preconceived by the facility, will be investigated per the policy. A written summary should include: <ul style="list-style-type: none"> · Date grievance received. · Summary statement of resident ' s grievance. · Steps taken to investigate. · Summary of pertinent findings/conclusions regarding the concerns raised by the resident. · Statement as to whether the grievance is confirmed or not confirmed. · Any corrective actions to be taken as a result of the grievance. · Date the written decision was issued. 	F 585		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2025
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NAME OF PROVIDER OR SUPPLIER THE VILLAS AT NEW BRIGHTON	STREET ADDRESS, CITY, STATE, ZIP CODE 825 FIRST AVENUE NORTHWEST NEW BRIGHTON, MN 55112
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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 6/09/25 through 6/11/25, 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 orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</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 07/07/25
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H51646507C (MN113578). H51645650C (MN113357)</p> <p>As a result of the investigation a licensing order was issued at 1880.</p> <p>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 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</p>	2 000		
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2 000	Continued From page 2 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		
21880	MN St. Statute 144.651 Subd. 20 Patients & Residents of HC Fac.Bill of Rights Subd. 20. Grievances. Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place. Every acute care inpatient facility, every residential program as defined in section 253C.01, every nonacute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an	21880		7/8/25

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21880	<p>Continued From page 3</p> <p>advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 253C.01 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure voiced grievances and complaints against the facility were acted upon, investigated or resolved for 1 of 1 resident (R1) reviewed who had grievances. care concerns</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 5/20/25, indicated R1 had anxiety was cognitively intact with no behaviors. In addition the MDS indicated R1 had a surgical wound with no pressure ulcers, was independent with activities of daily living and was incontinent of bowel and bladder and had frequent pain.</p> <p>R1's Care Plan dated 5/16/25, indicated R1 had limited mobility, risk for falls and had pain. R1's Care Plan also indicated alteration in behavior as evidence by diagnosis of mood disorder and anxiety staff were directed to monitor for medication effectiveness, be alert to mood and</p>	21880	Corrected	
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21880	<p>Continued From page 4</p> <p>behavior changes and use kind firm approach in addition to psych visits. In addition the Care Plan indicated R1 made many demands on staff, ex: remove your shoes before entering room. Threatening staff to report to the Minnesota Department of Health (MDH). Staff were directed to validate feelings and provide emotional support.</p> <p>R1's Profile Sheet indicated R1 discharged from the facility on 5/29/25.</p> <p>During interview on 6/10/25 at 10:36 a.m., R1 stated she had filed multiple grievances to the while living at the facility and did not feel they were followed up on never felt they were followed up or attempted to resolve. In addition, R1 stated she felt her pain was not managed at the facility, R1 stated adding her pain was always at a 7 to a 9 out of 10 consistently. (A numeric pain scale is a self-report pain assessment tool that uses a numerical scale, usually from 0 to 10, to quantify a person's pain intensity. Zero typically represents no pain, while 10 represents the worst pain imaginable.)</p> <p>Review of R1's grievances indicated the following:</p> <p>Grievance Form -Nurse/CNA Behavior dated 5/20/25, completed by the director of nursing (DON), indicated resident (R1) stated that nurse did not give her pain meds at 1:00 p.m. The form indicated under "steps taken to investigate concern/grievance": Per progress notes, resident received Tylenol as needed at 6:30 a.m., oxycodone (opioid medication to treat severe pain) at 7:14 a.m., and then at 10:30 a.m. the nurse called the physician requesting an additional dose of oxycodone prior to dressing</p>	21880		
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21880	<p>Continued From page 5</p> <p>change due to the oxycodone order was only for every 6 hours. The Grievance form indicated the order was received, and R1 did receive the one time dose of oxycodone. In addition R1 was alert and orientated and able to verbalize her pain and request a pain medication as needed. The report also indicated under resolution resident continues to be followed by the pain team.</p> <p>During interview on 6/11/25 at 9:57 a.m., regional nurse consultant (RNC) stated the grievances were reviewed by the director of nursing (DON) and herself. The RNC stated on 5/28/25, they both meet with R1 on 5/28/25 to review the resolution, although upon further investigation it was found R1's treatment was not signed off on 5/20/25, and the new order which was requested on 5/20/25 at 10:30 a.m., was not received and transcribed until 12:45 p.m. which was ordered for oxycodone 5 mg by mouth every four hours as needed for pain only four per day and the medication administration record (MAR) indicated the oxycodone was not administrated until 3:01 p.m. (8 hours later), and the treatment record indicated the dressing change to her surgical wound was never changed. The RNC further provided a Statement of Reported Incident dated 6/11/25, which indicated a nurse who worked on 5/20/25 evening shift stated he completed the dressing change.</p> <p>R1's Grievance Form request lacked evidence the facility investigated the complaint and provide R1 a resolution to her concern. Additionally, the grievance form that was reviewed with R1 identified she received her oxycodone per request at 1:00 p.m., which was not accurate. (received at 3:00 p.m.)</p> <p>Grievance Form-Medication Issue dated 5/22/25,</p>	21880		
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21880	<p>Continued From page 6</p> <p>completed by corporate Compliance Liaison (CCL) indicated resident sent an email to CCL that stated "I have been in here without pain medication since 1 p.m. today and asking for them since 4:30 p.m.! My call light has been unplugged and the nurse has refused to give me his name and this is all on the camera in the hallway. You asked me if I felt unsafe now I do. The nurse realized finally I was recording him and revealed his name." The form indicated email was sent to DON and social services requesting that follow up be completed regarding grievance. The DON's comment on the form indicated resident walked to and from bathroom during interview with no visible signs of pain or discomfort email sent to provider for alternative pain medication orders as requested by resident during resolution interview on 5/28/25. An additional Statement of Reported Incident completed by registered nurse (RN)-A on 5/22/25, indicated he administered her pain medications when she requested at 8:45 p.m.</p> <p>During interview on 6/10/25 at 10:30 a.m., the DON stated R1 would ask for her pain medications and then she would decline them indicating she did not want to get addicted to them, adding it was possible on that day she didn't want her pain medications.</p> <p>During interview on 6/11/25 at 12:52 p.m., RNC stated when they spoke to R1 on 5/28/25, she was informed when her call light was unplugged from the wall her call light was automatically turned on. In addition, RNC stated R1's nurse practitioner was informed of medication change request but she discharged the following day. The RNC stated she was unaware R1 stated she felt unsafe at the facility and did not interview R1 to her comment.</p>	21880		
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21880	<p>Continued From page 7</p> <p>Complaint and Grievance Policy revised 9/2023, indicated Any resident, resident representative, or applicant for admission who has reason to believe that he/she had been mistreated, denied services, or discriminated against in any aspect by the facility may file a complaint or grievance. Grievances can be submitted anonymously, and individuals have the right to file a grievance without fear of discrimination or reprisal. Forms are to be made readily available within the facility report a complaint or grievance. Any complaints, regardless of how they preconceived by the facility, will be investigated per the policy. A written summary should include:</p> <ul style="list-style-type: none"> · Date grievance received. · Summary statement of resident ' s grievance. · Steps taken to investigate. · Summary of pertinent findings/conclusions regarding the concerns raised by the resident. · Statement as to whether the grievance is confirmed or not confirmed. · Any corrective actions to be taken as a result of the grievance. · Date the written decision was issued. <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee should review and revise policies and procedures related to greivances to ensure grievances are acted upon and the resident given a resolution to the identified grievance. The director of nursing, social worker, or designee should develop a system to educate staff and develop a monitoring system such as measurable audits to ensure grievacnes are acted upon and the resolution notification is made to the resident and/or family.</p>	21880		
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21880	<p>Continued From page 8</p> <p>The results of those audits should be taken to the QAPI committee to determine compliance or the need for further monitoring. The administrator should be responsible to ensure this occurs.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21880		