



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 Therefore, the NATCEP prohibition is rescinded.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 'H. 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

August 21, 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 June 30, 2025, we informed you that we may impose enforcement remedies.

On July 1, 2025, we informed you of imposed enforcement remedies.

On August 4, 2025, the Minnesota Department of Health completed a complaint survey and it has been determined that your facility is not 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.

At the time of this survey, we identified the following deficiency:

F0550 - Resident Rights, Exercise of Rights

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedies listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Directed plan of correction, Federal regulations at 42 CFR § 488.424. Please see electronically attached documents for the DPOC.
- 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 September 9, 2025.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 9, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 9, 2025.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$13,343, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by **September 11, 2025**, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, THE VILLAS AT NEW BRIGHTON will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 11, 2025. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of

payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. 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.

DEPARTMENT CONTACT

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

Annette Winters, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 **December 11, 2025**, if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

APPEAL RIGHTS

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

electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

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
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to tamika.brown@cms.hhs.gov.

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,



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



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August 21, 2025

Administrator

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

Re: Event ID: 1D2EA5-H1

Dear Administrator:

The above facility survey was completed on August 4, 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,

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

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245164	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/04/2025
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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, Minnesota, 55112
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>On 8/4/25, 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.</p> <p>The following complaints were reviewed. H51649587C / 2562107 with a deficiency issued at (F550)</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		09/03/2025
F0550 SS = D	<p>Resident Rights/Exercise of Rights</p> <p>CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights.</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services</p>	F0550	<p>R1, R2, R3 were reviewed to ensure appropriate toilet plan in place and that toilet plan is on the nar guide and the care plan. A skin inspection was completed to ensure no skin concerns had developed (no new concerns found)</p> <p>A Full house audit was completed to identify residents that need assistance for incontinent care and ensured these were on the care plan and the care guide.</p> <p>All residents may be affected by call lights not being answered timely.</p> <p>ADL policy was reviewed and no changes were needed.</p> <p>Began education with all nursing staff beginning Thursday, 8/21/25 to include: to follow toilet plan as care planned, where they are to locate information regarding plan of care, where that information comes from, what to do if the information is inaccurate, why it must be followed including to promote dignity.</p>	09/03/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245164	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/04/2025
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F0550 SS = D	<p>Continued from page 1 under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights.</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to provide a dignified living existence for 3 of 3 residents (R1, R2, and R3) reviewed. Staff failed to respond timely to the residents, leaving them incontinent of stool in their beds while waiting on staff assistance.</p> <p>Findings include:</p> <p>Upon observation and interview on 8/4/25 at 10:35 a.m. R1 was lying on her back in her bed. R1's room smelled of bowel movement (BM) odor. R1 stated she had a BM, turned on her light at approximately 9:00 a.m. A nursing assistant (NA) came into her room, turned off the light and had not returned. R1 stated that was the practice every morning. R1 stated she felt "inhuman" sitting in her own feces every morning. At 10:39 a.m. R1 put on her call again. At 10:43 NA-A came into her room, turned off her call light and stated she would go the other NA to assist her. At 10:48 a.m. NA-A and NA-B returned to assist R1. NA-A and NA-B changed R1's incontinent brief that consisted of wet BM saturated into the incontinent pad and dried BM on R1's labial folds (folds in her vaginal region). R1's bed sheets had dried BM on them. The NA's washed R1 and changed R1's incontinent brief. R1 directed her care telling the NA's where to put the lotions and powder. R1 was then put into the mechanical lift and seated in her</p>	F0550	<p>Continued from page 1</p> <p>Also began education with all nursing staff beginning Thursday 8/21/25 regarding answering call lights timely, why they are to do so, how to use their resources to answer them timely.</p> <p>DON or designee to audit five residents two times weekly for four weeks. To determine if toileting plan is being followed and resident is satisfied with their toileting care.</p> <p>DON or designee to audit 5 residents 2 times weekly for four weeks to ensure call lights have been answered and needs were met in a timely manner by timing the call light and asking resident if they were satisfied.</p> <p>The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audits.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245164	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/04/2025
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0550 SS = D	<p>Continued from page 2 wheelchair. This process ended at 11:35 a.m.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 4/25/25 indicated R1 had a Brief Inventory of Mental Status (BIMS) score of 15 indicating R1 was cognitively intact. R1 did not have any behaviors of physical or verbal behaviors directed towards other. R1 was totally dependent upon staff assistance with toileting hygiene, showing, lower body dressing and transferring from bed to chair. R1 required moderate assistance with rolling in bed and sitting to lying in bed. R1 was frequently incontinent of bowel and bladder. R1's pertinent diagnoses were fracture of the right femur (hip), morbid obesity, acute respiratory failure, and muscle weakness.</p> <p>R1's care plan dated 7/26/25 indicated R1 required assistance of two staff with toileting, provide incontinence products and assist to change, monitor bowel movements as they occur, check, and change R1's incontinent brief prior to getting out bed in the morning.</p> <p>R2's annual MDS dated 5/23/25 indicated R2's BIMS score was a 15 indicating he was cognitively intact. R2 was totally dependent upon staff assistance with toileting hygiene, showering, lower body dressing, personal hygiene, and transferring from sit to stand and bed to chair. He required moderate assistance with sitting to lying in bed and dressing upper body. R2 had a foley indwelling catheter and was frequently incontinent of stool. R2's pertinent diagnoses were acute and chronic respiratory failure, morbid obesity, and blindness of both eyes at different category levels.</p> <p>R2's care plan dated 8/4/25 indicated R2 required assistance of 1-2 with toileting, pad changes and peri-care, provide incontinence products (brief) and assist to change, monitor bowel movements as they occur.</p> <p>Upon interview on 8/4/25 at 1:09 p.m. R2 stated he had concerns at the facility. He stated his concern was long wait times and he believed it was due to staffing. On 8/1/25 he had a BM at around 2:00 a.m. and put on his call light, an unidentified NA answered the light and turned it off and told R2 she was busy and returned to change his incontinent brief after 3:00 a.m. R2 stated it was not just he felt undignified, but having</p>	F0550		

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F0550 SS = D	<p>Continued from page 3 to wait with bowel incontinence kept him awake while waiting and then angry about the waiting the rest of the night. The other time he stated he waited "in my own filth" was about a week before that on the evening shift. He stated he could not recall the exact day or time, but that time his light was not answered in over an hour as he sat incontinent of BM.</p> <p>R3's quarterly MDS dated 5/30/25 indicated R3 had a BIMS score of 15 indicating R3 was cognitively intact. R3 was dependent on staff assistance with bed mobility, transferring, toileting hygiene, and lower body dressing. R3's was frequently incontinent of bowel and bladder. R3's pertinent diagnoses were Type 2 Diabetes, morbid obesity, and lymphedema (swelling in the arms and legs caused by lymphatic system blockage).</p> <p>R3's care plan dated 8/4/25 indicated R3 required assistance of two staff with toileting, staff was to provide assistance with peri-care in the morning, bedtime, and as needed, monitor bowel movements as they occur.</p> <p>Upon interview on 8/4/25 at 2:15 p.m. R3 stated she felt the average wait time for her call light to be answered was 30 – 60 minutes. R3 had diarrhea often and when staff "make her sit in it" R3 would keep turning the call light on after staff would turn it off until she was cleaned up. She stated, "I can't even venture to say how often it happens."</p> <p>Upon interview on 8/4/25 at 12:09 nursing assistant (NA)-A stated in the mornings between 6:30 am to 7:30 the NA's are busy getting residents up and to the dining room for breakfast. Then they pass breakfast trays to residents who stay in their rooms before the food gets cold. R1 did have BM's every morning and her cares required 2 staff members and "at least" 45 minutes each morning. Staff does not get R1 cleaned up and out of bed until around 10:00 a.m. in the mornings. The unit is staffed with four NA's on the day shift. When they were fully staffed with four NA's R1 was the only resident who waits for cares, but when there was a call-in, they work with three NA's then multiple residents complained about long wait times for cares. The unit worked with three NA's approximately one-two times a week. She stated she and other NA's answered resident call lights, see what the resident needed, turned the call light off and would return when they had gotten another staff member for assistance or</p>	F0550		

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F0550 SS = D	<p>Continued from page 4 finished a task they needed to do. This practice had left residents incontinent waiting for staff.</p> <p>Upon interview on 8/4/25 at 2:02 p.m. NA-B stated she mainly worked the overnight shift and R2's unit staffed one nurse, and one NA. Residents did have long wait times in the overnight and she had found R2 incontinent of bowel. She could not even guess an estimate of wait times overnight.</p> <p>Upon interview on 8/4/25 at 2:25 p.m. NA-C stated R3 did have diarrhea often it got in her bd often as well. NA-C stated she has had to answer a call light, turn it off and then return for cares and had found R3 and other residents incontinent of BM.</p> <p>Upon interview on 8/4/25 at 2:42 p.m. licensed practical nurse (LPN)-A stated she was aware that staff would get R1 around 10:00 a.m. and it took 45 minutes minimum. LPN-A stated she was aware that R1 did have very schedules BM's in the morning and used her call light often. She had not realized she was waiting incontinent of bowel.</p> <p>Upon interview on 8/4/25 at 3:20 p.m. the director of nursing (DON) stated her expectation was that residents were cleaned up right away when staff were called. She stated she had complaints about resident call light times and had completed audits earlier this summer. The resident census had been a "roller-coaster" and the facility leadership followed corporate guidelines on staffing numbers.</p> <p>A facility policy titled Resident Rights Policies dated 1/2024 indicated the facility followed the Combined Federal and State Bill of Rights.</p> <p>Combined Federal and State Bill of Rights dated 6/18/2019 indicated the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p>	F0550		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/04/2025
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT NEW BRIGHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 825 FIRST AVENUE NORTHWEST , NEW BRIGHTON, Minnesota, 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
20000	<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:</p> <p>On 8/4/25 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</p> <p>The following complaints were reviewed during the survey. H51649587C / 2562107</p> <p>Minnesota Department of Health is documenting the State</p>	20000		09/03/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota State Department of Health

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20000	Continued from page 1 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.	20000		