



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

Electronically delivered  
October 27, 2020

Administrator  
The Villa At St Louis Park  
7500 West 22nd Street  
Saint Louis Park, MN 55426

RE: CCN: 245182  
Cycle Start Date: October 15, 2020

Dear Administrator:

On October 15, 2020, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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.

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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" tag), i.e., the plan of correction should be directed to:

**Karen Aldinger, Unit Supervisor**  
**Metro C District Office**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**85 East Seventh Place, Suite 220**  
**P.O. Box 64900**  
**Saint Paul, Minnesota 55164-0900**  
**Email: karen.aldinger@state.mn.us**  
**Office: (651) 201-3794 Mobile: (320) 249-2805**

## 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

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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 January 15, 2021 (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 April 15, 2021 (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) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)**

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

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

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Feel free to contact me if you have questions.

Sincerely,

A rectangular box containing a handwritten signature in black ink that reads "Kamala Fiske-Downing".

Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

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

Email: [kamala.fiske-downing@state.mn.us](mailto:kamala.fiske-downing@state.mn.us)

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

PRINTED: 11/03/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245182</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/15/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE VILLA AT ST LOUIS PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7500 WEST 22ND STREET</b> <b>SAINT LOUIS PARK, MN 55426</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  On 10/15/2020, an abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH) to conduct complaint investigation(s). The Villa at St Louis Park was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The following complaint was found to be substantiated: H5182095C; with deficiencies issued at F684  The following complaint(s) were found to be unsubstantiated: H5182093C, H5182094C, and H5182096C.  The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 on-site revisit of your facility may be conducted to validate substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure	F 684			11/17/20

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

TITLE

(X6) DATE

Electronically Signed

11/02/2020

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 684	<p>Continued From page 1</p> <p>that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and document review the facility failed to ensure the gastrostomy tube (g-tube) site was assessed, cleaned, and dressing changed as ordered for 2 of 3 residents (R2 and R5) reviewed for gastrostomy site cares.</p> <p>Findings include:</p> <p>R2's admission Minimum Data Set (MDS) dated 9/29/20, identified R2 was cognitively intact and required extensive assistance of one person with activities of daily living (ADL's) including personal hygiene. Further, the MDS identified R2 was at risk for skin breakdown and had no skin impairments at the time of the MDS.</p> <p>R2's careplan dated 9/22/20, indicated R2 required tube feeding related to inadequate oral intake with an intervention to provide local care to the g-tube site and monitor for signs and symptoms of infection.</p> <p>R2's discharge summary from North Memorial Hospital dated 9/22/20, indicated physician orders to change the gauze pads to the g-tube site after each shower or at least every two days if R2 doesn't shower daily. In addition staff were to call Interventional radiology if any pain, redness, irritation, drainage, or pus at the g-tube site.</p> <p>R2's September 2020 treatment administration record (TAR), did not indicate a dressing change, cleaning, or monitoring for signs and symptoms</p>	F 684	<p>Upon notification, R2 and R5's orders for dressing change and site monitoring were put into each residents record immediately; R2 and R5 had their G-tube site cleaned and new dressing applied which was initialed and dated. Then nurses were educated on this practice. All residents with g-tube site have the potential to be impacted by this practice. Nurses were educated on ensuring that any resident with a G-Tube has orders in their MAR or TAR for monitoring of the G-tube site and frequency of changing the dressing, as well as education on initialing/dating the dressing itself when changed.</p> <p>DON/Clinical manager/designee will audit eMAR/eTAR of all residents with g-tube for proper g-tube site care orders and implementation of those order daily x 30 days, and 5 observations/week will be completed to ensure routine care and treatment of g-tube site x 90 days. Audit results will be reviewed at QAPI to determine the need to continued monitoring and compliance.</p>		

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F 684	<p>Continued From page 2 of infection to the g-tube site.</p> <p>R2's October 2020 TAR, did not indicate a dressing change, cleaning, or monitoring for signs and symptoms of infection to the g-tube until 10/15/20, when the director of nursing (DON) was questioned about it.</p> <p>When observed on 10/15/20, at 9:43 a.m. R2's g-tube site revealed a dressing with brown, crusted drainage that had soaked through to the outside of the dressing. R2's skin surrounding the site was bright red. There was no date on the dressing to indicate when it had been changed last.</p> <p>During an interview on 10/15/20, at 9:48 a.m. R2 stated no one at the facility had cleaned or changed the dressing to the g-tube site from the day of admission 9/22/20 until two days ago. R2 further stated, the nurse came in two days ago around 8:00 p.m. and cleaned the g-tube site and then placed a new dressing. R2 stated the area to the g-tube site has been painful.</p> <p>During an interview on 10/15/20, at 11:06 a.m. registered nurse (RN)-B indicated the dressing to R2 g-tube site was just changed and verified the dressing had crusted brown drainage on it and the g-tube site had redness but no warmth to the area. RN-B verified the old dressing did not have a date or initials and so RN-B was not able to determine when or if the dressing had been changed. RN-B stated the protocol was to follow the physician orders from the hospital regarding the g-tube dressing change, assessing, and monitoring of the g-tube site. RN-B verified the physician order was not located on the September or October 2020 TARs, therefore,</p>	F 684			

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F 684	<p>Continued From page 3</p> <p>staff would not know to perform cares and change the dressing.</p> <p>R5's significant change MDS dated 7/29/20, identified severe cognitive impairment and required extensive assistance of one for all ADL's. Further, the MDS identified R5 was at risk for skin breakdown and had no skin impairment.</p> <p>R5's careplan dated 6/22/20, indicated R5 required tube feeding related to inadequate oral intake with an intervention to provide local care to the g-tube site and monitor for signs and symptoms of infection.</p> <p>R5's skin observation sheet dated 10/2/20, indicated no redness to the g-tube site.</p> <p>R5's MD (medical doctor) note dated 10/5/20, indicated the g-tube site was clean, dry, and intact with no drainage noted.</p> <p>R5's August 2020 and September 2020 TARs did not indicate a dressing change, cleaning, or monitoring for signs and symptoms of infection to the g-tube site.</p> <p>R5's October 2020 TAR, did not indicate a dressing change, cleaning, or monitoring for signs and symptoms of infection to the g-tube until 10/15/20, once the DON had been questioned about this.</p> <p>When observed on 10/15/20, at 10:49 a.m. R5 revealed the dressing to the g-tube site. The dressing was noted to have a moderate amount of dried/crusted drainage visible on top of the dressing as well as underneath the dressing. The g-tube site was reddened as well. Further, there</p>	F 684			



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

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F 684	<p>Continued From page 4</p> <p>was no date on the dressing to indicate when the dressing was changed last. R5 stated the area was tender.</p> <p>During an interview on 10/15/20, at 10:58 a.m. RN-C verified the dressing had crusted green drainage on it and the g-tube site had redness but no warmth to the area. RN-C verified the old dressing did not have a date or initials and so RN-C was not able to determine when or if the dressing had been changed. RN-C stated the protocol was to follow the physician orders from the hospital regarding the g-tube dressing change, assessing, and monitoring of the g-tube site. RN-C verified the physician order was not located on the October 2020 TAR.</p> <p>During an interview on 10/15/20, at 11:03 a.m. RN-A stated the facility protocol for g-tube dressing changes should be daily and the staff should be cleaning the area around the g-tube site prior to placing a new dressing. Further, RN-A indicated dressing changes could be more often depending on the amount of drainage noted on the dressing, however the dressing change would be what the doctor orders.</p> <p>During an interview on 10/15/20, at 11:12 a.m. the DON indicated the facility protocol for g-tube site dressing changes was to remove the old dressing, clean the area with normal saline, skin prep around the site, apply a new dressing, and date and initial the dressing when completed. Further, the DON indicated the dressing should be changed daily and as needed depending on the amount of drainage on the dressing. DON stated all residents with g-tubes should have an order in the computer for g-tube site care and monitoring. Further the DON indicated any</p>	F 684		

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F 684	Continued From page 5 resident who did not have the order in the computer would need an order put in immediately. DON checked both R2 and R5's orders and verified neither R2 nor R5 had g-tube site dressing change and monitoring orders in the computer.  A policy was requested, but was not provided by the facility.	F 684			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/15/2020</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p><b>INITIAL COMMENTS:</b> On 10/15/20, an abbreviated survey was conducted to determine compliance for state licensure. The following correction orders are issued. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE  
11/02/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/15/2020</b>
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2 000	Continued From page 1  The following complaints were found to be substantiated: H5182095C. Correction order issued at MN Rule 4658.0520 Subp 1  The following complaints were found unsubstantiated: H5182093C, H5182094C and H5182096C  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		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General  Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.  This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure the gastrostomy tube (g-tube) site was assessed, cleaned, and dressing changed as ordered for 2 of 3 residents	2 830	Corrected.	11/17/20

Minnesota Department of Health

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2 830	<p>Continued From page 2</p> <p>(R2 and R5) reviewed for gastrostomy site cares.</p> <p>Findings include:</p> <p>R2's admission Minimum Data Set (MDS) dated 9/29/20, identified R2 was cognitively intact and required extensive assistance of one person with activities of daily living (ADL's) including personal hygiene. Further, the MDS identified R2 was at risk for skin breakdown and had no skin impairments at the time of the MDS.</p> <p>R2's careplan dated 9/22/20, indicated R2 required tube feeding related to inadequate oral intake with an intervention to provide local care to the g-tube site and monitor for signs and symptoms of infection.</p> <p>R2's discharge summary from North Memorial Hospital dated 9/22/20, indicated physician orders to change the gauze pads to the g-tube site after each shower or at least every two days if R2 doesn't shower daily. In addition staff were to call Interventional radiology if any pain, redness, irritation, drainage, or pus at the g-tube site.</p> <p>R2's September 2020 treatment administration record (TAR), did not indicate a dressing change, cleaning, or monitoring for signs and symptoms of infection to the g-tube site.</p> <p>R2's October 2020 TAR, did not indicate a dressing change, cleaning, or monitoring for signs and symptoms of infection to the g-tube until 10/15/20, when the director of nursing (DON) was questioned about it.</p> <p>When observed on 10/15/20, at 9:43 a.m. R2's g-tube site revealed a dressing with brown, crusted drainage that had soaked through to the</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/15/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLA AT ST LOUIS PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7500 WEST 22ND STREET SAINT LOUIS PARK, MN 55426</b>
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2 830	<p>Continued From page 3</p> <p>outside of the dressing. R2's skin surrounding the site was bright red. There was no date on the dressing to indicate when it had been changed last.</p> <p>During an interview on 10/15/20, at 9:48 a.m. R2 stated no one at the facility had cleaned or changed the dressing to the g-tube site from the day of admission 9/22/20 until two days ago. R2 further stated, the nurse came in two days ago around 8:00 p.m. and cleaned the g-tube site and then placed a new dressing. R2 stated the area to the g-tube site has been painful.</p> <p>During an interview on 10/15/20, at 11:06 a.m. registered nurse (RN)-B indicated the dressing to R2 g-tube site was just changed and verified the dressing had crusted brown drainage on it and the g-tube site had redness but no warmth to the area. RN-B verified the old dressing did not have a date or initials and so RN-B was not able to determine when or if the dressing had been changed. RN-B stated the protocol was to follow the physician orders from the hospital regarding the g-tube dressing change, assessing, and monitoring of the g-tube site. RN-B verified the physician order was not located on the September or October 2020 TARs, therefore, staff would not know to perform cares and change the dressing.</p> <p>R5's significant change MDS dated 7/29/20, identified severe cognitive impairment and required extensive assistance of one for all ADL's. Further, the MDS identified R5 was at risk for skin breakdown and had no skin impairment.</p> <p>R5's careplan dated 6/22/20, indicated R5 required tube feeding related to inadequate oral intake with an intervention to provide local care to</p>	2 830		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/15/2020</b>
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2 830	<p>Continued From page 4</p> <p>the g-tube site and monitor for signs and symptoms of infection.</p> <p>R5's skin observation sheet dated 10/2/20, indicated no redness to the g-tube site.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The director of nursing (DON) or designee could review and revise, if needed, policies and procedures related to the assessment, monitoring and care for gastrostomy tube (g-tube) sites. The DON or designee could educate all nursing staff on the policies and procedures, including return demonstration to ensure competency. The DON or designee could audit all care plans and orders each resident has an individualized plan to monitor, assess and care for g-tube site. The DON could audit for compliance and share results with the quality assurance committee.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-one (21) days.</p>	2 830		