



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

Electronically Delivered  
January 8, 2025

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

RE: CCN: 245182  
Cycle Start Date: December 11, 2024

Dear Administrator:

On January 2, 2025, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

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



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

Electronically delivered  
December 13, 2024

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

RE: CCN: 245182  
Cycle Start Date: December 11, 2024

Dear Administrator:

On December 11, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

#### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

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

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

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

The Villas At St Louis Park

December 13, 2024

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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" and/or an "E" tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Regional Operations Supervisor RR  
Health Regulation Division  
Minnesota Department of Health  
Rochester District Office  
3425 40th Avenue NW, Suite 115  
Rochester, MN 55901  
Email: [Lisa.Krebs@state.mn.us](mailto:Lisa.Krebs@state.mn.us)  
Office (507) 206-2728

## PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

## VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

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

If substantial compliance with the regulations is not verified by March 11, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by June 11, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

### **INFORMAL DISPUTE RESOLUTION (IDR)**

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

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

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](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>

The Villas At St Louis Park

December 13, 2024

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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,

A handwritten signature in cursive script that reads "Sarah Lane".

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
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December 13, 2024

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

Re: Event ID: KHYI11

Dear Administrator:

The above facility survey was completed on December 11, 2024 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 cursive script that reads 'Sarah Lane'.

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

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>12/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS 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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(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) COMPLETE DATE
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2 000	<p><b>Initial Comments</b></p> <p style="text-align: center;"><b>*****ATTENTION*****</b></p> <p style="text-align: center;"><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 12/10/24 &amp; 12/11/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed: H51821987C (MN108677) and H51821545C</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>12/19/24</b>
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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>12/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS 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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2 000	Continued From page 1  (MN108365). NO licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/26/2024  
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>12/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS AT ST LOUIS PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7500 WEST 22ND STREET</b> <b>SAINT LOUIS PARK, MN 55426</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 12/10/24 &amp; 12/11/24, 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 H51821987C (MN108677) and H51821545C (MN108365) with a deficiency cited at F776.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 776 SS=D	<p><b>Radiology/Other Diagnostic Services</b> CFR(s): 483.50(b)(1)(i)(ii)</p> <p>§483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter. (ii) If the facility does not provide its own</p>	F 776		12/31/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>12/19/2024</b>
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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 776	<p>Continued From page 1</p> <p>diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure timely follow-up on ordered radiologic studies for 1 of 3 residents (R2) reviewed for radiological services.</p> <p>Findings include:</p> <p>R2's quarterly Minimum Data Set (MDS) dated 8/23/24, indicated R2 had one unhealed stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.) and treatments including pressure ulcer/injury care.</p> <p>R2's wound care note by nurse practitioner (NP)-A dated 9/3/24, indicated R2 had a stage 4 sacral (located on the sacrum) ulcer. NP-A's treatment plan included wound care to sacrum, application of ointment to the surrounding area, aggressive offloading and repositioning, up for meals only and back in bed side to side, follow wound care team weekly, and order MRI (magnetic resonance imaging, a medical imaging test that produces a detailed picture of the inside of the body).</p> <p>R2's physician orders included an order dated 9/3/24, for "MRI with or without contrast of sacral/coccyx area d/t [due to] sacral wound with bone exposure."</p>	F 776	<ol style="list-style-type: none"> <li>1. R2 recieved MRI on 10/21/24. R2 has no adverse effects and remains at facility.</li> <li>2.All residents have the potential to be affected by this practice.</li> <li>3. Nurse managers and Health Information Managment will be educated on the timely processing of radiology orders and the importance of ensuring that all diagnostic services are followed up with and scheduled in a timely manner. Health Information Managment will be educated that they are required to verify and review all provider orders for radiological services before scanning the documents into the resident chart.</li> <li>4. DON or designee will audit five new resident orders for radiologic services weekly for 4 weeks to ensure that facility process is effective and timely. Health Information managment or Health Information Assistant will attend clinical morning meetings daily to update update IDT with upcoming appointments scheduled.</li> <li>5. QAPI committee will monitor performance and compliance with the revised procedures for radiology service by reviewing audits monthly for 4 months to identify and trends and will adjust as needed to sustain improvement.</li> </ol>	

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

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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS AT ST LOUIS PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7500 WEST 22ND STREET</b> <b>SAINT LOUIS PARK, MN 55426</b>		
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F 776	<p>Continued From page 2</p> <p>R2's wound care note by NP-A dated 9/10/24, included "pending MRI."</p> <p>R2's wound care note by NP-A dated 9/17/24, included "pending MRI at this time."</p> <p>R2's wound care note by NP-A dated 9/24/24, included "MRI is pending at this time. Nurse manager informed to follow up asap with HUC [health unit coordinator] regarding getting MRI schedule [sic] asap due to concerns of this wound and potential risk of bone infection."</p> <p>Review of R2's progress notes dated 9/3/24 to 9/25/24, did not identify any information regarding follow up on the ordered MRI.</p> <p>R2's progress note by the health information assistant (HIA) dated 9/26/24, indicated the HIA called a hospital to schedule the MRI, was asked to fax over information, would receive a form from the hospital to complete, and updated nurse managers.</p> <p>R2's progress note dated 9/29/24, indicated the MRI was to be scheduled to rule out osteomyelitis (infection of the bone).</p> <p>R2's wound care note by NP-A dated 10/1/24, included "pending MRI - Nurse manager to follow up asap. Spoke with HUC - informed to schedule asap due to severity of nonhealing wound."</p> <p>R2's progress note by HIA dated 10/1/24, indicated the wound care provider spoke to the HIA and asked if the MRI had been scheduled yet. The HIA informed the provider that forms were faxed to a hospital and she was waiting to receive a form from the hospital to complete. The</p>	F 776		

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F 776	<p>Continued From page 3</p> <p>HIA called the hospital and was informed the MRI could not be scheduled there due to R2's insurance. The HIA contacted another hospital and faxed them requested information with plan to call later that day or the next morning to confirm receipt. The HIA updated nurse managers.</p> <p>R2's progress note by HIA dated 10/2/24, indicated the HIA called the hospital to follow up and scheduled the MRI for the first available appointment which was on 10/21/24.</p> <p>R2's wound care note by NP-A dated 10/8/24, included "MRI scheduled for 10/21/24."</p> <p>R2's wound care note by NP-A dated 10/15/24, included "MRI scheduled for 10/21/24."</p> <p>R2's wound care note by NP-A dated 10/22/24, included "MRI scheduled for 10/21/24 - with pending results."</p> <p>In an interview on 12/11/24 at 9:54 a.m., NP-A stated she was previously R2's wound care provider but a different provider took over in December. NP-A stated R2 had a stage 4 sacral pressure ulcer and the bone was exposed. NP-A noted "any time bone is exposed we worry about osteomyelitis" and standard protocol was to complete an x-ray and then an MRI. NP-A noted an x-ray was ordered and completed and didn't show anything, so she put in the order for an MRI. She noted the MRI was a diagnostic tool intended to rule out if R2 had osteomyelitis. She stated, "the issue I had with [R2] was why it took so long to get the MRI scheduled, I have no idea ... I continuously inquired about it and had the nurse manager follow up on it ... it should not have</p>	F 776		

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F 776	<p>Continued From page 4</p> <p>taken as long as it took to get an appointment in." NP-A stated waiting a week or two would have been fine and MRI appointments were usually scheduled a few weeks out, but she didn't know what took so long to "even get her scheduled." NP-A stated she would have expected to see attempts to schedule the MRI ordered on 9/3/24 prior to 9/26/24. NP-A further stated, "at least within two weeks I would expect to have an appointment scheduled."</p> <p>In an interview on 12/11/24 at 10:21 a.m., the HIA stated she recalled R2's MRI was difficult to schedule because of R2's insurance. The HIA noted nursing staff typically entered orders into the electronic health record (EHR) of residents and then made a copy for health information staff so they would know they needed to process things. The HIA stated she did not recall when she was made aware of R2's ordered MRI, but a copy would hopefully have come to health information so they were aware it needed to be scheduled. The HIA noted she recalled a nurse manager speaking to her about the urgent need to schedule R2's MRI and she then scheduled the MRI. The HIA stated she did not recall any efforts to schedule it prior to 9/26/24 and didn't think she had been aware of the order prior to that date.</p> <p>During an interview on 12/11/24 at 2:16 p.m., the director of nursing (DON) confirmed R2 had an MRI of the sacral/coccyx area ordered on 9/3/24. The DON confirmed the first noted follow-up on scheduling the MRI in R2's EHR was the progress note by the HIA dated 9/26/24 and it "should have been sooner." She noted the nurse managers should have been following up to ensure it was scheduled. She stated she would not consider the MRI to have been scheduled in a</p>	F 776		

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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>12/11/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS 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 776	<p>Continued From page 5</p> <p>timely manner and was not sure what had happened. The DON stated she was not aware of a policy related to imaging and diagnostics and thought it was important for the facility to have a better process in place. The DON stated the MRI order was placed late in the day on Tuesday 9/3/24 and should have been scheduled by Friday 9/6/24 or Monday 9/9/24 at the latest. The DON noted the situation did not meet her expectations or the needs of R2 for timeliness in scheduling the ordered MRI. The DON stated the facility was responsible for ensuring appointments were scheduled and orders were completed in a timely manner and the expectation was that orders would be executed as they were received.</p> <p>Facility policy titled Medication and Treatment Orders dated 2/2024, included "Orders for medications and treatments will be consistent with principles of safe and effective order writing."</p> <p>Facility policy regarding imaging and diagnostic services requested but not received.</p> <p>Facility policy regarding completion of physician orders requested but not received.</p>	F 776		