



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 17, 2026

Administrator

THE VILLAS AT ST LOUIS PARK
7500 WEST 22ND STREET
SAINT LOUIS PARK, MN 55426

RE: CCN: 245182

Cycle Start Date: July 10, 2026

Dear Administrator:

On August 3, 2026, 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.

A handwritten signature in black ink, appearing to read '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



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July 16, 2026

Administrator
THE VILLAS AT ST LOUIS PARK
7500 WEST 22ND STREET
SAINT LOUIS PARK, MN 55426

RE: CCN:245182

Cycle Start Date: July 10, 2026

Dear Administrator:

On July 10, 2026, a survey was completed at your facility by the Minnesota Department of Health, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

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

DEPARTMENT CONTACT

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

Alex Warren, Regional Operations Supervisor

Duluth District Office

Health Regulation Division

Minnesota Department of Health

11 East Superior Street, Suite 290

Duluth, MN 55082

Email: Alex.Warren@state.mn.us

Office: 218-302-6186 Mobile: 651-279-5375

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 **October 10, 2026** (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 **January 10, 2027** (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

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

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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

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

Feel free to contact me if you have questions.

Sincerely,



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: 245182		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/10/2026	
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT ST LOUIS PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 7500 WEST 22ND STREET , SAINT LOUIS PARK, Minnesota, 55426			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	INITIAL COMMENTS On 7/10/26, an abbreviated survey was completed by surveyors from the Minnesota Department of Health (MDH) to conduct a complaint investigation. Your facility was found NOT in compliance with the requirements of 42 CFR 483, Subpart B, the Requirements for Long Term Care Facilities. The following complaint was reviewed: H51822980C (3048524); with non-compliance cited at F684. 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.			F0000			07/31/2026
F0684 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 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: Based on interview and document review, the facility failed to ensure physician orders for blood pressure monitoring were accurately transcribed, implemented, and recorded in the record to provide continuity of care for 1 of 3 residents (R1) reviewed. R1 had physician orders placed on 6/24/26 to perform manual blood pressure checks (i.e., not using an electronic device) at alternating times			F0684	F684 BP order for R1 was immediately fixed and accurately transcribed per provider's order All residents with scheduled blood pressure orders have the potential to be affected. Facility will complete a full house audit on blood pressure orders to ensure that they are accurately scheduled and transcribed. Education will be completed with all nurses on transcribing and scheduling blood pressure orders Director of Nursing or designee will audit 5 residents twice a week for 3 weeks to ensure that implementation and recording of these blood pressures is accurate		07/31/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245182		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/10/2026	
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F0684 SS = D	Continued from page 1 which were not correctly placed in the record system and, as a result, not completed in accordance with the order. Findings include: R1's quarterly Minimum Data Set (MDS), dated 5/1/26, identified R1 had moderate cognitive impairment but had no delusional thinking or hallucinations. R1 had a history of cardiovascular conditions with debility, coronary artery disease, and heart failure. R1's care plan, last reviewed 5/1/26, identified R1 had an alteration in cardiovascular status and impaired circulation due to diabetes, cellulitis and high blood pressure. The plan listed a goal for R1 to be free of complications from cardiac problems along with four interventions to help R1 meet that goal including assessing fingers and toes for warmth/color, medications per order, monitor edema of legs, and monitor vital signs per house orders. R1's Follow-up Visit note, dated 6/24/26, identified R1 was evaluated by nurse practitioner (NP)-A at the care center. The staff voiced no concerns with R1, and the note identified multiple medical conditions for R1 were reviewed including, "8. Essential hypertension ... More elevated blood pressures recently[,] question if some retention [urinary] that was not caught due to every 3 hour PVR [post-void residual]." The note listed a series of recently collected blood pressures which included: 6/11/26 – 162/68 mmHg 6/15/26 – 164/82 mmHg 6/17/26 – 167/54 mmHg 6/22/26 – 170/63 mmHg 6/23/26 – 170/70 mmHg The note continued and R1's medication regimen review included torsemide (a diuretic) and hydralazine (used to treat high blood pressure). NP-A listed four orders for the visit which included, "3 – all blood pressures manually done daily alternating times am [morning] and bedtime." R1's Blood Pressure Summary, printed 7/10/26, identified all R1's collected blood pressures in the medical record system. This identified several missing blood pressures to meet the written order from NP-A (dated 6/24/26) including:			F0684	Continued from page 1 IDT will evaluate the plan of correction for this deficiency monthly at QAPI for x3 months or until resolution.		07/31/2026

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F0684 SS = D	Continued from page 2 6/25/26 – only a single blood pressure was recorded which was 148/70 mmHg. 6/26/26 – no blood pressures were recorded for the day. 6/27/26 – only a single blood pressure was recorded which was 147/73 mmHg. 6/28/26 and 6/29/26 – no blood pressures were recorded. 6/30/26 – only a single blood pressure was recorded which was 145/72 mmHg. 7/2/26 – no blood pressures were recorded. 7/4/26 – no blood pressures were recorded. 7/6/26 – only a single blood pressure was recorded which was 194/83 mmHg. 7/8/26 – no blood pressures were recorded. R1's Medication Administration Record (MAR) and Treatment Administration Record (TAR), dated 7/2026, identified R1's medications and orders, including physician and nursing, along with spaces to record data and staff initials. This recorded two current orders about blood pressure collection which read: - "Monitor Blood Pressure in the evening on odd days ...," with start date 05/23/26. This recorded a blood pressure reading collected every other day (on 7/1, 7/3, 7/5, 7/7) in the evening with the results. The data written on the MAR was also copied to the Blood Pressure Summary. - "B/P [blood pressure] every 48 hours," with a start date 05/22/26. This recorded a blood pressure reading collected every other day (on 7/1, 7/3, 7/5, 7/7) at different times with some in the morning and others in the evening hours. These results were also listed on the Blood Pressure Summary. R1's medical record was reviewed and lacked evidence NP-A's order for manual readings had been entered on the MAR/TAR, nor evidence the blood pressures were being collected daily at alternating times (i.e., morning and evenings) as NP-A directed. When interviewed on 7/10/26 at 9:38 a.m., R1 was asked about his blood pressure and stated he			F0684			07/31/2026

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F0684 SS = D	Continued from page 3 thought staff checked it often but was unsure exactly how often or what times of the day they did. R1 stated staff used “a machine” to check it and did not recall anyone doing it manually in the past few weeks. R1 stated he thought his blood pressure was stable but then added, “I run high.” R1 denied dizziness or headache when asked. When interviewed on 7/10/26 at 9:53 a.m., licensed practical nurse (LPN)-A stated they were assigned to R1 currently and had also worked with him a few times in the past weeks. LPN-A explained R1 had heart failure and was on a daily weight for that. The nurses would check his blood pressure when it “comes up” on the MAR/TAR to do so. LPN-A stated they thought it was ordered for every-other-day currently or “something like that.” LPN-A stated they used either the electronic wrist cuff or the “standing Rosey [machine]” to check R1’s blood pressure. LPN-A reviewed R1’s order (dated 6/24/26) and stated manual blood pressures would mean to use the “old fashioned cuff” and not the electronic machines. LPN-A stated they were unaware of the order until just then adding, “I did not see that until you just showed me.” LPN-A stated using an electronic device to capture R1’s blood pressure readings would not be correct under that order guidance. Further, the order from NP-A should have been entered on the TAR like a “normal order” so the nurses were aware of it. When interviewed on 7/10/26 at 10:06 a.m., registered nurse unit manager (RN)-B reviewed R1’s medical record and MAR/TAR. RN-B stated there were multiple orders in the TAR for R1’s blood pressure collection including the order from 6/24/26, however, that order (from NP-A) had been placed as an “other order” and didn’t have data collection points attached to it. The order currently would not be one which “showed up” on the MAR/TAR for the nurses to see or know and, as a result, RN-B stated it was likely that the blood pressures were not getting done correctly or entered for data collection. RN-B reviewed R1’s Blood Pressure Summary and acknowledged several points of missing data to show the order was being acted on. RN-B verified the entered data from the MAR/TAR would also flow onto the Summary, and verified the center had a manual blood pressure cuff and could do those. RN-B stated the order should have been placed in the MAR/TAR with the setting to record blood pressure readings when it was signed off to ensure the data was captured. Further, RN-B stated they would fix the orders in the MAR/TAR, and that it was important to follow physician orders adding, “We have to follow the order.”			F0684			07/31/2026

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F0684 SS = D	Continued from page 4 On 7/10/26 at 10:25 a.m., NP-A was interviewed and verified the order written on 6/24/26 was still current adding, "I have not changed it." NP-A stated R1 did not like the electronic machines used as it sometimes hurt him and he'd yell out which would then artificially raise the blood pressure reading. NP-A stated the order was written to ensure accurate, better data was being captured as R1 had issues with urinary retention and they were trying to determine if R1's high pressures were related to that or not. A facility policy on blood pressure monitoring and/or physician orders was requested; however, none was received.			F0684			07/31/2026

Minnesota Department of Health

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20000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 7/10/26, 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 requirements. The following complaints were reviewed: H51822980C (3048524) Minnesota Department of Health (MDH) is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in			20000			07/31/2026

Office of Primary Care and Health Systems Management

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

Minnesota Department of Health

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20000	Continued from page 1 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			07/31/2026