



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

Electronically delivered  
September 13, 2024

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

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

Dear Administrator:

On August 23, 2024, we notified you a remedy was imposed. On September 9, 2024 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 4, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective October 11, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of August 23, 2024, 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 October 11, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on September 4, 2024, 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 Therefore, the NATCEP prohibition is rescinded.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 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



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September 13, 2024

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

Re: Reinspection Results  
Event ID: XHOV12

Dear Administrator:

On August 7, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on July 11, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink 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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July 24, 2024

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

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

Dear Administrator:

On July 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 state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

The Villas At St Louis Park

July 24, 2024

Page 2

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:

Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
4140 Thielman Lane  
Saint Cloud, Minnesota 56301-4557  
Email: susie.haben@state.mn.us  
Office: (320) 223-7356 Mobile: (651) 230-2334

## 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 11, 2024 (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 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) / 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.

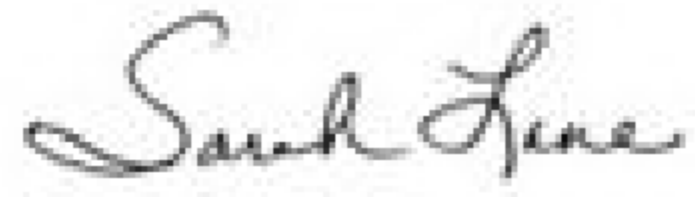
The Villas At St Louis Park

July 24, 2024

Page 4

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



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July 24, 2024

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

Re: State Nursing Home Licensing Orders  
Event ID: XHOV11

Dear Administrator:

The above facility was surveyed on July 10, 2024 through July 11, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

The Villas At St Louis Park

July 24, 2024

Page 2

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

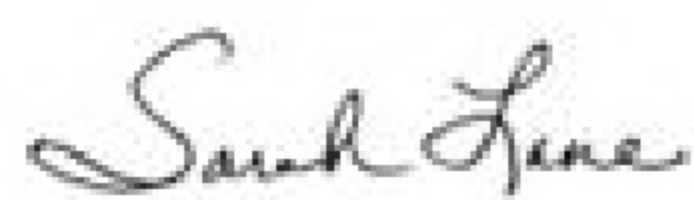
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Susie Haben, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
4140 Thielman Lane  
Saint Cloud, Minnesota 56301-4557  
Email: [susie.haben@state.mn.us](mailto:susie.haben@state.mn.us)  
Office: (320) 223-7356 Mobile: (651) 230-2334

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.

Please feel free to call me with any questions.

Sincerely,



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](mailto: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>C</b> <b>07/11/2024</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><b>*****ATTENTION*****</b></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 7/10/24 through 7/11/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</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>07/30/24</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>C</b> <b>07/11/2024</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	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed: H51825485C (MN00104703) with a licensing order issued at 0530. H51825537C (MN00101766) H51825535C (MN00104261) H51825536C (MN00102131) H51825483C (MN00104699)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at &lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to</p>	2 000		
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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>C</b> <b>07/11/2024</b>
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2 000	Continued From page 2  the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.  PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 530	MN Rule 4658.0300 Subp. 4 Use of Restraints  Subp. 4. Decision to apply restraint. The decision to apply a restraint must be based on the comprehensive resident assessment. The least restrictive restraint must be used and incorporated into the comprehensive plan of care. The comprehensive plan of care must allow for progressive removal or the progressive use of less restrictive means. A nursing home must obtain an informed consent for a resident placed in a physical or chemical restraint. A physician's order must be obtained for a physical or chemical restraint which specifies the duration and circumstances under which the restraint is to be used, including the monitoring interval. Nothing in this part requires a resident to be awakened during the resident's normal sleeping hours strictly for the purpose of releasing restraints.  This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to comprehensively assess the use of a restrictive device (bed sheet tied around legs with a knot) as a potential restraint for 1 of 1 resident (R1) reviewed.	2 530	corrected	8/6/24

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>07/11/2024</b>
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2 530	<p>Continued From page 3</p> <p>Findings include:</p> <p>Review of R1's annual Minimum Data Set (MDS) dated 2/13/24, identified R1 had intact cognition, and diagnoses included hypertension, heart failure, diabetes, anxiety disorder, depression, post-traumatic stress disorder, morbidly obese. Further MDS indicated R1 required substantial assistance for activities of daily living (ADL's) which included bed mobility and transfers. MDS did not indicate a use of restraints.</p> <p>Review of R1's skin assessment dated 7/9/24, indicated no injuries to skin on R1's lower legs where a bed sheet had been placed to restrain legs to assist from falling off the bed per residents request.</p> <p>Review of R1's current physician active orders dated 7/11/24, did not identify an order for a restraint.</p> <p>R1's medical record lacked any evidence a restraint assessment had been completed.</p> <p>Review of R1's care plan revised 5/17/24, identified R1 had a self-care deficit related bed mobility, was an extensive assist of 1-2 with transfers, total assist of 2 with hoyer lift, monitor and document on safety making, changes to plan of care as needed. R1 care plan further identified being a fall risk related to weakness, wheelchair bound and lower extremity wounds. R1 had chronic pain and the use of non-medicinal forms of pain relief such as positioning, rest, and massage. R1 also used pain medication and was to verbalize discomfort.</p> <p>During an observation and interview on 7/10/24 at 3:52 p.m., R1 was in bed lying on his back with</p>	2 530		
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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>C</b> <b>07/11/2024</b>
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2 530	<p>Continued From page 4</p> <p>head of bed elevated, R1 was leaning to the right side, bed sheet covering R1's body. R1's legs were in ace bandages and a bed sheet was wrapped around his calves with a knot tied. R1 confirmed he was not able to move legs out of knotted sheet.</p> <p>During observation on 7/11/24 at 11:05 a.m., R1 was in bed, leaning toward his right side, bed sheet covering R1's body. Under bed sheet R1 legs had a bed sheet wrapped around calves and a knot was tied, R1 was not able to move legs out of the knotted sheet.</p> <p>During interview on 7/10/24 at 3:52 a.m., R1 stated, "I am shackled right now and they do that so my feet don't go off the bed". R1 stated there had been no other interventions tried before using the sheet tied around his calves in a knot. R1 was unsure who decided to use the sheet to hold his legs with a knot. R1 stated he was scared to fall and felt this method did help him fell like he would not fall.</p> <p>During interview on 7/10/24 at 4:08 p.m., registered nurse (RN)-A stated R1 requested staff to put his legs in a bed sheet and knot them so they stay in position and do not fall off the bed. RN-A stated, "we do what he says or he yells at us". RN-A recalled there was a doctors order to have his legs restrained.</p> <p>During interview on 7/11/24 at 11:15 a.m., nurses aide (NA)-A stated R1 directed his care and R1 requested to have his legs tide with a sheet so his legs do not fall off the bed. NA-A recalled R1 had requested this intervention for maybe a year or so.</p> <p>During interview on 7/11/24 at 11:23 a.m.,</p>	2 530		
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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>C</b> <b>07/11/2024</b>
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2 530	<p>Continued From page 5</p> <p>licensed practical nurse (LPN)-A stated R1 asked LPN-A to wrap his legs in a sheet and directed his own care. LPN-A stated it was unknown if an assessment was completed to have R1 legs tied with a sheet, this was R1 preference. LPN-A stated they had been wrapping his legs with a sheet for a couple of weeks. LPN-A state it was not thought to be a restraint because R1 was requesting to have legs tied together and agreed R1 would not be able to get out of knot due to weakness and weight.</p> <p>During interview on 7/11/24 at 11:36 a.m., assistant director of nursing (ADON) stated R1 was requesting a sheet be wrapped around his legs but did not recall staff knotting the sheets. ADON stated neither an assessment nor an updated care plan had been completed at the time of the survey. ADON stated physical or occupational therapy had not been contacted and R1's physician was also not updated on R1's request for this procedure to be used on his legs.</p> <p>During interview on 7/11/24 at 11:47 a.m., director of nursing (DON) stated she was not aware of a sheet being used to restrain R1's legs from falling of the bed. DON confirmed assessments and recommendations needed to be completed before implementing a restraint and this process was not followed.</p> <p>Review of a facility policy titled Bill of Rights, modified dated 2/1/17, indicated The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. The</p>	2 530		
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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>C</b> <b>07/11/2024</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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2 530	<p>Continued From page 6</p> <p>facility must: A. Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>SUGGESTED METHOD OF CORRECTION: The DON, administrator, or designee (facility) should ensure if attempting to utilize a restraint, the facility should also have a appropriate medical symptom given by the attending physician documented. The facility should ensure staff have tried and documented interventions for the least restrictive environment prior to obtaining written consent from the resident and/or their family and a written order from the attending physician with set parameters to apply the restraint and have specific methods for monitoring. The facility should outline steps to ensure periodically, in consultation with the resident, the family, and the attending physician, staff reevaluate the resident's need for the restraint. The facility should also ensure those specific measures are care-planned and thoroughly documented. Staff should be re-educated to appropriate policy changes or revision, steps utilized in the acquiring of a restraint, and deemed competent for oversight of their use. The facility should have a method for monitoring the above mentioned actions until a restraint is no longer utilized. The results of those audits should be taken to the QAPI committee ongoing to determine compliance.</p>	2 530		
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2 530	Continued From page 7  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 530		

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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</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>INITIAL COMMENTS: On 7/10/24 through 7/11/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</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>07/30/24</b>
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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed: H51825485C (MN00104703) with a licensing order issued at 0530. H51825537C (MN00101766) H51825535C (MN00104261) H51825536C (MN00102131) H51825483C (MN00104699)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at &lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to</p>	2 000		
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2 000	Continued From page 2  the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.  PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 530	MN Rule 4658.0300 Subp. 4 Use of Restraints  Subp. 4. Decision to apply restraint. The decision to apply a restraint must be based on the comprehensive resident assessment. The least restrictive restraint must be used and incorporated into the comprehensive plan of care. The comprehensive plan of care must allow for progressive removal or the progressive use of less restrictive means. A nursing home must obtain an informed consent for a resident placed in a physical or chemical restraint. A physician's order must be obtained for a physical or chemical restraint which specifies the duration and circumstances under which the restraint is to be used, including the monitoring interval. Nothing in this part requires a resident to be awakened during the resident's normal sleeping hours strictly for the purpose of releasing restraints.  This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to comprehensively assess the use of a restrictive device (bed sheet tied around legs with a knot) as a potential restraint for 1 of 1 resident (R1) reviewed.	2 530	corrected	8/6/24

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2 530	<p>Continued From page 3</p> <p>Findings include:</p> <p>Review of R1's annual Minimum Data Set (MDS) dated 2/13/24, identified R1 had intact cognition, and diagnoses included hypertension, heart failure, diabetes, anxiety disorder, depression, post-traumatic stress disorder, morbidly obese. Further MDS indicated R1 required substantial assistance for activities of daily living (ADL's) which included bed mobility and transfers. MDS did not indicate a use of restraints.</p> <p>Review of R1's skin assessment dated 7/9/24, indicated no injuries to skin on R1's lower legs where a bed sheet had been placed to restrain legs to assist from falling off the bed per residents request.</p> <p>Review of R1's current physician active orders dated 7/11/24, did not identify an order for a restraint.</p> <p>R1's medical record lacked any evidence a restraint assessment had been completed.</p> <p>Review of R1's care plan revised 5/17/24, identified R1 had a self-care deficit related bed mobility, was an extensive assist of 1-2 with transfers, total assist of 2 with hoyer lift, monitor and document on safety making, changes to plan of care as needed. R1 care plan further identified being a fall risk related to weakness, wheelchair bound and lower extremity wounds. R1 had chronic pain and the use of non-medicinal forms of pain relief such as positioning, rest, and massage. R1 also used pain medication and was to verbalize discomfort.</p> <p>During an observation and interview on 7/10/24 at 3:52 p.m., R1 was in bed lying on his back with</p>	2 530		
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2 530	<p>Continued From page 4</p> <p>head of bed elevated, R1 was leaning to the right side, bed sheet covering R1's body. R1's legs were in ace bandages and a bed sheet was wrapped around his calves with a knot tied. R1 confirmed he was not able to move legs out of knotted sheet.</p> <p>During observation on 7/11/24 at 11:05 a.m., R1 was in bed, leaning toward his right side, bed sheet covering R1's body. Under bed sheet R1 legs had a bed sheet wrapped around calves and a knot was tied, R1 was not able to move legs out of the knotted sheet.</p> <p>During interview on 7/10/24 at 3:52 a.m., R1 stated, "I am shackled right now and they do that so my feet don't go off the bed". R1 stated there had been no other interventions tried before using the sheet tied around his calves in a knot. R1 was unsure who decided to use the sheet to hold his legs with a knot. R1 stated he was scared to fall and felt this method did help him fell like he would not fall.</p> <p>During interview on 7/10/24 at 4:08 p.m., registered nurse (RN)-A stated R1 requested staff to put his legs in a bed sheet and knot them so they stay in position and do not fall off the bed. RN-A stated, "we do what he says or he yells at us". RN-A recalled there was a doctors order to have his legs restrained.</p> <p>During interview on 7/11/24 at 11:15 a.m., nurses aide (NA)-A stated R1 directed his care and R1 requested to have his legs tide with a sheet so his legs do not fall off the bed. NA-A recalled R1 had requested this intervention for maybe a year or so.</p> <p>During interview on 7/11/24 at 11:23 a.m.,</p>	2 530		
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