



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
January 27, 2026

Administrator
North Ridge Health And Rehab
5430 BOONE AVENUE NORTH
NEW HOPE, MN 55428

RE: CCN: 245183

Cycle Start Date: December 8, 2025

Dear Administrator:

On December 8, 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 black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



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January 27, 2026

Administrator
North Ridge Health and Rehab
5430 BOONE AVENUE NORTH
NEW HOPE, MN 55428

Re: Reinspection Results
Event ID: 1DD0FC-H2

Dear Administrator:

On January 26, 2026 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 December 8, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



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December 17, 2025

Administrator
North Ridge Health And Rehab
5430 BOONE AVENUE NORTH
NEW HOPE, MN 55428

RE: CCN:245183

Cycle Start Date: December 8, 2025

Dear Administrator:

On December 8, 2025, a survey was completed at your facility by the Minnesota Departments 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:

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section

above. You will be notified by the Minnesota Department of Health, 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 8, 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 June 8, 2026(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,



Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us

Office: 651-201-4112



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December 17, 2025

Administrator
North Ridge Health And Rehab
5430 BOONE AVENUE NORTH
NEW HOPE, MN 55428

Re: State Nursing Home Licensing Orders
Event ID: 1DD0FC-H1

Dear Administrator:

The above facility survey was completed on December 8, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted 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.

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.

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:

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

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,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive, flowing style.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
(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 12/3/25-12/8/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed. H51839044C (2680215) The following complaints were reviewed. H51838923C (2688693) with a deficiency issued at F760 and F842. 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			01/03/2026	
F0760 SS = D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure residents were free of significant medication errors for one of one resident (R2) when R2 had an order for Oxycodone 10 milligrams (mg) with instructions to separate the doses by a minimum of four hours and to separate doses from Suboxone by a minimum of two hours. The facility failed to follow these		F0760	Corrective Action for Affected Residents: R2 has discharged. Identification of Like Residents: Current resident's medications were reviewed for orders that had timing requirements and ordered separation parameters. Systemic Changes: Licensed nurses were given education addressing medication administration requirements, including review of provider orders that may have required separation of medications, and verification of last administered doses within the EMAR and narcotic log. Licensed nurses were also educated about ensuring		01/03/2026	

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
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
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F0760 SS = D	Continued from page 1 instructions 12 times between 10/10/25 and 10/27/25. The facility also failed to ensure medications were given within one hour before the scheduled administration time to one hour after the scheduled administration time. Between 10/1/25 and 10/31/25, the facility failed to ensure medications were given within one hour of the scheduled administration time to one hour after the scheduled administration time 360 times. These deficiencies had the potential to impact all resident's in the facility. R2's admission record dated 12/3/25 indicated R2 was admitted to the facility on 11/15/25 with a primary diagnosis of acute and subacute infective endocarditis. R2's additional diagnoses included pneumonitis due to inhalation of food and vomit, displaced bicondylar fracture of left tibia subsequent encounter for closed fracture with routine healing, cognitive communication deficit, and fibromyalgia. R2 was discharged from the facility on 11/21/25. R2's care plan dated 9/19/25 indicated staff would give medications as ordered by the physician. R2's care plan dated 10/2/25 indicated staff would anticipate R2's need for pain relief and response immediately to any complaints of pain. Another intervention included staff would evaluate the effectiveness of pain interventions and review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability, and impact on cognition. R2's physician visit note dated 10/9/25 indicated the physician ordered Oxycodone 5mg two tablets by mouth four times a day as needed. The physician ordered Buprenorphine-naloxone (Suboxone) 2-0.5mg one tablet sublingual (SL) twice a day. The physician instructed staff to separate the Oxycodone and the Suboxone doses by a minimum of two hours. R2's medication administration record (MAR) dated 10/9/25 indicated the physician wrote an order for Buprenorphine-HCL-Naloxone HCL sublingual tablet 2-0.5mg with directions to given one tablet sublingually two times a day for pain and to separate the doses from Oxycodone by a minimum of two hours. This ordered was discontinued on 10/20/25. The MAR indicated the physician wrote an order for Oxycodone 5mg with directions to given one tablet by mouth as			F0760	Continued from page 1 medications are administered according to provider orders and documented accurately and timely. Licensed nurses, Health Information Director and HUC's were educated about using flex times when entering medications unless the medication needs to be given at a specific time. Monitoring and Quality Assurance: The Director of Nursing or designee will audit 3 resident medication administration records each week for 4 weeks to ensure medications are administered according to provider orders, including timing and separation requirements and then 2 residents administration records each week for 2 weeks. Audit results will be reviewed through the facility's QAPI process. If compliance is observed through the audit process, auditing will discontinue after the duration of audits set in this Plan of Correction. If audits identify ongoing concerns, the QAPI team will review and initiate additional interventions and re-education until sustained compliance is achieved.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
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F0760 SS = D	Continued from page 2 needed for pain every four hours as needed and to separate the doses by a minimum of hour hours and to separate the doses from Suboxone by a minimum of two hours. This order was discontinued on 10/10/25. R2's MAR dated 10/10/25 indicated the physician wrote an order for Oxycodone 5mg with the directions to give two tablets by mouth as needed for pain every four hours as needed and to separate the doses by a minimum of four hours and to separate the dose from Suboxone by a minimum of two hours. This order was discontinued on 11/15/25. R2's MAR dated 10/20/25 indicated the physician wrote an order for Buprenorphine HCL-Naloxone HCL 0.5mg sublingual tablet with directions to given one tablet sublingually every eight hours for pain. This order was discontinued on 11/15/25. According to the medication administration audit report for October, the following were medication errors when staff did not give Oxycodone 10mg separate from another Oxycodone 10mg dose by four hours: - 10/10/25- Given at 5:17 a.m. and 8:47 a.m. This was given three hours and thirty minutes apart. - 10/12/25- Given at 8:53 a.m. and 12:33 p.m. This was given three hours and forty minutes apart. According to the medication administration audit report for October, the following were medication errors when staff did not separate the Oxycodone 10mg dose by two hours from the Suboxone 0.5mg: - 10/10/25- Oxycodone was given at 7:44 p.m. and Suboxone was given at 9:00 p.m. These doses were given one hour and 16 minutes apart. - 10/12/25- Oxycodone was given at 7:35 p.m. and Suboxone was given at 8:38 p.m. These doses were given one hour and three minutes apart. - 10/15/25- Suboxone was given at 7:57 a.m. and Oxycodone was given at 8:21 a.m. These doses were given twenty-four minutes apart. - 10/21/25- Oxycodone was given at 7:28 a.m. and Suboxone was given at 8:33 a.m. These doses were given one hour and five minutes apart.		F0760				

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F0760 SS = D	Continued from page 3 - 10/22/25- Suboxone was given at 7:29 a.m. and Oxycodone was given at 7:50 a.m. These doses were given twenty-one minutes apart. - 10/23/25-10/24/25- Oxycodone was given on 10/23/25 at 11:30 p.m. and Suboxone was given on 10/24/25 at 1:11 a.m. These doses were given one hour and forty-one minutes apart. - 10/25/25- Suboxone was given at 8:00 a.m. and Oxycodone was given at 9:05 a.m. These doses were given one hour and five minutes apart. - 10/26/25- Oxycodone was given at 12:14 a.m. and Suboxone was given at 2:13 a.m. These doses were given one hour and fifty-nine minutes apart. - 10/26/25- Oxycodone was given at 7:39 a.m. and Suboxone was given at 9:21 a.m. These doses were given one hour and forty-two minutes apart. - 10/27/25- Suboxone was given at 12:07 a.m. and Oxycodone was given at 12:46 a.m. These doses were given thirty-nine minutes apart. According to the medication administration audit report for October, the following were medication errors when staff did not administer medications within one hour before the scheduled administration time and one hour after the scheduled administration time: - 10/1/25- Gentamicin Sulfate Injection 60mg- Scheduled at 8:00 a.m. and given at 9:03 a.m. - 10/1/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:27 p.m. - 10/2/25- Trelegy 25 micrograms (mcg)- Scheduled at 7:00 a.m. and given at 8:36 a.m. - 10/2/25- Miralax 17 grams (gm)- Scheduled at 7:00 a.m. and given at 8:36 a.m. - 10/2/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/2/25- Omeprazole 20mh- Scheduled at 7:00 a.m. and given at 8:36 a.m. - 10/2/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:36 a.m.	F0760		

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F0760 SS = D	Continued from page 4 - 10/2/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/2/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:36 a.m. - 10/2/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/2/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/2/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/2/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:26 p.m. - 10/3/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 10:49 p.m. - 10/4/25- Vancomycin 1000mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/4/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:40 a.m. - 10/4/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/4/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/4/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/4/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:45 a.m. - 10/4/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:46 a.m. - 10/4/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:45 a.m. - 10/4/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:47 a.m. - 10/4/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:47 a.m. - 10/4/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:48 a.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
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F0760 SS = D	Continued from page 5 - 10/4/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 10:06 p.m. - 10/5/25- Vancomycin 1000mg- Scheduled at 7:00 a.m. and given at 8:13 a.m. - 10/5/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:45 a.m. - 10/5/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:45 a.m. - 10/5/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:51 a.m. - 10/5/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:52 a.m. - 10/5/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- ProStat 30 milliliters (ml)- Scheduled at 8:00 a.m. and given at 9:44 a.m. - 10/5/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:44 a.m. - 10/5/25- Potassium Chloride 10 milliequivalents (mEq)- Scheduled at 8:00 a.m. and given at 9:52 a.m. - 10/5/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:56 a.m. - 10/6/25- Vancomycin 100mg- Scheduled at 7:00 a.m. and given at 8:23 a.m. - 10/6/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:24 a.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
(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	
F0760 SS = D	Continued from page 6 - 10/6/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Acetaminophen 1000mg- Schedule at 11:00 a.m. and given at 1:09 p.m. - 10/6/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:04 p.m. - 10/7/25- Vancomycin 750mg- Scheduled at 7:00 a.m. and given at 8:17 a.m. - 10/7/25- Calcium Carbonate- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/7/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:39 a.m. - 10/7/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:38 a.m.		F0760				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
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F0760 SS = D	Continued from page 7 - 10/7/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:12 p.m. - 10/7/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:40 p.m. - 10/8/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 10:02 a.m. - 10/8/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 10:01 a.m. - 10/8/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 10:01 a.m. - 10/8/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 10:03 a.m. - 10/8/25- Calcium Carbone 500mg- Scheduled at 7:00 a.m. and given at 10:01 a.m. - 10/8/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 10:03 a.m. - 10/8/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 10:03 a.m. - 10/8/25- Nystatin External Cream 100000mg- Scheduled at 7:00 a.m. and given at 10:04 a.m. - 10/8/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 10:02 a.m. - 10/8/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 10:01 a.m. - 10/8/25- Vancomycin 750mg- Scheduled at 7:00 a.m. and given at 9:57 a.m. - 10/8/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:57 a.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
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F0760 SS = D	Continued from page 8 - 10/8/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:58 a.m. - 10/8/25- Potassium Chloride 10 mEq- Scheduled at 8:00 a.m. and given at 10:00 a.m. - 10/8/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 10:00 a.m. - 10/8/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:15 p.m. - 10/9/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Nystatin External Cream 100000mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 4:07 p.m. - 10/9/25- Furosemide 20mg- Scheduled at 2:00 p.m. and given at 4:14 p.m. - 10/10/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:41 a.m.			F0760			

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F0760 SS = D	Continued from page 9 - 10/10/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 1:09 p.m. - 10/11/25- Acetaminophen 500mg- Scheduled at 7:00 a.m. and given at 8:09 a.m. - 10/11/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:10 a.m. - 10/11/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:10 a.m. - 10/11/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:09 a.m. - 10/11/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:10 a.m. - 10/11/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:10 a.m. - 10/11/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:12 a.m. - 10/11/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:11 a.m. - 10/11/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:12 a.m.		F0760				

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F0760 SS = D	Continued from page 10 - 10/11/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:47 a.m. - 10/12/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25-Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:33 p.m. - 10/13/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:43 p.m. - 10/13/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:24 p.m. - 10/14/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Miralax 16gm- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 10:27 a.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
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F0760 SS = D	Continued from page 11 - 10/14/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 10:28 a.m. - 10/14/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 10:28 a.m. - 10/14/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 10:28 a.m. - 10/14/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/14/25- Potassium Chloride 10 mEq- Scheduled at 8:00 a.m. and given at 10:27 a.m. - 10/14/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 10:27 a.m. - 10/14/25- ProStat 20mL- Scheduled at 8:00 a.m. and given at 10:27 a.m. - 10/14/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 11:54 a.m. - 10/14/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:13 p.m. - 10/15/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:01 a.m. - 10/15/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:21 a.m. - 10/15/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/15/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/15/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:29 p.m. - 10/15/25- ProStat 30mL- Scheduled at 5:00 p.m. and given at 6:08 p.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
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F0760 SS = D	Continued from page 12 - 10/15/25- Potassium Chloride 10 mEq- Scheduled at 5:00 p.m. and given at 6:09 p.m. - 10/15/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:26 p.m. - 10/16/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/250 Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:18 a.m. - 10/16/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:18 a.m. - 10/16/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Ferrous Sulfate- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Potassium Chloride mEq- Scheduled at 8:00 a.m. and given at 9:17 a.m. - 10/16/25- ProStat 20mL- Scheduled at 8:00 a.m. and given at 9:17 a.m. - 10/16/25- Vancomycin 500mg- Scheduled at 8:00 a.m. and given at 9:16 a.m. - 10/16/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:17 a.m.			F0760			

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F0760 SS = D	Continued from page 13 - 10/16/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/16/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:36 p.m. - 10/16/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:59 p.m. - 10/18/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:19 a.m. - 10/18/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:20 a.m. - 10/18/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:20 a.m. - 10/18/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:20 a.m. - 10/18/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/18/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:29 a.m. - 10/18/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/18/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/18/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/18/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:31 a.m. - 10/18/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:31 a.m. - 10/17/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:59 a.m. - 10/18/25- ProStat 30mL- Scheduled at 5:00 p.m. and given at 6:15 p.m. - 10/18/25- Potassium Chloride 10mEq- Scheduled 5:00 p.m. and 6:15 p.m. - 10/19/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:09 a.m.		F0760				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
(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
F0760 SS = D	Continued from page 14 - 10/19/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:09 a.m. - 10/19/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:12 a.m. - 10/19/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:13 a.m. - 10/19/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:13 a.m. - 10/19/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:13 a.m. - 10/19/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:10 a.m. - 10/19/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:14 a.m. - 10/19/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/19/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/19/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/20/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:40 a.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
(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
F0760 SS = D	Continued from page 15 - 10/20/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Vancomycin 500mg- Scheduled at 8:00 a.m. and given at 9:39 a.m. - 10/20/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:39 a.m. - 10/20/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:38 a.m. - 10/20/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:38 a.m. - 10/20/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 9:38 a.m. - 10/20/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 10:17 a.m. - 10/20/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 1:37 p.m. - 10/21/25- Levothyroxine 125mcg- Scheduled at 6:00 a.m. and given at 7:16 a.m. - 10/21/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:35 a.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
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F0760 SS = D	Continued from page 16 - 10/21/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:42 p.m. - 10/21/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 5:14 p.m. - 10/22/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 1:54 p.m. - 10/22/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 5:37 p.m. - 10/23/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:23 a.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
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F0760 SS = D	Continued from page 17 - 10/23/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:43 p.m. - 10/23/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 6:58 p.m. - 10/24/25- Suboxone 0.5mg- Scheduled at 12:00 a.m. and given at 1:11 a.m. - 10/24/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:08 a.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
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F0760 SS = D	Continued from page 18 - 10/24/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Furosemide 20mg- Scheduled at 8:00 p.m. and given at 9:07 a.m. - 10/24/25- Potassium Chloride 10 mEq- Scheduled at 8:00 a.m. and given at 9:08 a.m. - 10/24/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:07 a.m. - 10/24/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 11:45 a.m. - 10/24/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 5:12 p.m. - 10/25/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:47 a.m. - 10/25/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:46 a.m. - 10/25/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:45 a.m. - 10/25/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:45 a.m. - 10/25/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:48 a.m. - 10/25/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:48 a.m.			F0760			

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
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F0760 SS = D	Continued from page 19 - 10/25/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:50 a.m. - 10/25/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:50 a.m. - 10/25/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/25/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:56 a.m. - 10/25/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/25/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:33 p.m. - 10/26/25- Suboxone 0.5mg- Scheduled at 12:00 a.m. and given at 2:13 a.m. - 10/26/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:21 a.m. - 10/27/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:26 a.m. - 10/27/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:29 a.m. - 10/27/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/27/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:27 a.m. - 10/27/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:27 a.m. - 10/27/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:21 a.m. - 10/27/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:27 a.m. - 10/27/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/27/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/27/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:28 a.m.			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/08/2025
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F0760 SS = D	Continued from page 20 - 10/27/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:30 a.m. - 10/27/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 11:07 a.m. - 10/28/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:31 a.m. - 10/28/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 9:30 a.m. - 10/28/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:30 a.m. - 10/28/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:30 a.m. - 10/28/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:30 a.m. - 10/28/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:30 a.m.	F0760		

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F0760 SS = D	Continued from page 21 - 10/28/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:46 p.m. - 10/28/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 5:15 p.m. - 10/29/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 7:21 p.m. - 10/29/25- Potassium Chloride 20 mEq- Scheduled at 5:00 p.m. and given at 7:23 p.m. - 10/29/25- ProStat 30mL- Scheduled at 5:00 p.m. and given at 7:22 p.m. - 10/30/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:26 a.m.	F0760		

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F0760 SS = D	Continued from page 22 - 10/30/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/30/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/30/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/30/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/30/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/30/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/30/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/30/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/30/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 12:09 p.m. - 10/30/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:08 p.m. - 10/30/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 7:39 p.m. - 10/30/25- Nystatin External Cream 100000gm- Scheduled at 9:00 p.m. and given at 10:13 p.m. - 10/30/25- Acetaminophen 1000mg- Scheduled at 9:00 p.m. and given at 10:13 p.m.			F0760			

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NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
(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
F0760 SS = D	Continued from page 23 - 10/31/25- Suboxone 0.5mg- Scheduled at 12:00 a.m. and given at 5:18 a.m. - 10/31/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 6:51 a.m. - 10/31/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 6:51 a.m. - 10/31/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 6:51 a.m. - 10/31/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 6:51 a.m. - 10/31/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 6:51 a.m. - 10/31/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 6:51 a.m. - 10/31/25- Potassium Chloride 20mEq- Scheduled at 5:00 p.m. and given at 3:05 p.m. - 10/31/25- ProStat 30mL- Scheduled at 5:00 p.m. and given at 3:05 p.m. - 10/31/25- Acetaminophen 1000mg- Scheduled at 9:00 p.m. and given at 3:05 p.m. - 10/31/25- Nystatin External Cream 100000gm- Scheduled at 9:00 p.m. and given at 3:05 p.m. During an interview on 12/3/25 at 11:38 a.m., licensed practical nurse (LPN)-A stated in order to give a medication, she would check the medication order instructions before administration. During an interview on 12/3/25 at 12:27 p.m., registered nurse (RN)-A stated she would check the medication orders in order to find out how medications are supposed to be given. During an interview on 12/4/25 at 12:05 p.m., LPN-C stated Oxycodone and Suboxone should not be given together. During an interview on 12/4/25 at 1:09 p.m., RN-C stated she did recall R2's Suboxone order and Oxycodone order to separate the doses by two hours. RN-C stated			F0760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
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F0760 SS = D	Continued from page 24 she could not recall a time when she gave the Oxycodone and the Suboxone within two hours of each other. During an interview on 12/4/25 at 2:55 p.m., RN-B stated he would check the orders in the computer in order to see the medication instructions. RN-B stated he did not recall seeing the instructions for R2's Oxycodone and Suboxone orders. During an interview on 12/4/25 at 3:16 p.m., LPN-D stated she would go to a resident's MAR in the computer in order to see the medication instructions. LPN-B could not recall R2. LPN-D could not recall any residents in the transitional care unit (TCU) having an order for Suboxone. During an interview on 12/4/25 at 3:23 p.m., LPN-F stated she would check the orders in the computer in order to see the medication instructions. LPN-F could not recall any residents in the TCU. During an interview on 12/4/25 at 3:29 p.m., RN-F stated she would check the orders in the computer in order to see the medication instructions. RN-F could not recall R2. RN-F could not recall any residents in the TCU having an order for Suboxone. During an interview on 12/4/25 at 3:34 p.m., RN-D stated he could go to the MAR in order to see the instructions for medications. RN-D could not recall if there was any specific instructions on R2's Oxycodone order or Suboxone order. During an interview on 12/4/25 at 3:35 p.m., RN-H stated he would check the orders in the computer in order to see the medication instructions. RN-H could not recall any resident's or their orders in the TCU. During an interview on 12/8/25 at 9:01 a.m., LPN-E stated he would check the orders in the computer in order to see the medication instructions. LPN-E stated he could not recall any residents in the TCU with orders for both Suboxone and Suboxone. During an interview on 12/8/25 at 9:15 a.m., LPN-G stated there was an order for Suboxone from 10/9/25		F0760				

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F0760 SS = D	Continued from page 25 through 10/20/25 that stated to separate the dose from Oxycodone by a minimum of two hours. Then there was an order for Oxycodone from 10/10/25 through 11/15/25 that stated to separate the Oxycodone to Oxycodone order by a minimum of four hours and to separate the Oxycodone from the Suboxone by a minimum of two hours. LPN-G stated she would expect the nurses to follow those instructions. Once the writer stated the medication errors above to LPN-G, LPN-G stated these were all medication errors. During an interview on 12/8/25 at 9:46 a.m., RN-J stated she was unable to see the medication orders for R2 because R2 has since been discharged from the facility. During an interview on 12/8/25 at 10:35 a.m., RN-K stated there was an order for Suboxone from 10/9/25 through 10/20/25 that stated to separate the dose from Oxycodone by a minimum of two hours. Then there was an order for Oxycodone from 10/10/25 through 11/15/25 that stated to separate the Oxycodone to Oxycodone order by a minimum of four hours and to separate the Oxycodone from the Suboxone by a minimum of two hours. RN-K stated she would expect the nurses to follow those instructions. Once the writer stated the medication errors above to RN-K, RN-K stated these were all medication errors. During an interview on 12/8/25 at 11:36 a.m., medical director (MD)-A stated he did not prescribe R2's Oxycodone or Suboxone orders but stated some resident's don't like taking both of the medications together or within two hours of each other because it wouldn't provide as much pain relief. During an interview on 12/8/25 at 11:56 a.m., nurse practitioner (NP)-A stated she had prescribed R2's Suboxone and Oxycodone on 10/9/25 that had the instructions to separate the Oxycodone doses by four hours and to separate the Oxycodone from the Suboxone by a minimum of two hours. NP-A stated she wrote these instructions because both medications are used for pain but if they are given within two hours of each other, they will cancel each other out that would lead the resident to have increased pain. During an interview on 12/8/25 at 12:22 p.m., NP-B stated she prescribed R2's Suboxone on 10/20/25. NP-B			F0760			

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F0760 SS = D	Continued from page 26 stated staff should have followed the Oxycodone orders. NP-B stated if the Oxycodone is given within two hours of the Suboxone, the medications would cancel each other hour. NP-B stated the reason R2 had the directions to separate the Oxycodone orders by a minimum of four hours and separate the Oxycodone and the Suboxone orders by a minimum of two hours was because R2 had complained of increased pain. NP-B stated staff should follow the directions of the medications. The facility's Identifying and Managing Medication Errors and Adverse Consequences F759, F760 policy last revised on 4/1/2007 indicated a link for Omnicare Pharmacy's Medication-Related Errors policy. Omnicare Pharmacy's Medication-Related Errors policy dated 5/1/2010 indicated an administration error is described as a dose error which meant the facility administers to the resident a medication dose greater than or less than the among originally ordered. Another administration error included the administration time error which indicated the facility administers to the resident a medication dose greater than sixty minutes from its scheduled administration time or if the administration exceeds the time in relation to meals. Omnicare Pharmacy's Long-Term Care (LTC) Facility's Pharmacy Services and Procedures Manual dated 1/1/22 stated the facility should commence medication administration within sixty minutes before the designated times of administration and should be completed by sixty minutes after the designated times of administration. The facility's Medication Administration Times policy dated 2/2024 indicated an attached link for Omnicare Pharmacy's LTC Facility's Pharmacy Services and Procedures Manual.		F0760				
F0842 SS = D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is		F0842	Corrective Action for Affected Residents: R2 has discharged. Identification of Like Residents: Current residents who need assistance with turning and repositioning had their care plans and Kardex reviewed for accuracy. A task was added to POC for the nurse aides to document on each shift that the resident's		01/03/2026	

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F0842 SS = D	Continued from page 27 resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or	F0842	Continued from page 27 turning and repositioning program has been implemented. A nursing order has also been added to the MAR/TAR for the licensed nurses to be alerted and document that the turning and repositioning task has been implemented by the nurse aides. Systemic Changes: The facility provided staff education to nurse aides and licensed nurses addressing the requirement to complete and accurately document turning and repositioning interventions as outlined in the resident's care plan. The facility updated the electronic medical record system to allow licensed nurses and nursing assistants to document turning and repositioning interventions. Monitoring and Quality Assurance: The Director of Nursing or designee will audit 3 residents who require assistance with turning and repositioning each week for 4 weeks to ensure the resident is being turned and repositioned and documentation for the turning and repositioning program is complete and then 2 residents each week for 2 weeks. Audit results will be reviewed through the facility's QAPI process. If compliance is observed through the audit process, auditing will discontinue after the duration of audits set in this Plan of Correction. If audits identify ongoing concerns, the QAPI team will review and initiate additional interventions and re-education until sustained compliance is achieved.	

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F0842 SS = D	Continued from page 28 (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to accurately document turning and repositioning for one of one resident (R2) reviewed when R2's care plan stated she would be turned and repositioned every two hours and the staff stated they do not document when a resident is turned and reposition nor could recall turning and repositioning R2. R2's admission record dated 12/3/25 indicated R2 was admitted to the facility on 11/15/25 with a primary diagnosis of acute and subacute infective endocarditis. R2's additional diagnoses included pneumonitis due to inhalation of food and vomit, displaced bicondylar fracture of left tibia, chronic obstructive pulmonary disease, dysphagia, other lack of coordination, difficulty walking, cognitive communication deficit, peripheral vascular disease, and personal history of other venous thrombosis and embolism. R2 was discharged from the facility on 11/21/25. R2's care plan dated 9/19/25 indicated R2 would be repositioned every two hours to facilitate lung secretion movement and drainage.		F0842				

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F0842 SS = D	Continued from page 29 R2's care plan dated 10/2/25 indicated R2 needed assistance with repositioning at least every two hours, more often as needed, or when R2 requested to be repositioned. During an interview on 12/3/25 at 12:00 p.m., nursing assistant (NA)-A stated she repositioned residents every two hours but does not document when the residents are repositioned. During an interview on 12/3/25 at 1:22 p.m., NA-E stated she repositioned residents every two hours but does not document when the residents are repositioned. During an interview on 12/3/25 at 2:14 p.m., NA-B stated he repositioned residents every two hours but does not document when the residents are repositioned. During an interview on 12/3/25 at 2:20 p.m., NA-C stated he repositioned residents every two hours but does not document when the residents are repositioned. During an email correspondence on 12/8/25 at 12:03 p.m., registered nurse (RN)-K stated the facility staff does not document when residents were rounded on. During an interview on 12/8/25 at 1:23 p.m., RN-K stated the facility does not document when each resident has been turned or repositioned. Policy for activities of daily living (ADL) documentation was requested but none was given.			F0842			

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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 12/3/25-12/8/25, 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(s) were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.		20000			01/03/2026	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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20000	Continued from page 1 The following complaints were reviewed with no licensing orders issued. H51839044C (2680215) The following complaints were reviewed. H51838923C (2688693) with a licensing order issued at 0625 and 1545. 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. 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/ib14_1.html 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 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.		20000				
20625	Clinical Record Contents; In General CFR(s): MN Rule 4658.0450 Subp. 1 A-P		20625	Corrective Action for Affected Residents: R2 has discharged.		01/03/2026	

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20625	Continued from page 2 Subpart 1. In general. Each resident's clinical record, including nursing notes, must include: A. the condition of the resident at the time of admission; B. temperature, pulse, respiration, and blood pressure, according to part 4658.0520, subpart 2, item I; C. the resident's height and weight, according to part 4658.0520, subpart 2, item J; D. the resident's general condition, actions, and attitudes; E. observations, assessments, and interventions provided by all disciplines responsible for care of the resident, with the exception of confidential communications with religious personnel; F. significant observations on, for example, behavior, orientation, adjustment to the nursing home, judgment, or moods; G. date, time, quantity of dosage, and method of administration of all medications, and the signature of the nurse or authorized persons who administered the medication; H. a report of a tuberculin test within the three months prior to admission, as described in part 4658.0810; I. reports of laboratory examinations; J. dates and times of all treatments and dressings; K. dates and times of visits by all licensed health care practitioners; L. visits to clinics or hospitals; M. any orders or instructions relative to the comprehensive plan of care; N. any change in the resident's sleeping habits or		20625	Continued from page 2 Identification of Like Residents: Current residents who need assistance with turning and repositioning had their care plans and Kardex reviewed for accuracy. A task was added to POC for the nurse aides to document on each shift that the resident's turning and repositioning program has been implemented. A nursing order has also been added to the MAR/TAR for the licensed nurses to be alerted and document that the turning and repositioning task has been implemented by the nurse aides. Systemic Changes: The facility provided staff education to nurse aides and licensed nurses addressing the requirement to complete and accurately document turning and repositioning interventions as outlined in the resident's care plan. The facility updated the electronic medical record system to allow licensed nurses and nursing assistants to document turning and repositioning interventions. Monitoring and Quality Assurance: The Director of Nursing or designee will audit 3 residents who require assistance with turning and repositioning each week for 4 weeks to ensure the resident is being turned and repositioned and documentation for the turning and repositioning program is complete and then 2 residents each week for 2 weeks. Audit results will be reviewed through the facility's QAPI process. If compliance is observed through the audit process, auditing will discontinue after the duration of audits set in this Plan of Correction. If audits identify ongoing concerns, the QAPI team will review and initiate additional interventions and re-education until sustained compliance is achieved.			

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20625	Continued from page 3 appetite; O. pertinent factors regarding changes in the resident's general conditions; and P. results of the initial comprehensive resident assessment and all subsequent comprehensive assessments as described in part 4658.0400. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to accurately document turning and repositioning for one of one resident (R2) reviewed when R2's care plan stated she would be turned and repositioned every two hours and the staff stated they do not document when a resident is turned and reposition nor could recall turning and repositioning R2. R2's admission record dated 12/3/25 indicated R2 was admitted to the facility on 11/15/25 with a primary diagnosis of acute and subacute infective endocarditis. R2's additional diagnoses included pneumonitis due to inhalation of food and vomit, displaced bicondylar fracture of left tibia, chronic obstructive pulmonary disease, dysphagia, other lack of coordination, difficulty walking, cognitive communication deficit, peripheral vascular disease, and personal history of other venous thrombosis and embolism. R2 was discharged from the facility on 11/21/25. R2's care plan dated 9/19/25 indicated R2 would be repositioned every two hours to facilitate lung secretion movement and drainage. R2's care plan dated 10/2/25 indicated R2 needed assistance with repositioning at least every two hours, more often as needed, or when R2 requested to be repositioned. During an interview on 12/3/25 at 12:00 p.m., nursing assistant (NA)-A stated she repositioned residents every two hours but does not document when the residents are repositioned. During an interview on 12/3/25 at 1:22 p.m., NA-E stated she repositioned residents every two hours but does not document when the residents are repositioned.		20625				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
(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	
20625	Continued from page 4 During an interview on 12/3/25 at 2:14 p.m., NA-B stated he repositioned residents every two hours but does not document when the residents are repositioned. During an interview on 12/3/25 at 2:20 p.m., NA-C stated he repositioned residents every two hours but does not document when the residents are repositioned. During an email correspondence on 12/8/25 at 12:03 p.m., registered nurse (RN)-K stated the facility staff does not document when residents were rounded on. During an interview on 12/8/25 at 1:23 p.m., RN-K stated the facility does not document when each resident has been turned or repositioned. Policy for activities of daily living (ADL) documentation was requested but none was given. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.		20625				
21545	Medication Errors CFR(s): MN Rule 4658.1320 A.B.C A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications.		21545	Corrective Action for Affected Residents: R2 has discharged. Identification of Like Residents: Current resident's medications were reviewed for orders that had timing requirements and ordered separation parameters. Systemic Changes: Licensed nurses were given education addressing medication administration requirements, including review of provider orders that may have required separation of medications, and verification of last administered doses within the EMAR and narcotic log. Licensed nurses were also educated about ensuring medications are administered according to provider		01/03/2026	

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21545	Continued from page 5 B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure residents were free of significant medication errors for one of one resident (R2) when R2 had an order for Oxycodone 10 milligrams (mg) with instructions to separate the doses by a minimum of four hours and to separate doses from Suboxone by a minimum of two hours. The facility failed to follow these instructions 12 times between 10/10/25 and 10/27/25. The facility also failed to ensure medications were given within one hour before the scheduled administration time to one hour after the scheduled administration time. Between 10/1/25 and 10/31/25, the facility failed to ensure medications were given within one hour of the scheduled administration time to one hour after the scheduled administration time 360 times. These deficiency's had the potential to impact all resident's in the facility. R2's admission record dated 12/3/25 indicated R2 was admitted to the facility on 11/15/25 with a primary diagnosis of acute and subacute infective endocarditis.	21545	Continued from page 5 orders and documented accurately and timely. Licensed nurses, Health Information Director and HUC's were educated about using flex times when entering medications unless the medication needs to be given at a specific time. Monitoring and Quality Assurance: The Director of Nursing or designee will audit 3 resident medication administration records each week for 4 weeks to ensure medications are administered according to provider orders, including timing and separation requirements and then 2 residents administration records each week for 2 weeks. Audit results will be reviewed through the facility's QAPI process. If compliance is observed through the audit process, auditing will discontinue after the duration of audits set in this Plan of Correction. If audits identify ongoing concerns, the QAPI team will review and initiate additional interventions and re-education until sustained compliance is achieved.	

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21545	Continued from page 6 R2's additional diagnoses included pneumonitis due to inhalation of food and vomit, displaced bicondylar fracture of left tibia subsequent encounter for closed fracture with routine healing, cognitive communication deficit, and fibromyalgia. R2 was discharged from the facility on 11/21/25. R2's care plan dated 9/19/25 indicated staff would give medications as ordered by the physician. R2's care plan dated 10/2/25 indicated staff would anticipate R2's need for pain relief and response immediately to any complaints of pain. Another intervention included staff would evaluate the effectiveness of pain interventions and review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability, and impact on cognition. R2's physician visit note dated 10/9/25 indicated the physician ordered Oxycodone 5mg two tablets by mouth four times a day as needed. The physician ordered Buprenorphine-naloxone (Suboxone) 2-0.5mg one tablet sublingual (SL) twice a day. The physician instructed staff to separate the Oxycodone and the Suboxone doses by a minimum of two hours. R2's medication administration record (MAR) dated 10/9/25 indicated the physician wrote an order for Buprenorphine-HCL-Naloxone HCL sublingual tablet 2-0.5mg with directions to given one tablet sublingually two times a day for pain and to separate the doses from Oxycodone by a minimum of two hours. This ordered was discontinued on 10/20/25. The MAR indicated the physician wrote an order for Oxycodone 5mg with directions to given one tablet by mouth as needed for pain every four hours as needed and to separate the doses by a minimum of hour hours and to separate the doses from Suboxone by a minimum of two hours. This order was discontinued on 10/10/25. R2's MAR dated 10/10/25 indicated the physician wrote an order for Oxycodone 5mg with the directions to give two tablets by mouth as needed for pain every four hours as needed and to separate the doses by a minimum of four hours and to separate the dose from Suboxone by a minimum of two hours. This order was discontinued on 11/15/25.		21545				

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21545	Continued from page 7 R2's MAR dated 10/20/25 indicated the physician wrote an order for Buprenorphine HCL-Naloxone HCL 0.5mg sublingual tablet with directions to given one tablet sublingually every eight hours for pain. This order was discontinued on 11/15/25. According to the medication administration audit report for October, the following were medication errors when staff did not give Oxycodone 10mg separate from another Oxycodone 10mg dose by four hours: - 10/10/25- Given at 5:17 a.m. and 8:47 a.m. This was given three hours and thirty minutes apart. - 10/12/25- Given at 8:53 a.m. and 12:33 p.m. This was given three hours and forty minutes apart. According to the medication administration audit report for October, the following were medication errors when staff did not separate the Oxycodone 10mg dose by two hours from the Suboxone 0.5mg: - 10/10/25- Oxycodone was given at 7:44 p.m. and Suboxone was given at 9:00 p.m. These doses were given one hour and 16 minutes apart. - 10/12/25- Oxycodone was given at 7:35 p.m. and Suboxone was given at 8:38 p.m. These doses were given one hour and three minutes apart. - 10/15/25- Suboxone was given at 7:57 a.m. and Oxycodone was given at 8:21 a.m. These doses were given twenty-four minutes apart. - 10/21/25- Oxycodone was given at 7:28 a.m. and Suboxone was given at 8:33 a.m. These doses were given one hour and five minutes apart. - 10/22/25- Suboxone was given at 7:29 a.m. and Oxycodone was given at 7:50 a.m. These doses were given twenty-one minutes apart. - 10/23/25-10/24/25- Oxycodone was given on 10/23/25 at 11:30 p.m. and Suboxone was given on 10/24/25 at 1:11 a.m. These doses were given one hour and forty-one minutes apart. - 10/25/25- Suboxone was given at 8:00 a.m. and Oxycodone was given at 9:05 a.m. These doses were given one hour and five minutes apart.		21545				

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21545	Continued from page 8 - 10/26/25- Oxycodone was given at 12:14 a.m. and Suboxone was given at 2:13 a.m. These doses were given one hour and fifty-nine minutes apart. - 10/26/25- Oxycodone was given at 7:39 a.m. and Suboxone was given at 9:21 a.m. These doses were given one hour and forty-two minutes apart. - 10/27/25- Suboxone was given at 12:07 a.m. and Oxycodone was given at 12:46 a.m. These doses were given thirty-nine minutes apart. According to the medication administration audit report for October, the following were medication errors when staff did not administer medications within one hour before the scheduled administration time and one hour after the scheduled administration time: - 10/1/25- Gentamicin Sulfate Injection 60mg- Scheduled at 8:00 a.m. and given at 9:03 a.m. - 10/1/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:27 p.m. - 10/2/25- Trelegy 25 micrograms (mcg)- Scheduled at 7:00 a.m. and given at 8:36 a.m. - 10/2/25- Miralax 17 grams (gm)- Scheduled at 7:00 a.m. and given at 8:36 a.m. - 10/2/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/2/25- Omeprazole 20mh- Scheduled at 7:00 a.m. and given at 8:36 a.m. - 10/2/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:36 a.m. - 10/2/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/2/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:36 a.m. - 10/2/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/2/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/2/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:35 a.m.			21545			

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21545	Continued from page 9 - 10/2/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:26 p.m. - 10/3/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 10:49 p.m. - 10/4/25- Vancomycin 1000mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/4/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:40 a.m. - 10/4/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/4/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/4/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/4/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:45 a.m. - 10/4/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:46 a.m. - 10/4/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:45 a.m. - 10/4/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:47 a.m. - 10/4/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:47 a.m. - 10/4/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:48 a.m. - 10/4/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 10:06 p.m. - 10/5/25- Vancomycin 1000mg- Scheduled at 7:00 a.m. and given at 8:13 a.m. - 10/5/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:45 a.m. - 10/5/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:45 a.m. - 10/5/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:51 a.m.			21545			

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21545	Continued from page 10 - 10/5/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:52 a.m. - 10/5/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:56 a.m. - 10/5/25- ProStat 30 milliliters (ml)- Scheduled at 8:00 a.m. and given at 9:44 a.m. - 10/5/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:44 a.m. - 10/5/25- Potassium Chloride 10 milliequivalents (mEq)- Scheduled at 8:00 a.m. and given at 9:52 a.m. - 10/5/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:56 a.m. - 10/6/25- Vancomycin 100mg- Scheduled at 7:00 a.m. and given at 8:23 a.m. - 10/6/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:24 a.m.		21545				

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21545	Continued from page 11 - 10/6/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:24 a.m. - 10/6/25- Acetaminophen 1000mg- Schedule at 11:00 a.m. and given at 1:09 p.m. - 10/6/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:04 p.m. - 10/7/25- Vancomycin 750mg- Scheduled at 7:00 a.m. and given at 8:17 a.m. - 10/7/25- Calcium Carbonate- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/7/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:39 a.m. - 10/7/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:38 a.m. - 10/7/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:12 p.m.		21545				

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21545	Continued from page 12 - 10/7/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:40 p.m. - 10/8/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 10:02 a.m. - 10/8/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 10:01 a.m. - 10/8/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 10:01 a.m. - 10/8/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 10:03 a.m. - 10/8/25- Calcium Carbone 500mg- Scheduled at 7:00 a.m. and given at 10:01 a.m. - 10/8/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 10:03 a.m. - 10/8/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 10:03 a.m. - 10/8/25- Nystatin External Cream 100000mg- Scheduled at 7:00 a.m. and given at 10:04 a.m. - 10/8/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 10:02 a.m. - 10/8/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 10:01 a.m. - 10/8/25- Vancomycin 750mg- Scheduled at 7:00 a.m. and given at 9:57 a.m. - 10/8/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:57 a.m. - 10/8/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:58 a.m. - 10/8/25- Potassium Chloride 10 mEq- Scheduled at 8:00 a.m. and given at 10:00 a.m. - 10/8/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 10:00 a.m. - 10/8/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:15 p.m. - 10/9/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:37 a.m.		21545				

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21545	Continued from page 13 - 10/9/25- Nystatin External Cream 100000mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:37 a.m. - 10/9/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 4:07 p.m. - 10/9/25- Furosemide 20mg- Scheduled at 2:00 p.m. and given at 4:14 p.m. - 10/10/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:41 a.m.			21545			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
(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	
21545	Continued from page 14 - 10/10/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:41 a.m. - 10/10/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 1:09 p.m. - 10/11/25- Acetaminophen 500mg- Scheduled at 7:00 a.m. and given at 8:09 a.m. - 10/11/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:10 a.m. - 10/11/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:10 a.m. - 10/11/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:09 a.m. - 10/11/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:10 a.m. - 10/11/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:10 a.m. - 10/11/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:12 a.m. - 10/11/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:11 a.m. - 10/11/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:12 a.m. - 10/11/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:47 a.m. - 10/12/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25-Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:52 a.m.		21545				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
21545	Continued from page 15 - 10/12/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:52 a.m. - 10/12/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:33 p.m. - 10/13/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:43 p.m. - 10/13/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:24 p.m. - 10/14/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Miralax 16gm- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/14/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 10:28 a.m. - 10/14/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 10:28 a.m.		21545				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
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21545	Continued from page 16 - 10/14/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 10:28 a.m. - 10/14/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/14/25- Potassium Chloride 10 mEq- Scheduled at 8:00 a.m. and given at 10:27 a.m. - 10/14/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 10:27 a.m. - 10/14/25- ProStat 20mL- Scheduled at 8:00 a.m. and given at 10:27 a.m. - 10/14/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 11:54 a.m. - 10/14/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:13 p.m. - 10/15/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:01 a.m. - 10/15/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:21 a.m. - 10/15/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/15/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/15/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:29 p.m. - 10/15/25- ProStat 30mL- Scheduled at 5:00 p.m. and given at 6:08 p.m. - 10/15/25- Potassium Chloride 10 mEq- Scheduled at 5:00 p.m. and given at 6:09 p.m. - 10/15/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:26 p.m. - 10/16/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:17 a.m.		21545				

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21545	Continued from page 17 - 10/16/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/250 Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:18 a.m. - 10/16/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:18 a.m. - 10/16/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Ferrous Sulfate- Scheduled at 7:00 a.m. and given at 9:17 a.m. - 10/16/25- Potassium Chloride mEq- Scheduled at 8:00 a.m. and given at 9:17 a.m. - 10/16/25- ProStat 20mL- Scheduled at 8:00 a.m. and given at 9:17 a.m. - 10/16/25- Vancomycin 500mg- Scheduled at 8:00 a.m. and given at 9:16 a.m. - 10/16/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:17 a.m. - 10/16/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/16/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:36 p.m. - 10/16/25- Suboxone 0.5mg- Scheduled at 8:00 p.m. and given at 9:59 p.m. - 10/18/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:19 a.m. - 10/18/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:20 a.m.			21545			

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21545	Continued from page 18 - 10/18/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:20 a.m. - 10/18/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:20 a.m. - 10/18/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/18/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:29 a.m. - 10/18/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/18/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/18/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/18/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:31 a.m. - 10/18/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:31 a.m. - 10/17/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:59 a.m. - 10/18/25- ProStat 30mL- Scheduled at 5:00 p.m. and given at 6:15 p.m. - 10/18/25- Potassium Chloride 10mEq- Scheduled 5:00 p.m. and 6:15 p.m. - 10/19/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:09 a.m. - 10/19/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:09 a.m. - 10/19/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:12 a.m. - 10/19/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:13 a.m. - 10/19/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:13 a.m. - 10/19/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:13 a.m.			21545			

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21545	Continued from page 19 - 10/19/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:20 a.m. - 10/19/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:10 a.m. - 10/19/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:14 a.m. - 10/19/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/19/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/19/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:20 a.m. - 10/20/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:40 a.m.			21545			

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21545	Continued from page 20 - 10/20/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:39 a.m. - 10/20/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:40 a.m. - 10/20/25- Vancomycin 500mg- Scheduled at 8:00 a.m. and given at 9:39 a.m. - 10/20/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:39 a.m. - 10/20/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:38 a.m. - 10/20/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:38 a.m. - 10/20/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 9:38 a.m. - 10/20/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 10:17 a.m. - 10/20/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 1:37 p.m. - 10/21/25- Levothyroxine 125mcg- Scheduled at 6:00 a.m. and given at 7:16 a.m. - 10/21/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:35 a.m.		21545				

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21545	Continued from page 21 - 10/21/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:35 a.m. - 10/21/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:42 p.m. - 10/21/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 5:14 p.m. - 10/22/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 1:54 p.m. - 10/22/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 5:37 p.m. - 10/23/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:23 a.m.	21545					

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NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
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21545	Continued from page 22 - 10/23/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:23 a.m. - 10/23/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:23 a.m. - 10/23/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:43 p.m. - 10/23/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 6:58 p.m. - 10/24/25- Suboxone 0.5mg- Scheduled at 12:00 a.m. and given at 1:11 a.m. - 10/24/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:08 a.m.		21545				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER North Ridge Health And Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 5430 BOONE AVENUE NORTH , NEW HOPE, Minnesota, 55428			
(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
21545	Continued from page 23 - 10/24/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:08 a.m. - 10/24/25- Furosemide 20mg- Scheduled at 8:00 p.m. and given at 9:07 a.m. - 10/24/25- Potassium Chloride 10 mEq- Scheduled at 8:00 a.m. and given at 9:08 a.m. - 10/24/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:07 a.m. - 10/24/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 11:45 a.m. - 10/24/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 5:12 p.m. - 10/25/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:47 a.m. - 10/25/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:46 a.m. - 10/25/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:45 a.m. - 10/25/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:45 a.m. - 10/25/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:48 a.m. - 10/25/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:48 a.m. - 10/25/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:50 a.m. - 10/25/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:50 a.m. - 10/25/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/25/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:56 a.m. - 10/25/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:23 a.m.			21545			

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21545	Continued from page 24 - 10/25/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:33 p.m. - 10/26/25- Suboxone 0.5mg- Scheduled at 12:00 a.m. and given at 2:13 a.m. - 10/26/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:21 a.m. - 10/27/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:26 a.m. - 10/27/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:29 a.m. - 10/27/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/27/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:27 a.m. - 10/27/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:27 a.m. - 10/27/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:21 a.m. - 10/27/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:27 a.m. - 10/27/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/27/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/27/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:28 a.m. - 10/27/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:30 a.m. - 10/27/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 11:07 a.m. - 10/28/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 9:30 a.m.			21545			

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21545	Continued from page 25 - 10/28/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 9:30 a.m. - 10/28/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 9:31 a.m. - 10/28/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 9:30 a.m. - 10/28/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 9:30 a.m. - 10/28/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 9:30 a.m. - 10/28/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 9:30 a.m. - 10/28/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 9:30 a.m. - 10/28/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:46 p.m. - 10/28/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 5:15 p.m. - 10/29/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 8:51 a.m.			21545			

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21545	Continued from page 26 - 10/29/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 8:51 a.m. - 10/29/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 7:21 p.m. - 10/29/25- Potassium Chloride 20 mEq- Scheduled at 5:00 p.m. and given at 7:23 p.m. - 10/29/25- ProStat 30mL- Scheduled at 5:00 p.m. and given at 7:22 p.m. - 10/30/25- Bupropion 150mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Acetaminophen 1000mg- Scheduled at 7:00 a.m. and given at 9:26 a.m. - 10/30/25- Calcium Carbonate 500mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Nystatin External Cream 100000gm- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/30/25- Omeprazole 20mg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/30/25- Trelegy 25mcg- Scheduled at 7:00 a.m. and given at 10:27 a.m. - 10/30/25- Miralax 17gm- Scheduled at 7:00 a.m. and given at 10:27 a.m.		21545				

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21545	Continued from page 27 - 10/30/25- Lyrica 300mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Baclofen 10mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Cymbalta 60mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- Amiodarone 200mg- Scheduled at 7:00 a.m. and given at 10:26 a.m. - 10/30/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/30/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/30/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/30/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 10:26 a.m. - 10/30/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 12:09 p.m. - 10/30/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 12:08 p.m. - 10/30/25- Suboxone 0.5mg- Scheduled at 4:00 p.m. and given at 7:39 p.m. - 10/30/25- Nystatin External Cream 100000gm- Scheduled at 9:00 p.m. and given at 10:13 p.m. - 10/30/25- Acetaminophen 1000mg- Scheduled at 9:00 p.m. and given at 10:13 p.m. - 10/31/25- Suboxone 0.5mg- Scheduled at 12:00 a.m. and given at 5:18 a.m. - 10/31/25- ProStat 30mL- Scheduled at 8:00 a.m. and given at 6:51 a.m. - 10/31/25- Ferrous Sulfate 325mg- Scheduled at 8:00 a.m. and given at 6:51 a.m. - 10/31/25- Suboxone 0.5mg- Scheduled at 8:00 a.m. and given at 6:51 a.m. - 10/31/25- Potassium Chloride 10mEq- Scheduled at 8:00 a.m. and given at 6:51 a.m.			21545			

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21545	Continued from page 28 - 10/31/25- Furosemide 20mg- Scheduled at 8:00 a.m. and given at 6:51 a.m. - 10/31/25- Acetaminophen 1000mg- Scheduled at 11:00 a.m. and given at 6:51 a.m. - 10/31/25- Potassium Chloride 20mEq- Scheduled at 5:00 p.m. and given at 3:05 p.m. - 10/31/25- ProStat 30mL- Scheduled at 5:00 p.m. and given at 3:05 p.m. - 10/31/25- Acetaminophen 1000mg- Scheduled at 9:00 p.m. and given at 3:05 p.m. - 10/31/25- Nystatin External Cream 100000gm- Scheduled at 9:00 p.m. and given at 3:05 p.m. During an interview on 12/3/25 at 11:38 a.m., licensed practical nurse (LPN)-A stated in order to give a medication, she would check the medication order instructions before administration. During an interview on 12/3/25 at 12:27 p.m., registered nurse (RN)-A stated she would check the medication orders in order to find out how medications are supposed to be given. During an interview on 12/4/25 at 12:05 p.m., LPN-C stated Oxycodone and Suboxone should not be given together. During an interview on 12/4/25 at 1:09 p.m., RN-C stated she did recall R2's Suboxone order and Oxycodone order to separate the doses by two hours. RN-C stated she could not recall a time when she gave the Oxycodone and the Suboxone within two hours of each other. During an interview on 12/4/25 at 2:55 p.m., RN-B stated he would check the orders in the computer in order to see the medication instructions. RN-B stated he did not recall seeing the instructions for R2's Oxycodone and Suboxone orders. During an interview on 12/4/25 at 3:16 p.m., LPN-D stated she would go to a resident's MAR in the computer in order to see the medication instructions. LPN-B		21545				

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21545	Continued from page 29 could not recall R2. LPN-D could not recall any residents in the transitional care unit (TCU) having an order for Suboxone. During an interview on 12/4/25 at 3:23 p.m., LPN-F stated she would check the orders in the computer in order to see the medication instructions. LPN-F could not recall any residents in the TCU. During an interview on 12/4/25 at 3:29 p.m., RN-F stated she would check the orders in the computer in order to see the medication instructions. RN-F could not recall R2. RN-F could not recall any residents in the TCU having an order for Suboxone. During an interview on 12/4/25 at 3:34 p.m., RN-D stated he could go to the MAR in order to see the instructions for medications. RN-D could not recall if there was any specific instructions on R2's Oxycodone order or Suboxone order. During an interview on 12/4/25 at 3:35 p.m., RN-H stated he would check the orders in the computer in order to see the medication instructions. RN-H could not recall any resident's or their orders in the TCU. During an interview on 12/8/25 at 9:01 a.m., LPN-E stated he would check the orders in the computer in order to see the medication instructions. LPN-E stated he could not recall any residents in the TCU with orders for both Suboxone and Suboxone. During an interview on 12/8/25 at 9:15 a.m., LPN-G stated there was an order for Suboxone from 10/9/25 through 10/20/25 that stated to separate the dose from Oxycodone by a minimum of two hours. Then there was an order for Oxycodone from 10/10/25 through 11/15/25 that stated to separate the Oxycodone to Oxycodone order by a minimum of four hours and to separate the Oxycodone from the Suboxone by a minimum of two hours. LPN-G stated she would expect the nurses to follow those instructions. Once the writer stated the medication errors above to LPN-G, LPN-G stated these were all medication errors. During an interview on 12/8/25 at 9:46 a.m., RN-J stated she was unable to see the medication orders for	21545		

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21545	Continued from page 30 R2 because R2 has since been discharged from the facility. During an interview on 12/8/25 at 10:35 a.m., RN-K stated there was an order for Suboxone from 10/9/25 through 10/20/25 that stated to separate the dose from Oxycodone by a minimum of two hours. Then there was an order for Oxycodone from 10/10/25 through 11/15/25 that stated to separate the Oxycodone to Oxycodone order by a minimum of four hours and to separate the Oxycodone from the Suboxone by a minimum of two hours. RN-K stated she would expect the nurses to follow those instructions. Once the writer stated the medication errors above to RN-K, RN-K stated these were all medication errors. During an interview on 12/8/25 at 11:36 a.m., medical director (MD)-A stated he did not prescribe R2's Oxycodone or Suboxone orders but stated some resident's don't like taking both of the medications together or within two hours of each other because it wouldn't provide as much pain relief. During an interview on 12/8/25 at 11:56 a.m., nurse practitioner (NP)-A stated she had prescribed R2's Suboxone and Oxycodone on 10/9/25 that had the instructions to separate the Oxycodone doses by four hours and to separate the Oxycodone from the Suboxone by a minimum of two hours. NP-A stated she wrote these instructions because both medications are used for pain but if they are given within two hours of each other, they will cancel each other out that would lead the resident to have increased pain. During an interview on 12/8/25 at 12:22 p.m., NP-B stated she prescribed R2's Suboxone on 10/20/25. NP-B stated staff should have followed the Oxycodone orders. NP-B stated if the Oxycodone is given within two hours of the Suboxone, the medications would cancel each other hour. NP-B stated the reason R2 had the directions to separate the Oxycodone orders by a minimum of four hours and separate the Oxycodone and the Suboxone orders by a minimum of two hours was because R2 had complained of increased pain. NP-B stated staff should follow the directions of the medications. The facility's Identifying and Managing Medication Errors and Adverse Consequences F759, F760 policy last		21545				

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21545	Continued from page 31 revised on 4/1/2007 indicated a link for Omnicare Pharmacy's Medication-Related Errors policy. Omnicare Pharmacy's Medication-Related Errors policy dated 5/1/2010 indicated an administration error is described as a dose error which meant the facility administers to the resident a medication dose greater than or less than the among originally ordered. Another administration error included the administration time error which indicated the facility administers to the resident a medication dose greater than sixty minutes from its scheduled administration time or if the administration exceeds the time in relation to meals. Omnicare Pharmacy's Long-Term Care (LTC) Facility's Pharmacy Services and Procedures Manual dated 1/1/22 stated the facility should commence medication administration within sixty minutes before the designated times of administration and should be completed by sixty minutes after the designated times of administration. The facility's Medication Administration Times policy dated 2/2024 indicated an attached link for Omnicare Pharmacy's LTC Facility's Pharmacy Services and Procedures Manual. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.		21545				