DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 22, 2022

Administrator
Rochester East Health Services
501 Eighth Avenue Southeast
Rochester, MN 55904

RE: CCN: 245184
Cycle Start Date: February 24, 2022

Dear Administrator:

On March 21, 2022, we notified you a remedy was imposed. On April 6, 2022 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of April 5, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective April 5, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of March 4, 2022, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 9, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on April 5, 2022, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Electronically delivered
March 4, 2022

Administrator
Rochester East Health Services
501 Eighth Avenue Southeast
Rochester, MN 55904

RE: CCN: 245184
Cycle Start Date: February 24, 2022

Dear Administrator:

On February 24, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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:

Karen Aldinger, Unit Supervisor
St. Cloud A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: (320) 249-2805

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of 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 May 24, 2022 (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 August 24, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

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

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

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.
Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. BUILDING _____ B. WING _____	C 02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHESTER EAST HEALTH SERVICES	501 EIGHTH AVENUE SOUTHEAST ROCHESTER, MN 55904

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 2/23/22 and 2/24/22, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5184155C (MN81015, MN81021), with a deficiency cited at (F684). The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document	F 684	Resident 1 Currently has order for refresh	3/18/22

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

Electronically Signed | 03/14/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	Continued From page 1 review, the facility failed to clarify and implement physician orders, identify a change of condition, and monitor and assess symptoms following an eye injection procedure for 1 of 3 residents (R1) reviewed for change of condition. Findings include: R1's admission record printed 2/23/22, indicated R1 had diagnoses that included exudative age-related macular degeneration, bilateral, stage unspecified (a progressive eye disease that affects the macula or central part retina. This causes the eye to develop leaky blood vessels behind the eye that affects what can be seen is straight in front.) R1's change of condition Minimum Data Set (MDS) dated 1/13/22, indicated R1 had a brief interview for mental status (BIMS) score of 12 indicating moderate cognitive impairment. R1 had clear speech and could understand others and be understood. R1's MDS also indicated he displayed no behaviors or rejection of cares. R1 current care plan dated 11/16/19, indicated R1 had an alteration in visual acuity due to macular degeneration. Care planned interventions included attempt to keep frequently used items within easy reach; provide activities of daily living (ADL) assistance; refer to optometry as necessary; report any signs or symptoms of infection such drainage, redness, complaints of itching, pain etc.; and report eye pain or decrease in vision. R1's current physicians orders dated 1/26/22, included: Carboxymethylcellulose (Refresh Plus) 0.5% ophthalmic solution. Directions included:	F 684	eye drops one drop, both eyes every 4 hours while awake. During interview with R1 on 2/24/2022 R1 stated that staff would not give him his eye drops the night before until between 7:00 and 8:00 p.m. R1 had been given eye drops at 4:00 p.m. On 02/25/2022 an order for an additional one drop in both eyes three times daily as needed was added. This will ensure resident can have his eye drops prior to going to bed. Physician review of current medications was completed for R1. Resident's care plan was reviewed and revised by Director of Nursing. A review of physician notes or after visit summaries for the previous 30 days of all residents that went outside of the center to see a provider or obtain a medical service were reviewed by Director of Clinical Services to verify that all orders were in place and that clarification was requested if needed. All residents with eye drop orders were audited and compared to physician order to verify accuracy. There were no other like residents identified. Health unit coordinator (HUC) will monitor all residents that go out of center to visit a provider or obtain a medical service and ensure that the center has received a physician note or after visit summary following the visit. The health unit coordinator will contact the office/department where the resident was seen if a progress note/after visit summary was not received, and document attempts to obtain for review.	

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F 684	Continued From page 2 Administer 1 drop into both eyes 4 (four) times a day as needed for dry eyes. Use both eyes, Increase use for left eye on the day of injection and day after injection. While R1's orders were listed as above, it was transcribed into R1's medication administration record (MAR) differently: Refresh Plus Solution 0.5% (Carboxymethylcellulose Sod PF) Instill 1 drop in both eyes as needed for dry eyes Four times a day, Keep in fridge. Start date of 1/26/22. R1's progress note dated 1/26/22, indicated to use chilled artificial tears every 1-2 hours on the day of injection and then as needed. Staff were to call for decreased vision, increased distortion, increased pain, new floaters, or flashing lights. R1's medication administration record (MAR) indicated R1 only received the artificial tears one time from 1/26/22, to 1/31/22. R1's medical record lacked evidence that R1 had a procedure for an injection into his left eye on 1/26/22. R1's medical record also lacked evidence of monitoring the eye for healing or signs of infection of the eye after an injection. R1's progress note dated 1/28/22, indicated a call was placed to the on-call ophthalmology provider regarding redness, swelling and "goopy" matter around R1's left eye. R1 denied pain but did complaint that it itched and was causing increased blurred vision. Family member (FM)-A was there and was able to upload a picture of R1's eye to the resident portal for the provider to see. The provider indicated they would like R1 to be seen. An appointment was made on 1/29/22, at 10:00 a.m. FM-A was aware and family would	F 684	The Director of Nursing or designee will perform this task if the Health Unit Coordinator is not available. Notes and after visit summaries will be reviewed for new orders or recommendations by RN (Registered Nurse) Manager or Director of Nursing and add initials to the bottom of the physician note or after visit summaries to indicate that this task has been completed. Clarification and/or request for orders will be completed as needed. RN Manager or Director of Nursing will also review and implement, if necessary, that warranted monitoring is in place for resident and that a progress note has been placed in resident's chart indicating the reason for the provider visit or medical service. The resident's care plan will also be updated at this time. Education was provided to the RN Managers and Director of Nursing by Director of Clinical Services on implementation of revised system of reviewing all progress notes or after visit summaries received, identifying if clarification is needed and reviewing order with provider as needed, initiating warranted monitoring after medical procedure, and documenting a summary of the visit in the resident's progress note. The education was completed on 03/01/2022. This education included review of risk to resident if care is not continued as directed from provider. Education was provided to the Health Unit Coordinator by the Director of Clinical Services on implementation of tracking	

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F 684	Continued From page 3 take R1 to the appointment. Artificial tears could be given, and warm compresses used in the meantime for relief until the appointment, R1's physician progress note dated 1/29/22, included the assessment/plan: On exam # Dry eye, both eyes. #Meibomian gland dysfunction. Included in the plan: Use preservative-free artificial tears (such as Refresh Plus) at least 4 times a day, more often as needed, both eyes. Use lubricating ointment nightly (such as Lacri-lube or GenTeal ointment), both eyes. Warm compress twice daily (BID) for 5-10 minutes each time with gentle eyelid massage. Clean crusting on eye lids as needed. R1's MAR was updated 1/29/22, to include Gen Teal Severe Gel 0.3%(Hypromellose) Instill 1 drop in both eyes at bedtime for for [sic] dry eye and blepharitis For dry eye and blepharitis. During an interview on 2/23/22, at 9:46 a.m. family member (FM)-A stated R1 had an injection in his left eye on 1/26/22. FM-A stated they dropped off physician paperwork that indicated R1 was to get eye drops every hour for the first twenty-four hours after the injection and then four times a day after that. FM-A stated R1 did not receive any of these eyedrops. FM-A stated they talked to R1 on the phone on 1/27/22, and again on 1/28/22; R1 had stated his eye was "irritating" him and "hurting" and he had not received any eye drops. However, when FM-B called the facility, the facility stated FM-A had never dropped off any paperwork following the injection appointment. FM-A stated the executive director then returned a call to them and stated when the paperwork was found the facility would follow the orders.	F 684	system to ensure that all progress notes or after visit summaries are received after a provider visit or medical service and provided to the RN Managers or Director of Nursing for review. This education included review of risk to resident if care is not continued as directed from provider. This education was completed on 02/24/2022. Nursing staff educated to obtain appointment envelope from resident/family and give appointment envelopes to Director of nursing or unit manager, after reading the information that was returned. After hours the nurses will contact the on-call nurse manager/director of nurses for assistance with new orders and review of after visit summary as appropriate and documenting a summary of the visit in the resident's progress note. All nurses were provided education and demonstrated competency by completing a post test on identifying and monitoring change in condition of residents and verifying that orders are received and processed accurately with clarification if needed. Education will be completed by March 18, 2022 prior to next scheduled shift. Director of nursing or designee will audit the review and tracking process of the after-visit summaries or progress notes, implementation of monitoring, presence of summary of progress notes in resident's record, and accuracy of order transcription. Audits will be completed 2 times per week for 12 weeks and findings	

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F 684	Continued From page 4 FM-A continued, stating on 1/28/22, at approximately 5:30 p.m. R1's eye looked "nasty". R1's eye had yellow stuff oozing out that was covering the whole left eye. FM-A stated R1's eye was pretty gross. FM-A stated she found a staff member and asked why R1 had not received any medical care that day as there was "clearly an infection in his eye". FM-A stated the staff member contacted a provider and the decision was made R1 could be seen at the clinic the next day (1/29/22). FM-A also stated FM-B took R1 to the 1/29/22, appointment and following the appointment handed the paperwork to trained medication assistant (TMA)-A. TMA-A then gave the paperwork to the licensed nurse on duty. According to FM-A, R1 was to have eyedrops at least 4 to 6 times a day, a gel to his eye at night before bed, daily warm compresses with warm wash cloth for 5 minutes followed by massaging the eyelid twice a day morning and at bedtime. FM-A stated these were not done. FM-A stated R1 told FM-A he was not getting the eyedrops after the appointment on 1/29/22. FM-A stated when she talked to the nurse behind the desk, they were told R1 had an "as needed" order for the eyedrops that were dated from 1/26/22, and was told there were no new orders and had nothing from the 1/29/22, appointment. On 2/23/22, at 4:03 the medical director stated when a doctor wrote an order, he expected the facility to check those orders for clarification if they were unclear. On 2/24/22, at 8:17 a.m. doctor of ophthalmology (ODM)-A stated she would tell every patient after	F 684	will be reviewed for further monitoring or additional interventions by QAPI (Quality Assurance and Performance Improvement) committee.	

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F 684	Continued From page 5	F 684		

their eye injections that they are going to have irritation and they should use artificial tears every one to two hours on the day of the injections to get ahead of the irritation. ODM-A stated she had given these recommendations to R1 as she did for all her patients. ODM-A also stated she completed the after-visit summary while the patient was at the appointment, and the summary was available after the visit for patient and the facility to access immediately.

During an observation and interview on 2/24/22, at 8:55 a.m. R1 was sitting in a wheelchair and his eye showed no signs or symptoms of infection. R1 stated he didn't get eye drops following his first injection and it was very painful. R1 stated the nurse last night wouldn't give him eye drops until between 7:00 and 8:00 p.m. and he usually didn't stay up that late. R1 stated the first time he got the injection he would ask staff for the eye drops but it wouldn't do any good. R1 stated they just wouldn't do anything for his eye. R1 stated it did swell a little bit, but it didn't hurt too bad.

On 2/24/22, at 9:02 a.m. licensed practical nurse (LPN)-A stated she had not received any direction to monitor for pain or infection following R1's eye injection. LPN-A stated if she did not see the paperwork come back with the resident following an appointment, she would not even know what had been done.

On 2/24/2022, at 9:12 a.m. registered nurse (RN)-A stated she was not aware of the injection that was completed on 1/26/22, to R1's left eye. RN-A reported that FM-A was very upset when she approached her on Friday, 1/28/22. According to RN-A, FM-A told her R1 had an

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F 684	Continued From page 6	F 684		

infection in his eye and needed to be seen by a doctor. FM-A also told RN-A that she had brought in the paperwork from the resident's appointment on Wednesday 1/26/22, and gave it to someone downstairs. RN-A stated she was unable to locate the paperwork and was unaware of the injection.

RN-A also stated the process was facility staff should make an envelope a week prior to an appointment; that was how they know an appointment was coming. Then when the resident returned from the appointment a progress note should be made that included what had been done and the status of the resident upon return. RN-A stated staff should be monitoring after a procedure for healing and infection. After R1's appointment, RN-A would have expected a progress note to say what to monitor for like signs and symptoms of infection and or pain. RN-A stated family member (FM)-B took R1 to an appointment on 1/29/22, and infection was ruled out and they wanted the facility to administer eye drops, warm compresses and to monitor. RN-A stated she would have expected staff to have identified the concerns with R1's eye and brought it to her attention before family involvement. RN-A stated she was not aware R1 had an injection in his eye and did not know the background at the time she was first approached by FM-A.

On 2/24/22, at 10:33 a.m. nurse consultant (NC)-A stated she would expect the facility to follow the orders and guidelines from the medical doctor if provided. NC-A stated she would expect facility staff to review the documents that came back with the resident and would expect them to obtain the visit summary if not provided. NC-A stated the facility did not follow up to ensure

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F 684	Continued From page 7 continuity of care following R1's provider visits. NC-A stated the risk of not doing this was R1 could have gotten an infection or had complications. NC-A stated the facility should have obtained the after-visit summary (AVS) after R1's visit to review for care needs, and to provide continuity of care. NC-A stated she would have expected monitoring to be implemented on the treatment sheets after review of the AVS or after clarifications have been completed if needed. Facility policy and procedures for clarification of physician orders and resident change of condition was requested but not provided.	F 684		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 4, 2022

Administrator
Rochester East Health Services
501 Eighth Avenue Southeast
Rochester, MN 55904

Re: Event ID: DIBX11

Dear Administrator:

The above facility survey was completed on February 24, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00953	A. BUILDING: _____ B. WING _____	C 02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHESTER EAST HEALTH SERVICES	501 EIGHTH AVENUE SOUTHEAST ROCHESTER, MN 55904

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	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 2/23/22 and 2/24/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaint was found to be	2 000		

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2 000	Continued From page 1 SUBSTANTIATED: H5184155C (MN81015, MN81021), however NO licensing orders were issued. The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		