



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
June 14, 2022

Administrator
Cedars At St Louis Park, A Villa Center
7900 West 28th Street
Saint Louis Park, MN 55426

RE: CCN: 245187
Cycle Start Date: April 26, 2022

Dear Administrator:

On June 1, 2022, 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
Minnesota Department of Health
Licensing and Certification Program
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 4, 2022

Administrator
Cedars At St Louis Park, A Villa Center
7900 West 28th Street
Saint Louis Park, MN 55426

RE: CCN: 245187
Cycle Start Date: April 26, 2022

Dear Administrator:

On April 26, 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.

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

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

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

DEPARTMENT CONTACT

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

Annette Winters, Rapid Response Unit Supervisor

Metro 1, Golden Rule Office

Licensing and Certification Program

Health Regulation Division

Minnesota Department of Health

85 East Seventh Place, Suite 220

P.O. Box 64900

Saint Paul, Minnesota 55164-0900

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

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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 July 26, 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 October 26, 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/ltr_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

Cedars At St Louis Park, A Villa Center

May 4, 2022

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specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Kamala Fiske-Downing".

Kamala Fiske-Downing

Minnesota Department of Health

Licensing and Certification Program

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us



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May 4, 2022

Administrator

Cedars At St Louis Park, A Villa Center
7900 West 28th Street
Saint Louis Park, MN 55426

Re: Event ID: PDKY11

Dear Administrator:

The above facility survey was completed on April 26, 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,

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

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/26/2022
NAME OF PROVIDER OR SUPPLIER CEDARS AT ST LOUIS PARK, A VILLA CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7900 WEST 28TH STREET SAINT LOUIS PARK, MN 55426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS On 4/25/22 & 4/26/22, 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 complaints were found to be UNSUBSTANTIATED, however related deficiencies were cited. H5187232C (MN82501), with a deficiency cited at F684. The following complaint was found to be SUBSTANTIATED: H5184233C (MN82220), however NO deficiencies were cited due to actions implemented by the facility prior to survey. 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	F 684		5/24/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/12/2022

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	<p>Continued From page 1</p> <p>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:</p> <p>Based on observation, interview and document review, the facility failed to transcribe and obtain clarification for oxygen orders for 3 of 3 residents (R3, R4, & R5) reviewed for oxygen use.</p> <p>Findings include:</p> <p>R3's admission Minimum Data Set (MDS) dated 4/18/22, noted R3 had mildly impaired cognition, required limited assistance with transfers and extensive assistance with dressing. The MDS noted R3 received special treatments; oxygen within the last 14 days and had diagnoses of chronic respiratory failure with hypoxia (low oxygen level in the blood), amputation of fingers on the right hand, and unsteady gait.</p> <p>R3's medication administration record (MAR) for April 2022 noted R3 had an order for oxygen at a rate of 3 liters per minute (LPM) continuous per nasal cannula (NC). The order was discontinued on 4/12/22.</p> <p>A progress note dated 4/12/22, noted R3 had returned from the hospital following partial amputation of fingers to his right hand. The note detailed vital signs (VS) that included R3's oxygen saturation (oxygen saturated in the blood) rate 95% on oxygen 3 LPM.</p> <p>A progress note dated 4/13/22, noted R3 was found sitting on the floor of his room and told staff</p>	F 684	<p>Facility process for order transcription and clarification was reviewed and remains current. R3 and R4's oxygen orders were transcribed and clarified as needed. R5 no longer resides at this facility.</p> <p>All residents who have orders for oxygen have the potential to be affected by this practice. Residents' oxygen orders are being transcribed and clarified timely.</p> <p>The facility has reviewed policies and procedures related to orders transcription, and the policies remain current.</p> <p>Staff who transcribe orders to be re-educated on order transcription and clarification process.</p> <p>Director of Nursing/designee will audit 5 random residents' oxygen orders per week to ensure residents' orders are transcribed timely and accurately. Results of the audits will be shared at QAPI. Audits will continue until discontinued by QAPI.</p>		

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F 684	<p>Continued From page 2</p> <p>he was attempting to ambulate to the bathroom. Staff assessed him and noted oxygen saturation 96% on 2 LPM.</p> <p>When interviewed on 4/25/22, at 12:16 p.m. R3 was observed wearing oxygen per NC and stated he thought it was set to 3 LPM.</p> <p>R4's admission MDS dated 4/14/22, noted R3 had intact cognition and required extensive assistance of two people with transfers, bed mobility and dressing. The MDS noted R4 received special treatments; oxygen within the last 14 days and had diagnoses of acute respiratory failure with hypoxia, unsteadiness on feet and dysphagia (difficulty swallowing).</p> <p>R4's MAR for April 2022 did not contain orders for oxygen, however, did have orders related to oxygen therapy such as changing oxygen tubing, rinsing air filters and for staff to use a flow sheet to document proof of necessity.</p> <p>A progress note dated 4/8/22, noted R4 was admitted to facility following hospital stay due to COVID pneumonia and was on 4 LPM of oxygen.</p> <p>A progress note dated 4/15/22, noted R4 had an order for 2 LPM oxygen and during a nursing assessment, the nurse noted R4's oxygen flow was at 4 LPM. The nurse documented R4 had been independently turning his oxygen flow up and his tank was empty due to more oxygen being used than should be.</p> <p>An observation on 4/25/22, at 1:32 p.m. noted R4 was in bed wearing oxygen per NC.</p> <p>R5's admission MDS dated 3/30/22, noted R5 was not able to answer questions related to</p>	F 684			

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F 684	<p>Continued From page 3</p> <p>cognition, she required extensive assistance of two for bed mobility, transfers and dressing. The MDS noted R4 received special treatments; oxygen, within the last 14 days and had diagnoses of encephalopathy (brain function is affected by conditions such as stroke, infection, etc.), muscle weakness and acute respiratory failure, unspecified with hypoxia or hypercapnia (excess carbon dioxide in the bloodstream).</p> <p>R5's MAR for April 2022 did not contain orders for oxygen or any oxygen therapy related orders. There were no progress notes since admission on 3/24/22, that identified the use of oxygen.</p> <p>When interviewed on 4/25/22, at 1:30 p.m. family member (FM)-A noted R5 was on oxygen and she thought the rate was 2 LPM, she stated R5 needed it while she ate and at bedtime. R5 was observed in bed, wearing oxygen per NC.</p> <p>When interviewed on 4/25/22, at 1:34 p.m. the nurse manager (NM) stated there she entered an oxygen order in R3's EMR that day. The NM opened a document uploaded on 4/12/22, in R3's electronic medical record (EMR) titled HCMC-Discharge Orders. The NM noted R3's order was listed in the document under his problem list that read "See D/C summary 6/5/2019. On 2 LPM O2", the document did not contain a physician signature. The order that was entered on 4/25/22, read "Ok for oxygen for hypoxia at 2L nasal cannula". During continuous interview, the NM noted that for R4, the oxygen order entry must have been missed when R4 was admitted and stated she knew he had an order for oxygen and knew for a fact that he was supposed to be on oxygen 2 LPM. The NM opened a document that was uploaded to R4's EMR on 4/8/22, titled</p>	F 684			

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F 684	<p>Continued From page 4</p> <p>Regency After Visit Summary. The NM noted R4's oxygen order was in the document and was listed under Respiratory Instruction; "pt [sik] on 2L NC". The NM then entered an order in R4's EMR that read "Ok for 2 liters nasal cannula for hypoxia". During continuous interview, the NM stated R5 had orders for oxygen and opened a document uploaded on 3/24/22, titled Regency-After Visit Summary. The NM noted that R5's oxygen order was listed under nursing instructions that read "NC 1 lpm", the NM then entered an order in R5's EMR that read "wean down/off oxygen supply O2 to maintain SpO2 >90% qSHIFT- ok to remove O2 from room once she remains off supply for 3 days. Ok for 1 liter oxygen via NC".</p> <p>When interviewed on 4/26/22, at 10:23 a.m. the director of nursing (DON) stated nurses and medical records staff transcribe orders into the resident EMR and it is double checked by another nurse before activating. The NM performs a triple check to be sure orders are entered accurately by checking the orders entered against the paper copy.</p> <p>When interviewed on 4/26/22, at 11: 10 a.m. licensed practical nurse (LPN)-A stated for R3 the document that contained oxygen information under a problem list was not an order, it was outdated and he would call the hospital for clarification if he had reviewed this document, he would not enter as an order into the EMR. LPN-A stated for R4 and R5, the information in the documents were not complete orders, they did not identify whether the resident needed the oxygen continuously or as needed.</p> <p>When interviewed on 4/26/22, at 11:43 a.m.</p>	F 684			

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F 684	<p>Continued From page 5</p> <p>LPN-B stated that for the documents related to oxygen for R3, R4 and R5, she would have to call the provider for clarification as the orders were incomplete and unclear.</p> <p>When interviewed on 4/26/22, at 11:58 a.m. registered nurse (RN)-A stated for the documents related to oxygen for R3, he would call the provider to clarify the order, it is unclear and needs to be checked. For R4, he would call the hospital if he caught it because it is not a complete order. For R5, he would call the provider to clarify the order because it isn't specific as to whether the oxygen should be continuous or as needed.</p> <p>When interviewed on 4/26/22, at 12:10 p.m. the DON stated she expected nurses to do some follow up on the hospital paperwork if they saw incomplete oxygen orders listed in a resident's paperwork from the hospital.</p> <p>A facility policy titled Medication Reconciliation Upon Admission dated 5/2017, noted that a facility nurse or pharmacist will compare a complete list of a resident's pre-admission/hospital discharge medications to the list of the physicians orders entered into the facility's clinical software.</p>	F 684			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2022
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NAME OF PROVIDER OR SUPPLIER CEDARS AT ST LOUIS PARK, A VILLA CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7900 WEST 28TH STREET SAINT LOUIS PARK, MN 55426
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 4/25/22 & 4/26/22, 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.</p> <p>The following complaint was found to be</p>	2 000		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/12/22
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>UNSUBSTANTIATED: H5187232C (MN82501) & H5184233C (MN82220).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>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.</p>	2 000		