



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 2, 2025

Administrator
The Villas At Bryn Mawr LLC
275 Penn Avenue North
Minneapolis, MN 55405

RE: CCN: 245203
Cycle Start Date: March 27, 2025

Dear Administrator:

On April 30, 2025, we notified you a remedy was imposed. On May 12, 2025 the Minnesota Departments of Health and Public Safety 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 29, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective June 27, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of April 30, 2025, 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 June 27, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on April 29, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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



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June 2, 2025

Administrator
The Villas At Bryn Mawr LLC
275 Penn Avenue North
Minneapolis, MN 55405

Re: Reinspection Results
Event ID: 7NYY12

Dear Administrator:

On May 12, 2025 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 April 15, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Melissa Poepping'.

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
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Protecting, Maintaining and Improving the Health of All Minnesotans

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April 30, 2025

Administrator
The Villas At Bryn Mawr LLC
275 Penn Avenue North
Minneapolis, MN 55405

RE: CCN: 245203
Cycle Start Date: March 27, 2025

Dear Administrator:

On April 9, 2025, we informed you that we may impose enforcement remedies.

On April 15, 2025, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found 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.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective June 27, 2025

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective June 27, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective June 27, 2025.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$13,343, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by June 27, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Villas At Bryn Mawr Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from June 27, 2025. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

DEPARTMENT CONTACT

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by September 27, 2025 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

The Villas At Bryn Mawr LLC

April 30, 2025

Page 5

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,



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



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Electronically delivered
April 30, 2025

Administrator
The Villas At Bryn Mawr LLC
275 Penn Avenue North
Minneapolis, MN 55405

Re: State Nursing Home Licensing Orders
Event ID: 7NYY11

Dear Administrator:

The above facility was surveyed on April 14, 2025 through April 15, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

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

The Villas At Bryn Mawr LLC

April 30, 2025

Page 2

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

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

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

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

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.



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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2025
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NAME OF PROVIDER OR SUPPLIER THE VILLAS AT BRYN MAWR LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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 4/14/25 through 4/15/25, 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 orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/30/25
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2025
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NAME OF PROVIDER OR SUPPLIER THE VILLAS AT BRYN MAWR LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405
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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaint was reviewed: H52032715C (MN112189) with a licensing order issued at 0940.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <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</p>	2 000		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2025
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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 940	<p>MN Rule 4658.0525 Subp. 9 Rehab - Hydration</p> <p>Subp. 9. Hydration. Residents must be offered and receive adequate water and other fluids to maintain proper hydration and health, unless fluids are restricted.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to implement admission physician's orders of daily weight checks for 1 of 1 resident (R1) who had a diagnosis of malnutrition and was alleged to have a significant weight loss.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 3/28/25, indicated R1 had moderate cognitive impairment, diagnosis of anemia, malnutrition, hip fracture, difficulty swallowing, cavities or missing teeth. R1's admission MDS further indicated a weight of 102 pounds (lbs.), a mechanical soft diet and four pressure ulcers, all present upon admission, with two identified as unstageable with deep tissue injury.</p> <p>R1's Care Plan dated 3/24/25, indicated R1 had actual alteration in nutrition, malnutrition related to acute hospital stay for edema with polysubstance</p>	2 940	corrected	4/29/25

Minnesota Department of Health

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2 940	<p>Continued From page 3</p> <p>abuse, poor nutrition history, past gastric bypass, and inadequate intakes. The care plan further indicated increased protein needs related to altered skin as evidence by multiple wounds. Staff were directed to monitor and record to medical doctor signs and symptoms of malnutrition, muscle wasting, significant weight loss greater than three pounds in one week, obtain weight per policy/order, provide and serve supplements per order and registered dietician (RD) to evaluate and make diet changes and recommendations as needed.</p> <p>R1's After Hospital Discharge orders dated 3/18/25, indicated R1 was to receive a two gram sodium diet, house nutritional supplement between meals three times per day, has heart failure, staff to listen to lung sounds daily, assess for peripheral edema daily, measure oxygen saturations, and daily weights in the morning. In addition, the discharge orders indicated R1 had wounds that needed care, and was on a diuretic for edema.</p> <p>R1's medical record lacked evidence of daily weights as ordered. R1's weights from admission on 3/18/25 to 4/03/25 were documented as indicated below: -3/18/25 weight of 101.4 lbs. (done with wheelchair) -3/19/25 weight of 101.5 lbs. (done with wheelchair) -4/03/25 weight of 101.1 lbs. (done with lift)</p> <p>Review of hospital Discharge Orders and Information Form dated 3/23/25, indicated R1 was seen for back pain, and had scoliosis. The report indicated during visit R1 had a weight of 94 lbs.</p>	2 940		

Minnesota Department of Health

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2 940	<p>Continued From page 4</p> <p>An ED (emergency department) to Hosp-Admission note dated 4/09/25, indicated R1's weight to be 77 lbs. (24.1 lb. weight loss from last weight at the facility on 4/03/25 of 101.1 lbs.)</p> <p>A RD note dated 3/19/25, indicated R1 received alternate magic cup, mighty shake nutritious juice three times a day (TID) 690 calories and twenty-one grams (g) protein a day. In addition, the RD acknowledged R1 received Lasix (diuretic), zinc, folic acid, and a prenatal tablet (dietary supplements). The RD further indicated R1 admitted to the facility after hospitalization for significant edema related to malnutrition due to substance abuse and had chronic wounds with increased protein needs for healing skin. RD reported R1 had oral intakes at 50-75% of meals and had difficulty swallowing due to missing teeth, adding R1 was offered and accepted a downgraded diet. RD further reported R1 indicated she had a good appetite and her ideal body weight was 90 lbs. with a current weight of 101.5 lbs.</p> <p>An additional RD note dated 3/25/25, indicated follow up wounds, R1 remains on 2-gram (g) sodium diet with thin liquids, weight on 3/19/25 was 101.5 (no new weight was obtained even though R1 was ordered to have daily weights). Oral intakes typically 50-100% of meals, occasionally 20-50% or meal refusal. Ongoing pressure wounds. Increased protein needs for healing skin, house supplement TID per orders for added 690 calories and 21 g of protein per day met with resident prior to breakfast, reviewed meals in facility and resident reports overall likes the food, reviewed menu with resident and alternatives, resident reported preference for lactose free milk. Discussed additional</p>	2 940		
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Minnesota Department of Health

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2 940	<p>Continued From page 5</p> <p>alternatives for added protein such as Pro-Stat (liquid protein drink) and resident agreed to try. RD to follow up as needed with any changes to meal intakes, skin, or weights. RD note lacked any direction for weight monitoring. This was the last RD note found in R1's medical record.</p> <p>During interview on 4/15/25 at 10:58 a.m., nursing assistant (NA)-A stated R1 ate in her room independently, and she would eat approximately 50% of her food and received a mechanical soft diet. NA-A stated R1 had missing teeth and did not notice any weight loss on her.</p> <p>During interview on 4/14/25 at 11:00 a.m., registered nurse (RN)-K from hospital stated R1 was sent to the hospital on 4/08/25 due to a fall at the nursing home, but had no injuries. RN-K stated R1 was placed on comfort care over the weekend due to sepsis from pressure ulcers and passed away on 4/14/25. RN-K stated R1 discharged from the hospital on 3/18/25, with a weight of 104 lbs. and when she arrived back at the hospital on 4/09/25 with a weight of 77 lbs. RN-K did state that was the only weight they had before her passing on 4/14/25, and she noticed a change in her condition with the weight loss and her increase in size of her pressure ulcers. In addition, RN-K stated she was able to see in the hospital records on 3/26/25, when R1 went to emergency department (ED) for back pain and her weight was documented at 94 lbs.</p> <p>During interview on 4/15/25 at 11:20 a.m., licensed practical nurse (LPN)-A stated R1 admitted with multiple wounds and received a mechanical soft diet and would eat but it did depend on how R1 felt. LPN-A stated he did not notice a weight loss on R1.</p>	2 940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2025
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NAME OF PROVIDER OR SUPPLIER THE VILLAS AT BRYN MAWR LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405
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2 940	<p>Continued From page 6</p> <p>During interview on 4/15/25 at 11:45 a.m., interim director of nursing (DON) stated R1 admitted to the facility so tiny and frail, and did not notice any size change in her, and looked the same size to her since her admission. In addition, the DON stated R1 always had snacks around her which she preferred to eat, and she loved her pillows around her. In addition, the DON stated staff did not put her orders in correctly to ensure her weights were taken daily. The DON stated the dietician is providing education today with staff on putting in orders correctly for daily weights.</p> <p>During interview on 4/15/25 at 1:15 p.m., wound care nurse practitioner (NP)-A stated she assessed R1's pressure ulcers weekly while she was at the facility. NP-A stated she noticed R1 was frail and recalled asking her to eat, and did not feel it would be possible to lose 24 lbs. in six days.</p> <p>During interview on 4/15/25 at 1:45 p.m., facility NP-B stated she last saw R1 at the facility on 3/24/25, and noted she was on Lasix for edema but had no documentation of significant edema. The NP stated R1 had orders for daily weights for her general nutrition and would want to be called within a week if there were a five lb. weight loss. NP-B stated she received no phone calls from the facility for a weight loss. The NP-B further stated she felt it would be impossible for R1 to lose 24 lbs. in five to six days. (time between her last weight at the facility of 101.1 lbs. and her weight at the hospital of 77 lbs.)</p> <p>Weight Policy dated 5/01/24, indicated it is the policy of Monarch Healthcare Management to obtain accurate weights and provide monitoring to ensure each resident's nutrition parameters are maintained within acceptable parameters to</p>	2 940		
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2 940	<p>Continued From page 7</p> <p>prevent avoidable decline in nutritional status, unless their clinical condition demonstrates that this is not possible. Policy Interpretation and Implementation.</p> <p>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.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	2 940		

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F 000	<p>INITIAL COMMENTS</p> <p>On 4/14/25 through 4/15/25, 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.</p> <p>The following complaint was reviewed H52032715C (MN112189), with a deficiency cited at F692.</p> <p>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.</p> <p>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.</p>	F 000		
F 692 SS=D	<p>Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)</p> <p>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition</p>	F 692		4/29/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/30/2025
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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 692	<p>Continued From page 1</p> <p>demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to implement admission physician's orders of daily weight checks for 1 of 1 resident (R1) who had a diagnosis of malnutrition and was alleged to have a significant weight loss.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 3/28/25, indicated R1 had moderate cognitive impairment, diagnosis of anemia, malnutrition, hip fracture, difficulty swallowing, cavities or missing teeth. R1's admission MDS further indicated a weight of 102 pounds (lbs.), a mechanical soft diet and four pressure ulcers, all present upon admission, with two identified as unstageable with deep tissue injury.</p> <p>R1's Care Plan dated 3/24/25, indicated R1 had actual alteration in nutrition, malnutrition related to acute hospital stay for edema with polysubstance abuse, poor nutrition history, past gastric bypass, and inadequate intakes. The care plan further indicated increased protein needs related to altered skin as evidence by multiple wounds. Staff were directed to monitor and record to medical doctor signs and symptoms of malnutrition, muscle wasting, significant weight</p>	F 692	<p>F692: Nutrition/Hydration Status Maintenance</p> <p>¿</p> <p>Immediate Corrective Action:¿</p> <p>Resident was discharged.</p> <p>¿</p> <p>Corrective Action as it applies to others:¿</p> <p>Whole house audit completed for daily weights and orders updated.</p> <p>Whole house audit completed to ensure weights ordered entered correctly.</p> <p>Education to staff regarding daily weights and how to enter daily weights with the supplementary documentation in PCC.</p> <p>¿</p> <p>Recurrence will be prevented by:¿</p> <p>Audit all daily weights weekly x4 weeks</p>	

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F 692	<p>Continued From page 2</p> <p>loss greater than three pounds in one week, obtain weight per policy/order, provide and serve supplements per order and registered dietician (RD) to evaluate and make diet changes and recommendations as needed.</p> <p>R1's After Hospital Discharge orders dated 3/18/25, indicated R1 was to receive a two gram sodium diet, house nutritional supplement between meals three times per day, has heart failure, staff to listen to lung sounds daily, assess for peripheral edema daily, measure oxygen saturations, and daily weights in the morning. In addition, the discharge orders indicated R1 had wounds that needed care, and was on a diuretic for edema.</p> <p>R1's medical record lacked evidence of daily weights as ordered. R1's weights from admission on 3/18/25 to 4/03/25 were documented as indicated below: -3/18/25 weight of 101.4 lbs. (done with wheelchair) -3/19/25 weight of 101.5 lbs. (done with wheelchair) -4/03/25 weight of 101.1 lbs. (done with lift)</p> <p>Review of hospital Discharge Orders and Information Form dated 3/23/25, indicated R1 was seen for back pain, and had scoliosis. The report indicated during visit R1 had a weight of 94 lbs.</p> <p>An ED (emergency department) to Hosp-Admission note dated 4/09/25, indicated R1's weight to be 77 lbs. (24.1 lb. weight loss from last weight at the facility on 4/03/25 of 101.1 lbs.)</p>	F 692	<p>Audit all new admits and readmissions' weight orders weekly x4 weeks to ensure weight order is entered and transcribed correctly.</p> <p>The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.¿</p> <p>¿</p> <p>Corrections will be monitored by:¿</p> <p>Administrator/designee¿ and/or DON/designee</p> <p>Date of Compliance:¿</p> <p>¿4/29/25</p>	

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F 692	<p>Continued From page 3</p> <p>A RD note dated 3/19/25, indicated R1 received alternate magic cup, mighty shake nutritious juice three times a day (TID) 690 calories and twenty-one grams (g) protein a day. In addition, the RD acknowledged R1 received Lasix (diuretic), zinc, folic acid, and a prenatal tablet (dietary supplements). The RD further indicated R1 admitted to the facility after hospitalization for significant edema related to malnutrition due to substance abuse and had chronic wounds with increased protein needs for healing skin. RD reported R1 had oral intakes at 50-75% of meals and had difficulty swallowing due to missing teeth, adding R1 was offered and accepted a downgraded diet. RD further reported R1 indicated she had a good appetite and her ideal body weight was 90 lbs. with a current weight of 101.5 lbs.</p> <p>An additional RD note dated 3/25/25, indicated follow up wounds, R1 remains on 2-gram (g) sodium diet with thin liquids, weight on 3/19/25 was 101.5 (no new weight was obtained even though R1 was ordered to have daily weights). Oral intakes typically 50-100% of meals, occasionally 20-50% or meal refusal. Ongoing pressure wounds. Increased protein needs for healing skin, house supplement TID per orders for added 690 calories and 21 g of protein per day met with resident prior to breakfast, reviewed meals in facility and resident reports overall likes the food, reviewed menu with resident and alternatives, resident reported preference for lactose free milk. Discussed additional alternatives for added protein such as Pro-Stat (liquid protein drink) and resident agreed to try. RD to follow up as needed with any changes to meal intakes, skin, or weights. RD note lacked any direction for weight monitoring. This was the</p>	F 692		

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F 692	<p>Continued From page 4</p> <p>last RD note found in R1's medical record.</p> <p>During interview on 4/15/25 at 10:58 a.m., nursing assistant (NA)-A stated R1 ate in her room independently, and she would eat approximately 50% of her food and received a mechanical soft diet. NA-A stated R1 had missing teeth and did not notice any weight loss on her.</p> <p>During interview on 4/14/25 at 11:00 a.m., registered nurse (RN)-K from hospital stated R1 was sent to the hospital on 4/08/25 due to a fall at the nursing home, but had no injuries. RN-K stated R1 was placed on comfort care over the weekend due to sepsis from pressure ulcers and passed away on 4/14/25. RN-K stated R1 discharged from the hospital on 3/18/25, with a weight of 104 lbs. and when she arrived back at the hospital on 4/09/25 with a weight of 77 lbs. RN-K did state that was the only weight they had before her passing on 4/14/25, and she noticed a change in her condition with the weight loss and her increase in size of her pressure ulcers. In addition, RN-K stated she was able to see in the hospital records on 3/26/25, when R1 went to emergency department (ED) for back pain and her weight was documented at 94 lbs.</p> <p>During interview on 4/15/25 at 11:20 a.m., licensed practical nurse (LPN)-A stated R1 admitted with multiple wounds and received a mechanical soft diet and would eat but it did depend on how R1 felt. LPN-A stated he did not notice a weight loss on R1.</p> <p>During interview on 4/15/25 at 11:45 a.m., interim director of nursing (DON) stated R1 admitted to the facility so tiny and frail, and did not notice any size change in her, and looked the same size to</p>	F 692		

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F 692	<p>Continued From page 5</p> <p>her since her admission. In addition, the DON stated R1 always had snacks around her which she preferred to eat, and she loved her pillows around her. In addition, the DON stated staff did not put her orders in correctly to ensure her weights were taken daily. The DON stated the dietician is providing education today with staff on putting in orders correctly for daily weights.</p> <p>During interview on 4/15/25 at 1:15 p.m., wound care nurse practitioner (NP)-A stated she assessed R1's pressure ulcers weekly while she was at the facility. NP-A stated she noticed R1 was frail and recalled asking her to eat, and did not feel it would be possible to lose 24 lbs. in six days.</p> <p>During interview on 4/15/25 at 1:45 p.m., facility NP-B stated she last saw R1 at the facility on 3/24/25, and noted she was on Lasix for edema but had no documentation of significant edema. The NP stated R1 had orders for daily weights for her general nutrition and would want to be called within a week if there were a five lb. weight loss. NP-B stated she received no phone calls from the facility for a weight loss. The NP-B further stated she felt it would be impossible for R1 to lose 24 lbs. in five to six days. (time between her last weight at the facility of 101.1 lbs. and her weight at the hospital of 77 lbs.)</p> <p>Weight Policy dated 5/01/24, indicated it is the policy of Monarch Healthcare Management to obtain accurate weights and provide monitoring to ensure each resident's nutrition parameters are maintained within acceptable parameters to prevent avoidable decline in nutritional status, unless their clinical condition demonstrates that this is not possible. Policy Interpretation and</p>	F 692		

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