



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 24, 2025

Administrator
The Villas At Bryn Mawr LLC

275 PENN AVENUE NORTH
MINNEAPOLIS, MN 55405

RE: CCN: 245203
Cycle Start Date: September 11, 2025

Dear Administrator:

On September 11, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J),

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On September 6, 2025, the situation of immediate jeopardy to potential health and safety cited at F578 was removed.

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 listed below to the CMS location.

- **Civil money penalty, (42 CFR 488.430 through 488.444).**

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

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

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:

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

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

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245203	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER The Villas At Bryn Mawr LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH , MINNEAPOLIS, Minnesota, 55405	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS On 9/10/25-9/11/25, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was Reviewed H52033900C (2612020, 2611130) and a deficiency was issued at F578 at past non-compliance. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F0000		
F0578 SS = J	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.	F0578	"Past Noncompliance - no plan of correction required"	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0578 SS = J	<p>Continued from page 1</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow R1's Physician Orders for Life-Sustaining Treatment (POLST) do not attempt resuscitation (DNR), do not intubate (DNI), and to allow natural death for one of three residents (R1) reviewed for cardiopulmonary resuscitation (CPR). R1 was found unconscious in his room in his wheelchair and registered nurse (RN)-A and licensed practical nurse (LPN)-B initiated CPR when R1 requested DNR/DNI, allowing for natural death, potentially complicating R1's rights by unnecessary life-saving measures.</p> <p>The past noncompliance immediate jeopardy began on 9/6/25 when RN-A and LPN-B initiated CPR on R1, who's wishes were DNR/DNI. RN-G and Administrator-A were notified of the immediate jeopardy at 9:44 a.m. on 9/11/25. The immediate jeopardy was removed, and the deficient practice was corrected on 9/6/25, after the facility implemented a systemic plan to correct the deficient practice prior to the start of the survey, therefore, the IJ was issued at past non-compliance.</p> <p>Findings include:</p> <p>R1's admission record obtained on 9/10/25 indicated R1 was admitted to the facility on 5/7/25 with a primary diagnosis of acute respiratory failure with hypoxia. R1's additional diagnoses included chest pain, alcohol</p>	F0578		

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F0578 SS = J	<p>Continued from page 2 abuse, dependence on supplemental oxygen, and hypoxemia.</p> <p>R1's care plan dated 5/7/25 indicated staff would follow POLST guidelines.</p> <p>R1's POLST dated 8/8/25 indicated R1 was to receive resuscitation/CPR. R1 was to receive full treatment using intubation, advanced airway interventions, and mechanical ventilation as indicated. R1 was to be transferred to the hospital and/or intensive care unit if indicated. The treatment plan would include full treatment including life support measures in the intensive care unit.</p> <p>R1's POLST dated 9/5/25 indicated R1 was to not be resuscitated and to allow natural death. R1 was to have his pain and suffering controlled using any medication by any route, positioning, wound care, and other measures. R1 could receive oxygen, suction and manual treatment of airway obstruction as needed for comfort. R1 preferred no transfers to the hospital for life-sustaining treatments.</p> <p>R1's progress note dated 9/6/25 indicated RN-A saw R1 slumped in his wheelchair while doing 2:00 a.m. rounds, called R1's name but no response was given. RN-A checked R1's pulse, called a code blue, and emergency medical services (EMS) was called. CPR was initiated while waiting for paramedics. EMS arrived and requested R1's POLST which was dated 8/8/25 indicating full code treatment. RN-A then found R1's most recent POLST status and EMS stopped all CPR.</p> <p>During an interview on 9/10/25 at 11:11 a.m., RN-F stated she was alerted by NA-B that RN-A needed help in R1's room. RN-F went to R1's room and saw R1 slumped in his wheelchair and RN-A standing in the room. The crash cart and automated external defibrillator (AED). RN-A and RN-F lowered R1 to the floor. RN-F attempted to place the AED pads on R1, but they did not stick to him, so she went to get another set of AED pads. During this time, RN-F saw that EMS had arrived and RN-F directed them to R1's room. LPN-B was performing CPR when EMS arrived to R1's room. RN-A came back to RN-F and stated EMS was wanting to know R1's code status. RN-F checked the code status on the computer, and it stated DNR, but EMS stated they wanted a hard copy of the DNR. RN-F brought EMS the hard copy of the DNR/DNI</p>	F0578		

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F0578 SS = J	<p>Continued from page 3 order and EMS stopped CPR. RN-F stated she had assumed RN-A had already known R1's code status because she was R1's primary nurse.</p> <p>During an interview on 9/10/25 at 1:09 p.m., RN-A stated she went in R1's room to do her 2:00 a.m. rounds when she saw R1 in his room slumped in his wheelchair. RN-A checked R1's pulse and he had no pulse. RN-A called NA-B for help and instructed her to get RN-F and LPN-B. Once RN-F arrived, RN-A and RN-F got R1 off his wheelchair and onto the floor. RN-F applied the AED pad, but they were not sticky enough to use. NA-B called EMS. LPN-B arrived and initiated CPR. LPN-B became fatigued, and RN-A took over CPR. RN-F left to get a different set of AED pads and noted EMS had arrived. RN-F directed EMS to R1's room where LPN-B was performing CPR. EMS took over CPR. EMS asked for R1's current POLST. RN-A found a POLST from 8/8/25 which indicated R1 was to receive full code. EMS stated R1 was in the hospital recently and asked if his code status changed while in the hospital. RN-F looked on the computer system and noted that R1 was to receive DNR/DNI. RN-F told EMS that R1 was a DNR/DNI and EMS had stopped CPR and allowed natural death. RN-A stated she "freaked out" during the incident and she should have checked the code status prior to initiating CPR.</p> <p>During an interview on 9/10/25 at 1:36 p.m., RN-G stated she would expect that a nurse would check a resident's code status prior to initiating CPR. After RN-A and LPN-B completed CPR on R1, RN-G stated administrator-A and herself suspended RN-A and LPN-B pending the facility's investigation. Both RN-A and LPN-B received a final warning for not following a resident's care plan. RN-G stated administrator-A completed an audit on all resident's POLST's to ensure they matched what was in the resident's care plan and computer system.</p> <p>During an interview on 9/10/25 at 1:44 p.m., administrator-A stated after RN-A and LPN-B initiated CPR on R1 despite his DNR/DNI orders, the facility started an investigation. Administrator-A initiated education for all licensed nurses that included the definition of a code blue, what to do if a staff member round a resident unresponsive, how to page a code blue, how to respond to a code blue, what types of items need to be brought to a code blue, how to check a resident's POLST in the computer system, who can provide CPR, communication during and after a code blue, the crash cart, and CPR certification. The education was followed</p>	F0578		

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F0578 SS = J	<p>Continued from page 4 up by a quiz. This education was completed by 17 of 19 licensed nurses. The facility also completed an audit to ensure all licensed nurses had current basic life support (BLS) certifications. The facility completed a full audit to check resident's code statuses to ensure what they had in paper matched what was on the resident's care plan and the resident's profile in the computer system. The facility reviewed their CPR policy. The facility had completed CPR drills and code blue drills on all staff on all shifts. RN-A and LPN-B was provided a corrective action plan and further education about CPR and the process of a code blue. Administration completed full mock codes with RN-A and LPN-B. RN-A and LPN-B were suspended during this investigation.</p> <p>During an interview on 9/11/25 at 9:08 a.m., LPN-B stated she heard RN-A yelling for help. When she went to R1's room, RN-A and RN-F were in the room. RN-F had placed the AED pads. LPN-B stated she assumed RN-A or RN-F had already checked R1's code status. LPN-B stated she initiated CPR. Once EMS arrived, EMS took over performing CPR. LPN-B stated she did not check R1's code status because she thought RN-A and RN-F had already confirmed the code status.</p> <p>The facility's "Cardiopulmonary Resuscitation" policy revised on 12/2024 indicated CPR would not be initiated if the resident had a valid do not resuscitated order in place.</p> <p>The past non-compliance immediate jeopardy began on 9/6/25. The immediate jeopardy was removed and the deficient practice was corrected by 9/6/25, after the facility implemented a systemic plan that included education for all licensed nurses that included the definition of a code blue, what to do if a staff member round a resident unresponsive, how to page a code blue, how to respond to a code blue, what types of items need to be brought to a code blue, how to check a resident's POLST in the computer system, who can provide CPR, communication during and after a code blue, the crash cart, and CPR certification. The education was followed up by a quiz. The facility also completed an audit to ensure all licensed nurses had current basic life support (BLS) certifications. The facility completed a full audit to check resident's code statuses to ensure what they had in paper matched what was on the resident's care plan and the resident's profile in the computer system. The facility reviewed their CPR policy. The facility had completed CPR drills and code</p>	F0578		

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F0578 SS = J	Continued from page 5 blue drills on all staff on all shifts. RN-A and LPN-B were provided a corrective action plan and further education about CPR and the process of a code blue. Administration completed full mock codes with RN-A and LPN-B. RN-A and LPN-B were suspended during this investigation.	F0578		



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Electronically delivered

September 24, 2025

Administrator

The Villas At Bryn Mawr LLC
275 PENN AVENUE NORTH
MINNEAPOLIS, MN 55405

Re: Event ID: 1D6525-H1

Dear Administrator:

The above facility survey was completed on September 11, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted 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, 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

Minnesota State Department of Health

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20000	<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:</p> <p>On 9/10/25 through 9/11/25, a complaint survey was conduct at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure.</p> <p>The following complaints were reviewed during the survey. H52033900C (2612020, 2611130)</p>	20000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota State Department of Health

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20000	Continued from page 1 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 acknowledged receipt of the electronic documents.	20000		