



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

June 12, 2024

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

RE: CCN: 245203  
Cycle Start Date: June 6, 2024

Dear Administrator:

On June 6, 2024, 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.

We are pleased to inform you that this survey resulted in no deficiencies being issued.

The CMS-2567 is being electronically delivered.

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](mailto:Melissa.Poepping@state.mn.us)

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

PRINTED: 06/12/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/06/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS AT BRYN MAWR LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>275 PENN AVENUE NORTH</b> <b>MINNEAPOLIS, MN 55405</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>On 6/6/24, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H52034262C (MN103828) &amp; H52034260C (MN103770)</p> <p>The facility is enrolled in ePOC, therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents.</p>	F 000			

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

TITLE

(X6) DATE

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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Electronically delivered  
June 12, 2024

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

Re: State Nursing Home Licensing Orders  
Event ID: P9IJ11

Dear Administrator:

The above facility was surveyed on June 6, 2024 through June 6, 2024 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](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

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

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

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

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

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

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



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](mailto:Melissa.Poepping@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/06/2024</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></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><b>INITIAL COMMENTS:</b> On 6/6/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed with no deficiency issued. H52034262C (MN103828)</p> <p>The following complaints were reviewed. H52034260C (MN103770) with a licensing order issued at 1625.</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 <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a> 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</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2  be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.  PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
21625	MN Rule 4658.1350 Subp. 1 Disposition of Medications; On Discharge  Subpart 1. Drugs given to discharged residents. Current medications, except controlled substances listed in Minnesota Statutes, section 152.02, subdivision 3, belonging to a resident must be given to the resident, or the resident's legal guardian or designated representative, when discharged or transferred and must be recorded on the clinical record.  This MN Requirement is not met as evidenced by: Based on interview and record review the facility failed to release medications to a resident (R2) or his designated representative when R2 chose to discharge against medical advice.  Finds include:  R2's admission Minimum Data Set (MDS) dated 4/5/24 indicated R2 had a Brief Interview for Mental Status (BIMs) score of 8 indicated R2 was cognitively impaired. R2 was independent with activities of daily living. R2's diagnoses were	21625		

Minnesota Department of Health

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21625	<p>Continued From page 3</p> <p>metabolic encephalopathy (a series of neurological disorders), alcohol dependence with withdrawal, acute respiratory failure, other psychoactive substance abuse, borderline personality disorder (a mental disorder characterized by unstable moods, behavior, and relationships), schizoaffective disorder (combination of schizophrenia and mood disorder).</p> <p>R1's physician orders dated 4/5/24 medication list included:                      Amlodipine Besylate 5 milligrams (mg) 1 tab daily (for heart failure)                      Cholecalciferol 1000 unit give 2000 units daily (for vitamin D deficiency)                      Fluoxetine HCl 20 mg give 40 mg daily (for depression and anxiety)                      Folic Acid 1 mg daily (for alcohol use disorder)                      Lisinopril 20 mg daily (for heart failure)                      Metoprolol Succinate ER 25 mg give 12.5 mg daily (for heart failure)                      Protonix tablet 40 mg daily (for acid reflux)                      Risperidone 3 mg along with a 6 mg tablet at bedtime (for schizoaffective disorder)                      Spirolactone 25 mg give 12.5 mg daily (for heart failure)                      Vyvanse 50 mg daily (for attention deficit disorder)                      Lyrica 150 mg 150 mg twice daily (for pain)                      Fluradoline 100 mg twice daily (for irritable bowel syndrome)                      Acamprosate Calcium 333 mg give 666 mg three times daily (severe alcohol use disorder)                      Gabapentin 300 mg as needed every 12 hours (for pain)                      Nicotine Polacrilex Gum 4 mg give 1 gum every hour as needed (tobacco use)</p> <p>R1's nursing progress note dated 5/17/24 at 8:30</p>	21625		

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21625	<p>Continued From page 4</p> <p>p.m. indicated R2 along with female friend and a police officer arrived on the unit. R2 informed the writer that he was leaving, and the officer said he is not on any commitment therefor he can leave. The writer explained the discharging against medication advice (AMA) process and the resident along with his friend agreed to sign the AMA form.</p> <p>R1's nursing process note dated 5/7/24 9:00 p.m. indicated a voicemail was left for R2's primary care provider (PCP) about R2 signing out AMA.</p> <p>The facility Leave of Absence and Discharging Against Medical Advice Process and Acknowledgement Form signed by R2 and his girlfriend 5/17/24 indicated:</p> <ol style="list-style-type: none"> <li>1.You and/or your responsible part must inform the nursing staff, social services and/or the administration that you indent to discharge AMA.</li> <li>2.You and/or your responsible party must meet with the appropriate staff person to review and sign the Release from Responsibility for Discharge AMA. The worker/designee, floor nurse, nursing manager, or any member of the facility leadership team are considered appropriate staff to deliver this form to.</li> <li>3.After you leave the facility AMA, we will contact Adult Protection Services and the appropriate State Agency to report you as a vulnerable adult discharging AMA. Either facility may follow-up with you in the community.</li> </ol> <p>The form did not indicate instructions for residents' medications upon an AMA discharge.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary,</p>	21625		
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21625	Continued From page 5  educated staff on revisions, and monitor to ensure compliance.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21625		

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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></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><b>INITIAL COMMENTS:</b> On 6/6/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>06/22/24</b>
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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed with no deficiency issued. H52034262C (MN103828)</p> <p>The following complaints were reviewed. H52034260C (MN103770) with a licensing order issued at 1625.</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 <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a> 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</p>	2 000		

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21625	MN Rule 4658.1350 Subp. 1 Disposition of Medications; On Discharge  Subpart 1. Drugs given to discharged residents. Current medications, except controlled substances listed in Minnesota Statutes, section 152.02, subdivision 3, belonging to a resident must be given to the resident, or the resident's legal guardian or designated representative, when discharged or transferred and must be recorded on the clinical record.  This MN Requirement is not met as evidenced by: Based on interview and record review the facility failed to release medications to a resident (R2) or his designated representative when R2 chose to discharge against medical advice.  Finds include:  R2's admission Minimum Data Set (MDS) dated 4/5/24 indicated R2 had a Brief Interview for Mental Status (BIMs) score of 8 indicated R2 was cognitively impaired. R2 was independent with activities of daily living. R2's diagnoses were	21625	corrected	6/22/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/06/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS AT BRYN MAWR LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405</b>
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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
21625	<p>Continued From page 3</p> <p>metabolic encephalopathy (a series of neurological disorders), alcohol dependence with withdrawal, acute respiratory failure, other psychoactive substance abuse, borderline personality disorder (a mental disorder characterized by unstable moods, behavior, and relationships), schizoaffective disorder (combination of schizophrenia and mood disorder).</p> <p>R1's physician orders dated 4/5/24 medication list included:                      Amlodipine Besylate 5 milligrams (mg) 1 tab daily (for heart failure)                      Cholecalciferol 1000 unit give 2000 units daily (for vitamin D deficiency)                      Fluoxetine HCl 20 mg give 40 mg daily (for depression and anxiety)                      Folic Acid 1 mg daily (for alcohol use disorder)                      Lisinopril 20 mg daily (for heart failure)                      Metoprolol Succinate ER 25 mg give 12.5 mg daily (for heart failure)                      Protonix tablet 40 mg daily (for acid reflux)                      Risperidone 3 mg along with a 6 mg tablet at bedtime (for schizoaffective disorder)                      Spirolactone 25 mg give 12.5 mg daily (for heart failure)                      Vyvanse 50 mg daily (for attention deficit disorder)                      Lyrica 150 mg 150 mg twice daily (for pain)                      Fluradoline 100 mg twice daily (for irritable bowel syndrome)                      Acamprosate Calcium 333 mg give 666 mg three times daily (severe alcohol use disorder)                      Gabapentin 300 mg as needed every 12 hours (for pain)                      Nicotine Polacrilex Gum 4 mg give 1 gum every hour as needed (tobacco use)</p> <p>R1's nursing progress note dated 5/17/24 at 8:30</p>	21625		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/06/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS AT BRYN MAWR LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405</b>
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21625	<p>Continued From page 4</p> <p>p.m. indicated R2 along with female friend and a police officer arrived on the unit. R2 informed the writer that he was leaving, and the officer said he is not on any commitment therefor he can leave. The writer explained the discharging against medication advice (AMA) process and the resident along with his friend agreed to sign the AMA form.</p> <p>R1's nursing process note dated 5/7/24 9:00 p.m. indicated a voicemail was left for R2's primary care provider (PCP) about R2 signing out AMA.</p> <p>The facility Leave of Absence and Discharging Against Medical Advice Process and Acknowledgement Form signed by R2 and his girlfriend 5/17/24 indicated:</p> <ol style="list-style-type: none"> <li>1.You and/or your responsible part must inform the nursing staff, social services and/or the administration that you indent to discharge AMA.</li> <li>2.You and/or your responsible party must meet with the appropriate staff person to review and sign the Release from Responsibility for Discharge AMA. The worker/designee, floor nurse, nursing manager, or any member of the facility leadership team are considered appropriate staff to deliver this form to.</li> <li>3.After you leave the facility AMA, we will contact Adult Protection Services and the appropriate State Agency to report you as a vulnerable adult discharging AMA. Either facility may follow-up with you in the community.</li> </ol> <p>The form did not indicate instructions for residents' medications upon an AMA discharge.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary,</p>	21625		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/06/2024</b>
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21625	Continued From page 5  educated staff on revisions, and monitor to ensure compliance.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21625		