



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
April 24, 2025

Administrator
The Estates At Chateau LLC
2106 Second Avenue South
Minneapolis, MN 55404

RE: CCN: 245222
Cycle Start Date: March 13, 2025

Dear Administrator:

On April 18, 2025, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 24, 2025

Administrator
The Estates At Chateau LLC
2106 Second Avenue South
Minneapolis, MN 55404

RE: CCN: 245222
Cycle Start Date: March 13, 2025

Dear Administrator:

On March 13, 2025, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

The Estates At Chateau LLC

March 24, 2025

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

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

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

DEPARTMENT CONTACT

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

Annette Winters, 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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by June 13, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 13, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

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>

The Estates At Chateau LLC

March 24, 2025

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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,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

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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March 24, 2025

Administrator
The Estates At Chateau LLC
2106 Second Avenue South
Minneapolis, MN 55404

Re: Event ID: QZ8C11

Dear Administrator:

The above facility survey was completed on March 13, 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 Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2025
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NAME OF PROVIDER OR SUPPLIER THE ESTATES AT CHATEAU LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2106 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55404
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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 3/11/25 through 3/13/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed: H52228142C (MN00110790), H52228441C</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

03/31/25

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2025
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2 000	<p>Continued From page 1</p> <p>(MN00110918), H52221002C (MN00111422), H52221003C (MN00110433). NO licensing orders were issued.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		

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

PRINTED: 04/08/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2025
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F 000	<p>INITIAL COMMENTS</p> <p>On 3/11/25 through 3/13/25, 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 complaints were reviewed: H52228142C (MN00110790), with a deficiency cited at F740 H52228441C (MN00110918) H52221002C (MN00111422) H52221003C (MN00110433)</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 740 SS=D	<p>Behavioral Health Services CFR(s): 483.40</p> <p>§483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not</p>	F 740		4/14/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/31/2025
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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 740	<p>Continued From page 1</p> <p>limited to, the prevention and treatment of mental and substance use disorders.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review, the facility failed to follow policy of removing alcohol from residents' room and analyze underlying causes of resident increased aggression for 1 of 1 resident (R3) reviewed for behavioral health when R3 had continued alcohol intoxication with increased behaviors.</p> <p>Findings include:</p> <p>R3's quarterly Minimum Data Set (MDS) dated 2/6/25 indicated no cognitive impairment however behaviors of physical behaviors toward others and rejects cares was identified. R3 activities of daily living indicated R3 was independent with mobility, dressing, transfers, eating and toileting. Medical diagnoses were alcohol dependence, alcohol abuse with intoxication, cocaine dependence, major depressive disorder.</p> <p>R3's Care Area Assessments (CAA) dated 8/20/24, triggered behavioral psychosocial wellbeing which indicated verbal behavioral symptoms directed toward others by threatening others, screaming at others, cursing at others.</p> <p>R3's care plan print dated 3/14/25, indicated R3 had a history of substance abuse of alcohol and cocaine. R3 will go into the community and drink with a friend. R3 had long history of drinking and no interest in treatment. R3 will have episodes of yelling and shouting when returning from leave of absence and intoxicated. Substance was found in residents' bathroom and had a resident-to-resident altercation while under the</p>	F 740	<p>F740 – Behavioral Health Services</p> <p>Immediate Corrective Action: ;</p> <p>Room search was completed for the R3. R3 care plan was reviewed and revised including adding intervention to remove alcohol/harmful substances if observed, and to complete room searches per policy.</p> <p>Corrective Action as it applies to others: ;</p> <p>A full house audit was completed to identify other residents that are known to have current or hx of alcohol/substance abuse. Their care plans were reviewed and revised to include removing alcohol/harmful substances if observed, and to complete room searches per policy.</p> <p>Room Searches for Safety Concerns/Violations Policy was reviewed and no changes needed.</p> <p>Began education with all Staff regarding</p>	

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F 740	<p>Continued From page 2</p> <p>influence. The goal was for R3 to have a decrease in substance use and decrease in behaviors at the facility. The care plan identified interventions to hold all mood altering or all sedative medications when alcohol, illegal drugs and/or marijuana is suspected, monitor R3 for intoxication or impairment, offer community resources, notify provider of substance use while at facility, educate on substance abuse policy, R3 offered chemical dependency treatment but declined the program, R3 seen by psych services and updated with altercations, offer harm reduction approach regarding alcohol use and R3 had declined, speak with R3 using calm quiet tones to help deescalate yelling and shouting, staff to monitor and check vitals of R3 if under the influence of a substance and update nurse practitioner and/or medical doctor.</p> <p>A progress note dated 2/16/25 at 2:01 a.m., indicated R3 was combative with two other residents. The police were called and spoke with R3. Few minutes after the police had left, R3 started again. Police returned for the second time and took R3 to the hospital. Assessment was done with the residents who were attacked for health and safety.</p> <p>A progress note dated 2/17/25 at 10:41 a.m. indicated R3 was interviewed and reported the weekend was bad. R3 reported she did not remember being combative to other residents and admits to drinking but declined treatment. R3 stated she does not know what to do on the weekends and then starts having negative thoughts, which leads to alcohol use. Therapeutic recreation would be asked to put activities in R3 room for the weekend and R3 was open to this idea.</p>	F 740	<p>Room Searches for Safety Concerns/Violations Policy including staff to confiscate items or substances that pose risks to residents' health and safety that are in plain view. And, that immediate measures may be put in place to assure the safety of those in the facility which may include searches of the room any time the resident receives visitors or returns to the facility from a leave of absence, need for subsequent room searches if ongoing compliance is an issue.</p> <p>Date of Compliance: ζ 4/14/2025</p> <p>Recurrence will be prevented by: ζ</p> <p>Staff education quizzes will be completed. 5 staff quizzes completed per week x4 weeks.</p> <p>Will audit business days x 4 weeks by reading progress notes to identify if residents were intoxicated. If so, were any visible substances removed, and room searches completed.</p> <p>The results of the audits will be shared</p>	

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F 740	<p>Continued From page 3</p> <p>A progress note dated 3/3/25 at 11:10 a.m., indicated R3 was having behaviors toward roommate and relocation worker who were packing up roommate's belongings for moving. Staff spoke with R3 who was animated but agreed to stay in her part of the room.</p> <p>A progress note dated 3/3/25 at 5:21 p.m., R3 had behaviors of throwing items in room and throwing some of roommate's items. R3 was also reported throwing trash, 911 called. Roommate was out of the room. Since R3 declined hospitalization earlier today, IDT discussed and moved R3 to a different floor until roommate discharge. Police talked to R3 about hospitalization, and it was declined. Later in the shift R3 returned to floor two and behavioral crisis was called and were coming to talk with R3.</p> <p>A progress note dated 3/11/25 at 11:41 p.m., indicated R3 was involved in a res to res with a peer. R3 was the perpetrator.</p> <p>A progress note dated 3/12/15 at 4:56 p.m. indicated social service went to see R3 for assessment and R3 was laying in her bed. A bottle of alcohol was visible and social service asked R3 about it and if it could be taken away. R3 declined. Social service asked R3 if she would be interested in a harm reduction approach, where an order would be sought from the provider to have a drink at night, instead of R3 having a large amount of alcohol. R3 declined this approach. TMA, floor nurse and nursing leadership updated on R3 having alcohol in her room.</p> <p>Observation on 3/11/25 at 4:32 p.m. R3 on</p>	F 740	with the facility QAPI committee for input on the need to increase, decrease or discontinue the audit.¿	

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F 740	<p>Continued From page 4</p> <p>elevator holding a tray with a plate of salad all over the tray and plate. R3 yelling on the elevator, slurred speech, and repeating statements. R3 left elevator and went to kitchen, yelling at staff stated, "you work for me" and demanded another salad. R3 then further yelled at other residents in the dining room while waiting for another salad. Observations of R3 room on 3/13/25 with R3 present was observed to have no alcohol bottles in areas R3 allowed for observations. R3 declined to have a suite case under her bed to be opened.</p> <p>During an interview on 3/12/25 at 1:15 0 p.m., licensed practical nurse (LPN)-A stated R3 would become intoxicated at the facility and in the community. LPN-A stated R3 was in an altercation with two other residents and R3 was intoxicated during the altercation but there were no injuries. LPN-A stated alcohol can only be removed if a resident gives permission.</p> <p>During an interview on 3/12/25 at 2:15 p.m., assistant director of nursing (ADON) stated when R3 was intoxicated staff were to assess R3 safety and what substance R3 had used, check R3 room and ask if the substance and/or alcohol could be removed if found. ADON stated "we cannot take away alcohol forcibly, R3 has to give permission".</p> <p>During an interview on 3/12/25 at 4:10 p.m., nursing assistant (NA)-A stated R3 would have alcohol in her room and staff were instructed to ask R3 to remove the alcohol.</p> <p>During an interview on 3/13/25 at 9:23 a.m., director of social service (DSS) stated R3 had a long history of alcohol abuse and continued to use while at the facility. DSS stated R3 would go</p>	F 740		

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F 740	<p>Continued From page 5</p> <p>out into the community and drink and would come back with alcohol in her possession; "we discourage" R3 having alcohol but it could not be taken away unless R3 agreed. DSS explained staff were to assess R3 when intoxicated and increase checks, encourage R3 to rest, drink fluids and to keep R3 and other residents safe. DSS stated R3 behavior had changed the past month to becoming physically and verbally aggressive with staff and other residents and it was unknown why the behaviors had increased. DSS stated she had seen an alcohol bottle in R3 bed while completing an assessment, DSS asked to remove the bottle and R3 declined, and it was not removed "we can't take it away if they won't let us, it's their right and their property".</p> <p>During an interview on 3/13/25 at 9:56 a.m., social service designee (SSD) stated staff cannot search a resident's room unless the resident gave permission, it was their right to refuse a search or removal of alcohol.</p> <p>During an interview on 3/13/25 at 12:15 p.m., R3 stated she did not have any alcohol in her room and felt safe at the facility. R3 became upset during interview when addressing drinking alcohol and stated "why would you ask me that" I have not hurt anyone when I drink. R3 stated "it's my right if I want to drink"; R3 then requested to end interview.</p> <p>During an interview on 3/13/25 at 12:24 p.m. nursing assistant (NA)-B stated when R3 was intoxicated staff were to check on her every 15 minutes, take vitals and update R3 physician. NA-B stated when seeing alcohol in R3 room it would be asked to remove it but if R3 declined we cannot remove it unless we have R3 permission.</p>	F 740		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2025
NAME OF PROVIDER OR SUPPLIER THE ESTATES AT CHATEAU LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2106 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55404		
(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 740	<p>Continued From page 6</p> <p>During an interview on 3/13/25 at 12:37 p.m., administrator stated R3 had been a resident at the facility since August 2024 and had been in and out of sobriety. Administrator stated R3 would walk to the liquor store or have her friends get her alcohol, R3 would bring back bottled of alcohol and be in her purse or come back to the facility intoxicated. Staff were to ask R3 to take the alcohol or search her room, R3 would have to be willing to give up the alcohol. Administrator stated the aggression is new behavior for R3 and a root cause had not been assessed. Administrator reviewed facility policy for room searches and verified the facility was not protecting the residents when R3 was aggressive by not removing alcohol that was visible, facility policy was not followed.</p> <p>Facility policy titled "Room Searches for Safety Concerns/Violations" revised date 10/22, indicated if facility staff identify items or substances that pose risks to residents' health and safety and are in plain view, they may confiscate them. If necessary, immediate measures may be put in place to assure the safety of those in the facility. These include but not limited to searches of the room any time the resident receives visitors or returns to the facility from a leave of absence, need for subsequent room searches if ongoing compliance is an issue, discussion for alternative placement and notice of involuntary discharge may be initiated.</p>	F 740		