



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

Electronically delivered  
January 27, 2022

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

RE: CCN: 245222  
Cycle Start Date: November 30, 2021

Dear Administrator:

On December 29, 2021, we notified you a remedy was imposed. On January 12, 2022 the Minnesota Department of Health 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 January 19, 2022.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 1, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of December 15, 2021, 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 March 1, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on January 19, 2022, 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 Therefore, the NATCEP prohibition is rescinded.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 Region V Office 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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Minnesota Department of Health  
Licensing and Certification Program

The Estates At Chateau LLC

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Program Assurance Unit

Health Regulation Division

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

Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)



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January 5, 2022

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

RE: CCN: 245222  
Cycle Start Date: November 30, 2021

Dear Administrator:

On December 15, 2021, we informed you that we may impose enforcement remedies.

On December 29, 2021, the Minnesota Department(s) 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 Region V Office for imposition. The CMS Region V Office 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 March 1, 2022

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 1, 2022. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 1, 2022.

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

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payment for new admissions.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

## **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 \$11,160; 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 March 1, 2022, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Estates At Chateau Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 1, 2022. 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.

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- 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:

**Terri Ament, Rapid Response**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**Duluth Technology Village**  
**11 East Superior Street, Suite 290**  
**Duluth, Minnesota 55802-2007**  
**Email: [teresa.ament@state.mn.us](mailto:teresa.ament@state.mn.us)**  
**Office: (218) 302-6151 Mobile: (218) 766-2720**

## **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 May 30, 2022 (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

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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:

**Tamika.Brown@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) 565-9462**

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 Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at [Tamika.Brown@cms.hhs.gov](mailto:Tamika.Brown@cms.hhs.gov).

#### INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

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Nursing Home Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [https://mdhprovidercontent.web.health.state.mn.us/ltr\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltr_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



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



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January 5, 2022

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

Re: State Nursing Home Licensing Orders  
Event ID: D61T11

Dear Administrator:

The above facility was surveyed on December 28, 2021 through December 29, 2021 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



The Estates At Chateau LLC

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"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:

**Terri Ament, Rapid Response**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**Duluth Technology Village**  
**11 East Superior Street, Suite 290**  
**Duluth, Minnesota 55802-2007**  
**Email: [teresa.ament@state.mn.us](mailto:teresa.ament@state.mn.us)**  
**Office: (218) 302-6151 Mobile: (218) 766-2720**

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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing  
Minnesota Department of Health  
Licensing and Certification Program  
Program Assurance Unit

The Estates At Chateau LLC

January 5, 2022

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Health Regulation Division

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

Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

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

PRINTED: 10/01/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT CHATEAU LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2106 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55404</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	INITIAL COMMENTS  On 12/28/21, through 12/29/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was NOT found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The following complaint was found to be SUBSTANTIATED: H5222144C (MN79568) with a deficiency cited at F755.  The following complaint was found to be UNSUBSTANTIATED: H5222145C (MN79153).  The facility is enrolled in ePOC and 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.	F 000			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	F 755		1/19/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Electronically Signed**

TITLE

(X6) DATE  
**01/13/2022**

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/29/2021</b>
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F 755	<p>Continued From page 1</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure medications were ordered and available to be administered as prescribed by the physician for 1 of 3 resident (R1) upon admission to the facility in a timely manner.</p> <p>Findings Include:</p> <p>R1's Admission Record printed 12/29/21, identified R1's diagnoses included coronary artery disease (heart disease with blockage or arteries), hypertension (high blood pressure), and chronic migraines.</p> <p>R1's admitting Physician Orders dated 12/14/21, included the following: Aspirin 81 milligrams (MG) dose administer 1 tablet by mouth one time a day related to heart disease. B-Complex vitamin administer 1 tablet by mouth one time a day for preventative care.</p>	F 755	<p>All residents have the potential to be affected by the facility failing to ensure medications were ordered and available to be administered as prescribed by the physician upon admission to the facility.</p> <p>Immediate Corrective Action: Resident discharged on 12/16/2021. A full house audit was completed to ensure all new admissions within the past 30 days had medications ordered and available to be administered as prescribed by the physician.</p> <p>Action as it applies to others: Facility policy and procedure for usage and ordering of medications for all newly admitted residents was reviewed by DON/Admin and remains current. All staff will be re-educated on facility policy and procedure for usage and</p>		

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F 755	<p>Continued From page 2</p> <p>Biotin 1000 micrograms (MCG) administer 1 tablet by mouth one time a day for preventative care.</p> <p>Potassium 99 MG dose administer 2 tablets by mouth two times a day for preventative care.</p> <p>Zinc Sulfate 50 MG dose, administer 1 capsule by mouth two times a day related to heart disease.</p> <p>Feverfew (natural supplement) administer 1 capsule by mouth two times a day for migraines.</p> <p>Magnesium 500 mg administer by mouth one time a day for preventative care.</p> <p>Melatonin 3 MG administer 1 tablet by mouth in evening for sleeplessness.</p> <p>Metoprolol Succinate (heart medication) ER (extended release) 25 Mg administer 1 tablet by mouth at bedtime related to heart disease.</p> <p>Omeprazole (used to treat gastroesophageal reflux disease [GERD]. 20 MG administer 2 capsules by mouth one time a day for GERD.</p> <p>R1's December 2021 medication administration record (MAR), indicated on 12/14/21, none of R1's 8:00 p.m. medications were administered per physician orders. R1's MAR also indicated on 12/15/21, none of R1's 8:00 a.m. medications were administered per physician orders</p> <p>On 12/28/21, at 9:49 a.m. R1 was interviewed and stated she had been admitted to the facility on 12/14/21. R1 stated she had not received her physician ordered medications for almost 24 hours. R1 stated the staff had not communicated with her why her medications had not been administered as prescribed. R1 stated she had received her nighttime medications on 12/15/21, however, she had signed out of the facility against medical advice (AMA) and left the facility to go home on the morning of 12/16/21. R1 stated she</p>	F 755	<p>ordering of medications for all newly admitted residents.</p> <p>Date of Completion: January 19, 2022</p> <p>Recurrence will be prevented by: An audit of all new admissions and 5 current residents will occur 1-time weekly X4 weeks for 3 months. Audits will ensure nursing staff are reviewing physician orders, including admission orders, to confirm medications have been ordered, and received in a timely manner. Results will be shared with facility QAPI committee for input on the need to increase, decrease, or discontinue audits.</p> <p>The Correction will be Monitored by: Director of Nursing</p>		

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F 755	<p>Continued From page 3</p> <p>was unhappy about the size of the rooms at the facility and chose to go home. R1 denied developing any complication from not receiving her physician ordered medications timely.</p> <p>On 12/29/21, at 10:08 a.m. the director of nursing (DON) was interviewed and stated R1 had been admitted on 12/14/21, at approximately 6:00 p.m. The DON stated the facility had received signed physician orders from the discharging hospital on 12/14/21, at 3:35 p.m. however, the signed medication orders had not been faxed or processed until on 12/15/21, at 12:56 a.m. The DON stated the process for implementing admission orders had not been followed per the facility's policy and her expectation. The DON stated it was her expectation all residents received their prescribed medication per physician orders. The DON verified receiving prescribed medication timely was critical for residents to manage and treat medical conditions. The DON verified R1 had left the facility AMA on the morning of 12/16/21.</p> <p>The facility policy Medication Therapy revision date 4/2007, directed all medication orders will be supported by appropriate care processes and practices.</p> <p>A facility policy related to implementing physician orders was requested, but not provided.</p>	F 755			