

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 18, 2021

Administrator Heritage Manor 321 Northeast Sixth Street Chisholm, MN 55719

RE: CCN: 245245 Survey Cycle Start Date: July 8, 2021

Dear Administrator:

On July 8, 2021 a survey was completed at your facility by the Minnesota Department of Health to investigate a complaint 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. At the time of survey, the complaint was substantiated but no deficiencies were issued, because corrective action was taken prior to the survey. A plan of correction is not required.

Also at the time of this survey, the investigator also assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, found no violations of these rules promulgated under Minnesota Statute § 144.653 and/or Minnesota Statute § 144A.10.

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.

Electronically attached is your copy of the Federal CMS-2567 Form and State Form.

Feel free to contact me if you have questions.

Sincerely,

Kumala Fiske Downing

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: <u>Kamala.Fiske-Downing@state.mn.us</u>

DEPART	MENT OF HEALTH	AND HUMAN SERVICES					APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	-		0		0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245245	B. WING			C 07/08/2021	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
HERITAG	E MANOR		321 NORTHEAST SIXTH STREET CHISHOLM, MN 55719				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		FO	000			
	survey was comple complaint investiga be in compliance w Requirements for L The following comp SUBSTANTIATED: however no deficient implemented by the The facility is enroll signature is not req page of the CMS-25 correction is require	21, a standard abbreviated ted at your facility to conduct a tion. Your facility was found to ith 42 CFR Part 483, ong Term Care Facilities. Maint was found to be H5245041C (MN74404); ncies were cited due to actions a facility prior to survey. ed in ePOC and therefore a uired at the bottom of the first 567 form. Although no plan of ed, the facility must of the electronic documents.					
		DER/SUPPLIER REPRESENTATIVE'S SIG			TITLE		(X6) DATE

TITLE

PRINTED: 07/18/2021

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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00904 IN.WIG 07/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 NOTHEAST SUTINES STREET HERTAGE MANOR SUMMARY SUPERING OF DEPENDENCES (PACH DEPICIENCY WIST IN EPROCEEDED BY PULL (PACH DEPICIENCY OR LSC IDENTFYING INFORMATION) PREX TAG PREX PREX (PACH DEPICIENCY OR LSC IDENTFYING INFORMATION) PREX TAG PREX (PACH DEPICIENCY) CODE 2 000 Intel Comments 2 000 ****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A 10, this corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of lines promulgated by rule of the Minnesota Department of Health. 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 compliance. Lack of compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. You may request a hearing on any assessments that may result from non-compliance with these orders provided har written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 7/7/21 and 7/8/21, a complaint survey was conducted at your facility by survey rules is made to the Department for health (MOH). Your facility was found in compliance with the MN State Licensure.							
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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PRINTED: 07/18/2021 FORM APPROVED

Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA NID PLAN OF CORPECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
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	SUBSTANTIATED: H5245041C (MN74404); however no licensing orders were issued.						
	the State Licensing Federal software. T and therefore a sig bottom of the first p plan of correction is	hent of Health is documenting Correction Orders using The facility is enrolled in ePOC nature is not required at the bage of state form. Although no s required, it is required that edge receipt of the electronic					

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