

Protecting, Maintaining and Improving the Health of All Minnesotans

**Electronically Delivered** 

June 9, 2021

Administrator Centracare Health Paynesville Koronis Manor Cc 200 First Street West Paynesville, MN 56362

RE: CCN: 245253

Survey Cycle Start Date: May 21, 2021

Dear Administrator:

On May 21, 2021 a survey was completed at your facility by the Minnesota Department of Health to investigate complaints 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, complaints were 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.

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

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

PRINTED: 06/09/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED  C 05/21/2021		
		245253						
NAME OF PROVIDER OR SUPPLIER  CENTRACARE HEALTH PAYNESVILLE KORONIS MANOR CC				STREET ADDRESS, CITY, STATE, ZIP C 200 FIRST STREET WEST PAYNESVILLE, MN 56362				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	OULD BE COMPLÉTION		
F 000	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		FO					

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

TITLE (X6) DATE

**Electronically Signed** 

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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Minnesota Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_\_ С B. WING \_ 00636 05/21/2021

		00636				05/21/2021		
				DRESS, CITY, STATE, ZIP CODE				
CENTRA	CARE HEALTH PAYN	ESVILLE KORON		T STREET WE ILLE, MN 56				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE COMPLÉ		
2 000	Initial Comments			2 000				
	*****ATTENTION*****							
	NH LICENSING	CORRECTION OR	DER					
	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.							
	Determination of who corrected requires of requirements of the number and MN Ru When a rule contain comply with any of tlack of compliance. re-inspection with an result in the assession that was violated ducorrected.	compliance with all rule provided at the le number indicated as several items, fathe items will be concard to formal	e tag d below. ilure to nsidered e upon t rule will if the item					
	You may request a lithat may result from orders provided that the Department with notice of assessment	n non-compliance w t a written request i nin 15 days of recei	rith these s made to pt of a					
	INITIAL COMMENT On 5/19/21 - 5/21/2 conducted at your fa Minnesota Departm facility was found in State Licensure.	1, a complaint surv acility by surveyors ent of Health (MDH	from the I). Your					
	The following comp	laints were found to	be					

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		00636			05/2	; 1/2021		
NAME OF	PROVIDER OR SUPPLIER		I.		03/2	1/2021		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  200 FIRST STREET WEST  PAYNESVILLE, MN 56362								
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2 000	UNSUBSTANTIATE H5253023C (MN00 H5253029C (MN00 The following comp SUBSTANTIATED; were issued due to facility prior to surve H5253021C (MN00 H5253022C (MN00 H5253025C (MN00 H5253026C (MN00 H5253027C (MN00 H5253028C (MN00 Minnesota Departm the State Licensing Federal software.  The facility is enroll signature is not req page of state form. is required, it is req	ED: 0069048) 0065498) olaints were found to be however, no licensing orders actions implemented by the ey: 0048251) 0069484) 0051311) 0057589) 0058234)	2 000					

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Minnesota Department of Health STATE FORM