



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

Electronically delivered  
April 25, 2022

Administrator  
Providence Place  
3720 23rd Avenue South  
Minneapolis, MN 55407

RE: CCN: 245271  
Cycle Start Date: April 13, 2022

Dear Administrator:

On April 13, 2022, 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.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action were taken prior to the survey, past non-compliance does not require a plan of correction (POC).

#### **REMOVAL OF IMMEDIATE JEOPARDY**

On March 31, 2022, the situation of immediate jeopardy to potential health and safety cited at F684 was removed.

#### **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 listed below to the CMS Region V Office for imposition: 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).

#### **SUBSTANDARD QUALITY OF CARE (SQC)**

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the**

Providence Place

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following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Providence Place is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective April 13, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

## 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:

Nicole Osterloh, RN, Unit Supervisor  
Marshall District Office  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
1400 East Lyon Street, Suite 102  
Marshall, Minnesota 56258-2504  
Email: nicole.osterloh@state.mn.us  
Office: 507-476-4230  
Mobile: (507) 251-6264 Mobile: (605) 881-6192

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

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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:

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/lrc\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day

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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,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a loop at the end of the last name.

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)



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

Electronically delivered

April 25, 2022

Administrator  
Providence Place  
3720 23rd Avenue South  
Minneapolis, MN 55407

Re: Event ID: SS5Z11

Dear Administrator:

The above facility survey was completed on April 13, 2022 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 that reads 'Kamala 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: [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: 10/18/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245271</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/13/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROVIDENCE PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3720 23RD AVENUE SOUTH MINNEAPOLIS, MN 55407</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>INITIAL COMMENTS</p> <p>On 4/12/22-4/13/22, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. Your facility was NOT in compliance.</p> <p>The following complaint was SUBSTANTIATED at F684 for PAST NON-COMPLIANCE.</p> <p>H5271286C/MN00082269</p> <p>The survey resulted in an Immediate Jeopardy (IJ) at F684 when the facility failed to assess R1 for hypoxia (low oxygen saturations) after R1 required further monitoring after a change in condition was recognized on 3/29/22. However, the facility had implemented corrective action to prevent recurrence on 3/31/22. The IJ began on 3/30/22, and the immediacy was removed on 3/31/22.</p> <p>Although the provider had implemented corrective action prior to survey, harm or immediate jeopardy was sustained prior to the correction. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.</p>	F 000			
F 684 SS=J	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure</p>	F 684			

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

TITLE

(X6) DATE

Electronically Signed

04/28/2022

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.

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F 684	<p>Continued From page 1</p> <p>that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview on document review, the facility failed to accurately assess and review interventions placed for 1 of 3 residents (R1) reviewed for change in condition. This resulted in a delay of providing oxygen services and emergent care for R1. The deficiency was identified as past non-compliance and issued at Immediate Jeopardy (IJ).</p> <p>The IJ began on 3/30/22, when the facility failed to assess R1 for hypoxia (low oxygen saturations) after R1 required continued monitoring after a change in condition was recognized and R1 was hospitalized. The administrator was notified of the IJ on 4/13/22 at 2:00 p.m. The facility had implemented immediate corrective action on 3/31/22 to prevent recurrence, so the IJ was issued at past none compliance.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 3/23/22, indicated R1 had diagnoses of hip dysplasia, chronic pan, high blood pressure and a history of falls.</p> <p>A review of R1's vital signs on 3/29/22, showed: -at 1:02 p.m. blood pressure (BP) 110/70, temperature 97.8, pulse 68, respiratory rate 18. -at approximately 8:00 p.m. BP 139/65, pulse 110, oxygen saturation 78% on room air (Normal oxygen saturation was 90% or greater), recheck with 2 liters (L) nasal cannula (NC) and was 92%.</p>	F 684	Past noncompliance: no plan of correction required.		

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F 684	<p>Continued From page 2</p> <p>-at 10:00 p.m. oxygen saturations were 92% on 2L NC.</p> <p>A review of R1's vital signs on 3/30/22, showed:</p> <p>-at 12:00 a.m. oxygen saturation was 95% on 2L NC</p> <p>-at 2:00 a.m. oxygen saturation was "N/A"</p> <p>-at 4:00 a.m. oxygen saturation was "N/A"</p> <p>-at 6:00 a.m. oxygen saturation was 78% on 2L NC.</p> <p>-at 7:00 a.m. oxygen saturation was 77% on 2L NC and blood pressure was 82/40.</p> <p>R1's provider order dated 3/17/22, indicated nursing home standing orders in place.</p> <p>R1's provider order dated 3/29/22, instructed staff to initiate oxygen 2L/minute via nasal cannula to keep oxygen saturations above 90% and continued monitoring for hypoxia and sedation every 2 hours for one day. Update primary provider in the morning.</p> <p>R1's progress note dated 3/29/22, at 8:23 p.m. indicated R1 had confusion and writer had obtained vital signs that showed BP 139/65, pulse 110, oxygen saturation 78% on room air. Furthermore, the progress note indicated the on-call provider was notified and orders for oxygen and continued monitoring obtained.</p> <p>R1's progress note dated 3/30/22, at 6:13 a.m. indicated three pulse oximeters had inconclusive readings of R1's oxygen levels. R1's fingers were cold with gray/bluish colors. Oxygen rate was increased to 3L NC. Orders in place for oxygen saturations to be monitored every 2 hours in coming nurse to update.</p>	F 684			



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F 684	<p>Continued From page 3</p> <p>R1's progress note dated 3/30/22, at 1:06 p.m. indicated R1's condition continued to deteriorate. Vitals obtained this morning included oxygen saturation was 77% on 2L NC and blood pressure was 82/40. Furthermore, the progress note indicated R1 was confused and was sent to hospital at 7:30 a.m. for a medical evaluation.</p> <p>R1's hospital discharge summary dated 4/3/22, indicated R1 was admitted for acute encephalopathy (confusion), acute kidney injury, and acute respiratory failure. R1 had returned to baseline for cognition and kidney injury and respiratory failure had resolved.</p> <p>During an interview on, 4/12/22, at 1:33 p.m. registered nurse (RN-B) stated he was notified of R1's change in condition in report at the start of his shift and was aware of orders to monitor R1 for hypoxia and sedation every two hours. RN-B further stated when attempting to obtain R1's oxygen saturations at 2:00 a.m. the pulse oximeter would not read. RN-B stated another oximeter was tried and R1's oxygen saturation still had not registered. RN-B stated the pulse oximeter was attempted on his own finger and oxygen saturations had registered but had not on R1's finger. Furthermore, RN-B stated R1 was sleeping and had no signs of distress. RN-B stated sometimes oxygen saturations may not read when residents are sleeping. At 4:00 a.m. RN-B stated R1 was awake and sitting up in bed. Again, RN-B attempted to obtain R1's oxygen saturations but a number wasn't registering on the oximeter. Again, RN-B checked their own finger, and it registered an oxygen saturation. R1 had cold fingers that were a bluish gray color. R1 was cold, so I helped put a sweater on thinking R1 would warm up. About 6:00 a.m. RN-B</p>	F 684		

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F 684	<p>Continued From page 4</p> <p>attempted again to obtain R1's oxygen saturations and could not obtain a reading with two different oximeters. RN-B then obtained a third oximeter and R1's oxygen saturation read 76% on 2L NC. RN-B stated R1 was alert, and the order stated to monitor the hypoxia and update the next day and felt he was following the order. RN-B had not felt R1's assessments warranted sending her to the hospital or updating the provider, even though R1's oxygen saturation was below normal.</p> <p>During an interview on 4/12/22, at 1:44 p.m. medical director (MD) stated their expectation of staff would be to notify the provider if a resident's oxygen saturations were not registering, abnormal and had blue/gray fingers, even with an order to monitor in place. MD further stated he expected nurses to know the assessments and signs of hypoxia.</p> <p>During an interview on 4/13/22, at 9:06 a.m. RN-C indicated RN-B had not followed policies and procedures for notification of change. RN-C had expected RN-B to initiate standing orders to increase oxygen and to notify the provider of the change. RN-C further stated staff are expected to reach out to leadership, including the overnight supervisor when unable to obtain oxygen saturations or similar situations happen. RN-C felt RN-B had poor nursing judgement in this situation.</p> <p>During an interview on 4/13/22, at 10:31 a.m. the director of nursing (DON) stated RN-B had not followed professional nursing standards of practice and verified RN-B had been reported to the nursing board. DON further stated R1 had fallen outside of the parameters of oxygen</p>	F 684			

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F 684	<p>Continued From page 5</p> <p> saturations being below 90% and the expectation would be for staff to notify the provider and look to the standing orders for direction. RN-B had identified changes in R1 but had not provided any interventions.</p> <p>A facility policy Change in Condition revised 12/219, directed an assessment for change in condition was to be completed for any resident who had a decline in their status that would not resolve by itself or without clinical interventions and impacts one or more of the residents physical, functional, emotional, or cognitive status.</p> <p>DON stated on 4/13/22 in the afternoon that RN-B was suspended on 3/30/22, pending facility investigation. Furthermore, RN-B had resigned his position on 4/1/22, while on suspension and the facility filed a report to the Minnesota Board of Nursing. On 4/13/22, a facility document titled Mitigation Plan dated 3/30/22, was reviewed and DON verified the corrective actions taken by the facility to prevent further noncompliance. The corrective actions on 3/30/22, included evaluation of all facility pulse oximeters and determined all were in working order. The 24-hour report (a facility report document showing any resident changes from shift to shift) was reviewed and found to have documentation of R1's change in condition on 3/29/22 through R1's transport to hospital on 3/30/22. Also, on 3/30/22, R1's medical record was reviewed and was determined standing orders (instructed steps to follow when a resident had a change in condition) were in place and reviewed medical records of all residents residing in the facility to ensure standing orders were in place. On 3/31/22, DON reviewed 24-hour sheets facility wide for any resident</p>	F 684			

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F 684	Continued From page 6 change in condition. Any resident identified was reviewed to ensure facility procedures were followed. DON further stated a daily review of the 24 hours sheets continued with the interdisciplinary team (IDT). During staff interviews on 4/12/22, between 10:00 a.m. -1:30 p.m. and on 4/13/22, between 8: 00a.m and 9:00 a.m. licensed practical nurse (LPN)-A, LPN-B, LPN-C, RN-A, RN-D, RN-Eand RN-F, stated signs and symptoms of hypoxia, that included blue or grey fingers or lips. Furthermore, the staff verified facility education and the process followed when residents had a change in condition, including implementing standing orders.	F 684			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/13/2022</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><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 4/12/22-4/13/22, 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.</p> <p>The following complaint was found to be</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE  
04/28/22

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/13/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROVIDENCE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3720 23RD AVENUE SOUTH MINNEAPOLIS, MN 55407</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
2 000	<p>Continued From page 1</p> <p>SUBSTANTIATED: H5271286 (MN00082269), however NO licensing orders were issued.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>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		