DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
March 19, 2026

Administrator
Providence Place
3720 23RD AVENUE SOUTH
MINNEAPOLIS, MN 55407

RE: CCN: 245271
Cycle Start Date: January 12, 2026

Dear Administrator:

On March 13, 2026, 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.

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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 27, 2026

Administrator
Providence Place

3720 23RD AVENUE SOUTH
MINNEAPOLIS, MN 55407

RE: CCN:245271
Cycle Start Date: January 12, 2026

Dear Administrator:

On January 12, 2026, 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 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 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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 April 12, 2026 (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 July 12, 2026 (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

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,

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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January 27, 2026

Administrator
Providence Place
3720 23RD AVENUE SOUTH
MINNEAPOLIS, MN 55407

Re: Event ID: 1E0BEF-H1

Dear Administrator:

The above facility survey was completed on January 12, 2026 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245271	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Place	**3720 23RD AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55407**

(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
F0000	INITIAL COMMENTS On 1/12/26, 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. The following complaint was reviewed: H52713280C (2711950) with a citation at F757. 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. 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.	F0000		02/27/2026
F0757 SS = D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use;	F0757	1. The identified residents- R1 and R2 physician orders were reviewed and pain medication orders revised. R1 and R2 have also had new pain evaluations completed and pain care plans updated. 2. For all other residents with prn pain medications that could be affected, prn pain medication orders were reviewed and updated as needed. The consultant pharmacist will continue to review resident drug regimens monthly including specifically looking at prn medications. 3. Licensed Nurses will be educated on prn medication administration, pain medication orders, and pain management policies. 4. Nursing leadership will complete an audit of 3 residents that receive prn pain medications per week until the March QAPI meeting on 3/19/26. The facility	02/27/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245271	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2026

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F0757 SS = D	Continued from page 1 or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to identify the indication for the administration of opioid medications and failed to ensure non-pharmacological interventions were attempted/offered and documented prior to the administration of as needed (PRN) opioid medications for 2 of 3 residents (R1, R2) reviewed for pain. Findings include: R1's admission minimum data set (MDS) dated 12/29/25 indicated intact cognition with diagnoses including end stage renal disease (ESRD) and pressure ulcer of heel. R1's pain assessment dated 12/29/25 indicated R1 had pain that frequently interfered with therapy and day-to-day activities. R1 received scheduled and as needed (PRN) medications for pain. R1 had not received non-medication interventions for pain. R1's care plan dated 12/23/25 had a focus of actual chronic neuropathic pain with need for medication management related to neuropathy. Interventions included but not limited to: offer non-pharmacological interventions for pain relief such as rest or repositioning and observe/document pain characteristics as needed including quality, severity, anatomical location, onset, duration, aggravating factors, relieving factors. R1's provider order dated 12/23/25 instructed acetaminophen (a non-opioid pain-relieving medication) Give 650 mg by mouth every 6 hours as needed for pain. R1's medication administration record for January 2026 indicated R1 received PRN acetaminophen the following 2 times:	F0757	Continued from page 1 QA&A committee will review completed audit results and make further recommendations. 5. Date of Completion: 2/27/2026	

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F0757 SS = D	Continued from page 2 -1/2/26 at 11:23 p.m., R1 received PRN acetaminophen for pain rated 8/10 (severe pain) which was recorded as “E”. A corresponding progress note dated 1/2/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to medication administration. -1/4/26 at 5:59 a.m., R1 received PRN acetaminophen for pain rated 5/10 (moderate pain) which was recorded as “E”. A corresponding progress note dated 1/4/26 identified the medication was administered for foot pain but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to medication administration. R1’s provider order dated 12/23/25 instructed hydromorphone oral tablet (an opioid pain-relieving medication) Give 2 milligrams (mg) by mouth every 6 hours as needed for pain. R1’s medication administration record for January 2026 indicated R1 received PRN hydromorphone the following 9 times: - 1/2/26 at 11:23 p.m., R1 received PRN hydromorphone for pain rated 8/10 which was recorded as “E [effective]”. A corresponding progress note dated 1/2/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. A night shift note dated 1/3/26 at 7:12 a.m., indicated at the start of night shift, R1 had complained of knee pain that was relieved with prn pain medication. - 1/4/26 at 4:09 p.m., R1 received PRN hydromorphone for pain rated 0/10 (no pain) which was recorded as “E”. A corresponding progress note dated 1/4/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. - 1/6/26 at 10:40 a.m., R1 received PRN hydromorphone for pain rated 4/10 (mild pain) which was recorded as “E”. A corresponding progress note dated 1/6/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological	F0757		

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F0757 SS = D	Continued from page 3 interventions had been attempted or offered prior to the opioid medication administration. Daily skilled note dated 1/6/26 at 1:56 p.m., indicated R1 complained of pain and received pain medication which was effective. - 1/7/26 at 4:44 a.m., R1 received PRN hydromorphone for pain rated 7/10 (severe pain) which was recorded as “E”. A corresponding progress note dated 1/7/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. - 1/8/26 at 6:14 p.m., R1 received PRN hydromorphone for pain rated 4/10 which was recorded as “E”. A corresponding progress note dated 1/8/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. - 1/9/26 at 4:37 p.m., R1 received PRN hydromorphone for pain rated 9/10 (severe pain) which was recorded as “E”. A corresponding progress note dated 1/9/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. - 1/10/26 at 4:05 a.m., R1 received PRN hydromorphone for pain rated 7/10 which was recorded as “E”. A corresponding progress note dated 1/10/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. - 1/11/26 at 5:36 p.m., R1 received PRN hydromorphone for pain rated 4/10 which was recorded as “E”. A corresponding progress note dated 1/11/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. - 1/12/26 at 3:22 a.m., R1 received PRN hydromorphone for pain rated 5/10 which was recorded as “E”. A corresponding progress note dated 1/12/26 identified	F0757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245271	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/12/2026

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F0757 SS = D	Continued from page 4 the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. During an interview on 1/12/2026 at 4:16 p.m., R1 stated he had chronic pain in his knees and all over his body. Repositioning, ice packs, and rest help relieve his pain in addition to PRN medications. R1 stated he usually received hydromorphone but had received other medications and topical cream for pain that had been effective He could not recall the other medication names. R2's admission MDS dated 12/22/25 indicated independent for daily decision making with diagnoses including amputation and ESRD. R2's pain assessment dated 12/22/25 indicated R2 had pain that frequently interfered with day-to-day activities. R2 received scheduled and PRN medications for pain. R2 had not received non-medication interventions for pain. R2's care plan dated 12/26/25 had a focus of pain with need for medication management. The interventions included but were not limited to: Offer non-pharmacological interventions for pain relief and notify medical practitioner if interventions are unsuccessful or if current complaint is a significant change from past experience of pain. R2's provider order dated 12/16/25 instructed acetaminophen give 1000 mg by mouth as needed for pain 2 times daily. R2's medication administration record for January 2026 indicated R2 received PRN acetaminophen the following 2 times: -1/1/26 at 3:28 a.m., R2 received PRN acetaminophen for pain rated 10/10 which was recorded as "E". A corresponding progress note dated 1/1/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration. However, the follow up note indicated R2 stated he felt better and did not need anything else	F0757		

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F0757 SS = D	Continued from page 5 for pain. -1/2/26 at 6:05 a.m., R2 received PRN acetaminophen for pain rated 10/10 which was recorded as “U (unknown)” due to resident at dialysis. A corresponding progress note dated 1/2/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration. R2’s provider order dated 12/16/25 instructed oxycodone oral tablet give 5mg by mouth every 4 hours for pain. R2’s medication administration record for January 2026 indicated R2 received PRN oxycodone the following 5 times: -1/7/26 at 8:26 p.m., R2 received PRN oxycodone for pain rated 6/10 (moderate pain) which was recorded as “E”. A corresponding progress note dated 1/7/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. -1/9/26 at 9:42 p.m., R2 received PRN oxycodone for pain rated 7/10 which was recorded as “E”. A corresponding progress note dated 1/9/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. -1/10/26 at 10:46 p.m., R2 received PRN oxycodone for pain rated 6/10 which was recorded as “E”. A corresponding progress note dated 1/10/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. -1/11/26 at 6:36 p.m., R2 received PRN oxycodone for pain rated 5/10 which was recorded as “E”. A corresponding progress note dated 1/11/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.	F0757		

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F0757 SS = D	Continued from page 6 -1/12/26 at 5:29 a.m., R2 received PRN oxycodone for pain rated 7/10 which was recorded as “E”. A corresponding progress note dated 1/12/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. During an interview on 1/12/2026 at 1:19 p.m., R2 stated he sometimes had pain to his amputation site, both arms, and all over his body when he was tired. Repositioning, ice packs, and rest helped relieve his pain in addition to as needed pain medication. R2 could not recall the name of the pain medication that was effective for him. During an interview on 1/12/2026 1:20 p.m., licensed practical nurse (LPN)-A stated when a resident was having pain, the nurse should ask the resident where their pain was and their pain level on a scale of 1-10. If a resident has more than 1 prn pain medication, the nurse would give the resident the medication they requested. The nurse would document the time the medication was given and the resident’s stated pain level. The nurse would go back later to see if the medication were effective by asking the resident to rate their pain again. The medication was effective if the number was lower. Durning an interview on 1/12/2026 at 3:10 p.m., registered nurse (RN)-A stated a nurse would ask the resident where their pain was located and their current pain level. RN-A would offer a non-opioid pain medication first for a pain rating less than 7/10 and an opioid pain medication for pain rating of 7-10/10. If a resident asked for the opioid medication first, RN-A would educate about the benefits of starting with the non-opioid medication but would bring the resident the medication they requested. RN-A would document the medication administration and the pain level. RN-A would follow-up with the resident later in the day to see if the pain medication were effective by asking the resident to rate their pain again. During an interview on 1/12/2026 at 4:41 p.m., the director of nursing (DON) stated when documenting a prn pain medication administration the nurse should include the location of the pain, the resident’s pain scale rating and any non-pharmacological interventions attempted prior to the medication administration so pain follow up could be completed accurately and pain could be tracked and trended over time.	F0757		

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F0757 SS = D	Continued from page 7 During an interview on 12/13/2026 at 2:04 p.m., nurse practitioner (NP) stated when a resident had multiple pain medications, the nurse should offer the non-opioid medication first even if the resident is requesting the opioid medication. Use of non-opioid medication may reduce the number of times the residents need the opioid medication. Use of opioid medications increases a resident's risk of falls and constipation. A nurse should document interventions offered/attempted prior to medication administration, pain location, pain level and follow up if the medication was effective. Pain location is valuable information so the provider can be notified if a resident is having pain in a new location. During an interview on 1/13/2026 at 3:25 p.m., pharmacist (Ph) was interviewed and stated non-opioid medications like acetaminophen would be utilized for general pain. Opioid medications like hydromorphone were usually reserved for severe pain. The Pain Management Program policy dated 11/2022 instructed documentation of the pain evaluation, intervention and evaluation of activities shall be done in a clear and concise manner per the plan of care. Frequency of documentation should include consistent monitoring of pain levels prior to administration of pain medication and the resident's level of pain relief post administration as well as alternate (non-pharmacological) measures to relieve pain.	F0757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **01/12/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Place	**3720 23RD AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55407**

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20000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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 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. 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. INITIAL COMMENTS: On 1/12/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with MN State Licensure. The following complaints were reviewed: H52713280C (2711950).	20000		02/27/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **01/12/2026**

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20000	Continued from page 1 NO licensing orders were issued. 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.	20000		