Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 3, 2025

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

RE: CCN: 245271
Cycle Start Date: April 14, 2025

Dear Administrator:

On May 2, 2025, we notified you a remedy was imposed. On May 16, 2025 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 May 15, 2025.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective May 17, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of May 2, 2025, 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 is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from April 14, 2025. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

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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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 15, 2025

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

RE: CCN: 245271
Cycle Start Date: April 14, 2025

Dear Administrator:

On May 2, 2025, we informed you of imposed enforcement remedies.

On April 30, 2025, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective May 17, 2025.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective May 17, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective May 17, 2025.

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 payment for new admissions.

As we notified you in our letter of May 2, 2025, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from May 17, 2025.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

- Per day civil money penalty (42 CFR 488.430 through 488.444).

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:

Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 October 14, 2025 (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 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.

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
202-795-7490

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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to tamika.brown@cms.hhs.gov.

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.

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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Electronically delivered

May 15, 2025

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

Re: Event ID: GR5K11

Dear Administrator:

The above facility survey was completed on April 30, 2025 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 CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245271	A. BUILDING ______ B. WING ______	C 04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE PLACE	3720 23RD AVENUE SOUTH MINNEAPOLIS, MN 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
F 000	INITIAL COMMENTS On 4/28/25 through 4/30/25, 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 complaints were reviewed: H52713450C (MN112523); H52713468C (MN112408); H52713770C (MN112664); H52713910C (MN112347). As a result of the investigation a deficiency was cited at F740. 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.	F 000		
F 740 SS=D	Behavioral Health Services CFR(s): 483.40 §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and	F 740		5/15/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/15/2025

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 740

Continued From page 1

mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and document review, the facility failed to develop and implement an individualized behavioral health care plan utilizing recommendations from professional psychological services to support sobriety efforts for 2 of 2 residents (R2 and R3) reviewed for behavioral health needs.

Findings include:

R2's quarterly Minimum Data Set (MDS) dated 2/11/25, indicated moderate cognitive impairment, cardiac-respiratory issues, COPD, depression, and dementia. The MDS indicated no mood or behavior issues, R2 was independent with mobility, activities of daily living (ADL)'s, and had troubles with breathing with exertions.

R2's Care Plan revised on 4/16/25, indicated R2 had cognitive loss/dementia or alteration in thought process's ability, judgement and decision making. The Care Plan further indicated R2 had major depression and received services in-house from the psycho-geriatric team, and staff were to observe behavior and attempt to determine pattern, frequency, intensity and triggers, recommendations per psych, use support, validate his distress, listen to him, help him problem solve. The care plan further indicated he does not endorse drinking or smoking much of the time and would be a good time to support sobriety and even smoking cessation. Therapy completed a community assessment which indicated R2 could be independent when leaving

F 740

F740

1. R3 discharged from the facility. R2s care plan was updated to reflect professional psychological services recommendations.

2. The Social Service Director and designee will identify all residents with active substance use disorders (SUD) who subsequently are seen by professional psychological services . All identified residents with an active SUD and seen by professional psychological services will have their care plans updated to reflect the most current professional psychological services recommendations related to their SUD.

3. Social Services will review professional psychological service recommendations for active SUD residents and update care plan with recommendations related to their SUD.

4. ED or designee will complete random weekly audits x3 months to ensure all professional psychological services recommendations related to SUD for active SUD residents are implemented.

5. Audit results and the data collected will be presented to the QAPI Committee monthly by the ED, Social Service

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F 740	Continued From page 2 the facility. A Facility Reported Incident indicated on 4/21/25, R2 signed himself out at the facility and did not return at the intended return time. Police notified and Minnesota Department of Health report was submitted. R2 was assessed to be independent while out in the community and was transported to the hospital from the community. The hospital reported R2 was short of breath and returned the following day. R2's Associated Clinic of Psychology (ACP) visit note dated 4/15/25, indicated R2 was seen for continued services to maintain and improve the client's current level of functioning. The note indicated R2 had low mood related to his current living situation and expressed a desire for a more independent living setting. He indicated having a roommate and lack of privacy as negatively impacting his mood. R2 denied any urges to relapse and emphasized the importance of maintaining sobriety and anxiety linked to both his wish to move and his COPD. The note also indicated he reflects on chronic depressive thinking and defines as a loner with low motivation for activity or social engagement. In addition, the note indicated motivation towards sobriety seemed strong. The provider treatment and recommendations/Plan indicated: Continue current psychological treatment intervention plan and interventions in place. Continue supportive and solution-focused therapy. Explore coping strategies for current living situations and reinforce strengths. Monitor mood and anxiety symptoms, encourage engagement in meaningful activities. R2 is hopeful to explore alternative living environments, is open to the idea of Assisted Living facilities. R2 does not recall any	F 740	Director, or designee. QAPI committee will review and make any necessary recommendations. Plan of correction will be completed by 5/15/2025	

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F 740	Continued From page 3	F 740		

discharge planning happening but also presents with cognitive deficits.

R2's Activity Progress Note dated 1/29/25, indicated a recreation/wellness interview was completed on R2, work history indicated R2 worked at 3 M, socialization described as enjoyed visiting with others during leisure activities with meals, activity involvement preference is individual.

During observation and interview on 4/28/25 at 1:41 p.m., R2 was observed to be lying in his bed watching TV. He stated he takes the city bus and goes out and had been hospitalized a few times while being out due being short of breath. R2 stated he had a cell phone and calls 911 when that happens. R2 stated he did not want to talk today and asked surveyor to leave his room.

During interview on 4/30/25 at 12:45 p.m., community life coordinator (CLC)-A stated she leaves it up to R2 to attend activities and for him to request materials for reading. R2 had participated in history group and a party they had in the past. CALC-A stated she could reach out to him since there is a history group on Sundays and invite him, and on Tuesday mornings they have newspaper readings he might be interested in. CLC-A stated R2 might enjoy outdoor visits since he smokes, and leisure materials such as a CD player, library card, and puzzles since he worked at 3 M. CLC-A was not aware of recommendation made by ACP.

During interview on 4/29/25 at 2:30 p.m., director of social services (DSS) stated R2 goes out once or twice a week and will drink. DSS stated R2 will sign himself out but will not tell us where he is

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F 740	Continued From page 4	F 740		

going, adding he usually will go to a friend's house or to the store. The DSS stated he also has been admitted to the hospital while out due to his COPD. In addition, the DSS indicated awareness R2 was seen by ACP services but unaware he was interested in remaining sober, motivated by and discussed alternative placement options, or the recommendation for engagement in meaningful activities. The DSS stated social services is responsible for reading the ACP recommendations and had no comment why they were not read or implemented to assist with R2 sobriety and treatment goals.

R3's quarterly MDS dated 3/18/25, indicated R3 was cognitively intact, had anemia, diabetes mellitus, anxiety, and depression disorder. The MDS further indicated R3 had no behaviors, used a wheelchair to ambulated, was independent with ADL's and had one fall since admission.

R3's Care Plan revised on 4/13/25, indicated R3 had substance use disorder related to alcohol, staff were to encourage frequent contact with family/friends that do not encourage substance use, encourage to stay in room, hold mood altering sedative medications, observe and report to medical reactionary any signs/symptoms of withdrawal. The Care Plan further indicated R3 needed supervision when leaving the facility related to severe cognitive impairment. In addition the Care Plan indicated R3 refused to see in house psychiatrist, recites psych services as needed, staff should encourage resident to work on breathing when coping, along with drinking water/coffee, and taking her medications, and keep herself busy. To help stop herself from drinking, R3 enjoys music, this could be an encouragement for staff to direct her when upset

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F 740	Continued From page 5	F 740		

to self soothe, could benefit from visits from the Chaplin, and observe for behavior and attempt to determine pattern, frequency, intensity and triggers.

A Facility Reported Incident dated 4/15/25, indicated R3 left facility without signing out and with no supervision. Facility followed missing persons procedure, contacted police, R3 was found intoxicated and was sent to the hospital and returned to the facility on 4/18/25.

An After Visit Summary dated 4/17/25, indicated R3 was seen in the Emergency Department (ED) for altered mental status, and intoxication secondary to ethyl alcohol poisoning. A legal hold was placed on the patient due to their inability to care for self which represented a danger to self in addition to their chemical dependency status that is in question due to intoxication. and was discharged on 4/18/25.

R3's ACP visit summary dated 4/16/25, indicated R3 was seen for continued services to maintain and improve the client's current level of functioning, continued treatment needed to reduce or control of symptoms and prevent relapse. The summary indicated R3 had short term memory impairment, impaired judgement, and impaired thought. The session documentation indicated R3 was found in her room, nicely groomed, and dressed in her bed with her room cluttered and disorganized. In addition, the note indicated she spoke spontaneously about her brother calling her and wanting her to go to detox and how she did not agree with him, but did indicate she liked that he called her and was trying to call him again, but he had not returned her calls. In addition, the note

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F 740	Continued From page 6	F 740		

indicated how R3 indicated she had depression and loneliness that caused her to drink, and admitted to drinking three days a week and would like to maintain her sobriety. R3 stated her parents were alcoholics and she drank all her life. In addition, R3 stated she would like a private room to keep her busy, in addition she admits to being lonely since her son moved out. The Summary Treatment Recommendations/Plan indicated to: Continue current psychological treatment plan and intervention in place. In addition, a private room may be worth considering for her to keep her room well organized and wanting to keep herself well groomed. She did see the psychiatrist which is a sign she might be more open to local help. Staff could help R3 find strategies to help keep her busy, such as self-care and keeping her room organized and going out. R3 does not like being disconnected with her son, helping him identify ways to support his mother and referring him to the community-based resources can be of a value as appropriate. When she is drinking, staff striving to have a harm reduction plan and staff helping her feel care for and supported may help. R3 may benefit from a safety plan which "this psychologist agreed to meet with her more regularly if she wants to work on sobriety and improved health".

During interview on 4/29/25 at 11:00 a.m., DDS stated R3 will talk to the licensed drug and alcohol counselor (LADC) they had come to the facility but R3 would not sign onto the program he had to offer to assist with quitting drinking. The DDS stated R3 does not have a behavioral contract in place at the facility and was unaware ACP was willing to assist with a safety plan for R3, and had no comment as to the reason the

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PROVIDENCE PLACE	**3720 23RD AVENUE SOUTH** **MINNEAPOLIS, MN 55407**

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F 740	Continued From page 7 recommendations were not followed through with. The DSS stated she was aware R3 had alcohol in her room and had been drinking in her room and residents have rights and "we can't just search their rooms due to their rights in the facility, and the only way we could remove the bottle of alcohol is if it is visible and they allow us to remove it." During interview on 4/30/25 at 11:20 a.m., psychologist with doctorial (PsyD) from ACP stated she was willing to assist a harm reduction program for R3, which would be a contract that would indicate she would be a very important person in the community and would indicate how we would want to support R3's sobriety, and she would sign and agree for the facility to search her room for alcohol, explaining to her it is a facility policy which sometimes would be another reason or way to reduce her drinking, since she had been known to drink in her room. In addition, the PsyD stated when she saw R3, things R3 stated to cause her to drink were loneliness and depression and made recommendations for the facility to help with those feelings. Safety for Residents with Substance Use Disorder policy implemented April 2025, indicated Care Planning interventions will address risks by providing appropriate diversions for residents and encouraging residents to seek out facility staff to discuss their plan of care, including discharge planning, rather than leaving to seek out substances which could endanger the resident's health and/or safety. The policy further indicated the facility will make an effort to prevent substance use which may include providing substance use treatment services, medication-assisted treatment, alcoholic/narcotic	F 740		

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	245271	A. BUILDING ______ B. WING ______	C 04/30/2025

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F 740	Continued From page 8 anonymous meetings, working with the resident and family, if appropriate, to address goals related to their stay in the nursing home, and increased monitoring and supervision.	F 740		

Minnesota Department of Health

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2 000	Initial Comments	2 000		

*****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 4/28/25 through 4/30/35, 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.
The following complaints were reviewed: NO licensing orders were issued.

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2 000	Continued From page 1 H52713450C (MN112523); H52713468C (MN112408); H52713770C (MN112664); H52713910C (MN112347). 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.	2 000		

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F 000	INITIAL COMMENTS On 4/28/25 through 4/30/25, 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 complaints were reviewed: H52713450C (MN112523); H52713468C (MN112408); H52713770C (MN112664); H52713910C (MN112347). As a result of the investigation a deficiency was cited at F740. 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.	F 000		
F 740 SS=D	Behavioral Health Services CFR(s): 483.40 §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and	F 740		5/15/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed — TITLE: — (X6) DATE: 05/15/2025

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 740	Continued From page 1 mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to develop and implement an individualized behavioral health care plan utilizing recommendations from professional psychological services to support sobriety efforts for 2 of 2 residents (R2 and R3) reviewed for behavioral health needs. Findings include: R2's quarterly Minimum Data Set (MDS) dated 2/11/25, indicated moderate cognitive impairment, cardiac-respiratory issues, COPD, depression, and dementia. The MDS indicated no mood or behavior issues, R2 was independent with mobility, activities of daily living (ADL)'s, and had troubles with breathing with exertions. R2's Care Plan revised on 4/16/25, indicated R2 had cognitive loss/dementia or alteration in thought process's ability, judgement and decision making. The Care Plan further indicated R2 had major depression and received services in-house from the psycho-geriatric team, and staff were to observe behavior and attempt to determine pattern, frequency, intensity and triggers, recommendations per psych, use support, validate his distress, listen to him, help him problem solve. The care plan further indicated he does not endorse drinking or smoking much of the time and would be a good time to support sobriety and even smoking cessation. Therapy completed a community assessment which indicated R2 could be independent when leaving	F 740	F740 1. R3 discharged from the facility. R2s care plan was updated to reflect professional psychological services recommendations. 2. The Social Service Director and designee will identify all residents with active substance use disorders (SUD) who subsequently are seen by professional psychological services . All identified residents with an active SUD and seen by professional psychological services will have their care plans updated to reflect the most current professional psychological services recommendations related to their SUD. 3. Social Services will review professional psychological service recommendations for active SUD residents and update care plan with recommendations related to their SUD. 4. ED or designee will complete random weekly audits x3 months to ensure all professional psychological services recommendations related to SUD for active SUD residents are implemented. 5. Audit results and the data collected will be presented to the QAPI Committee monthly by the ED, Social Service	

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F 740	Continued From page 2 the facility. A Facility Reported Incident indicated on 4/21/25, R2 signed himself out at the facility and did not return at the intended return time. Police notified and Minnesota Department of Health report was submitted. R2 was assessed to be independent while out in the community and was transported to the hospital from the community. The hospital reported R2 was short of breath and returned the following day. R2's Associated Clinic of Psychology (ACP) visit note dated 4/15/25, indicated R2 was seen for continued services to maintain and improve the client's current level of functioning. The note indicated R2 had low mood related to his current living situation and expressed a desire for a more independent living setting. He indicated having a roommate and lack of privacy as negatively impacting his mood. R2 denied any urges to relapse and emphasized the importance of maintaining sobriety and anxiety linked to both his wish to move and his COPD. The note also indicated he reflects on chronic depressive thinking and defines as a loner with low motivation for activity or social engagement. In addition, the note indicated motivation towards sobriety seemed strong. The provider treatment and recommendations/Plan indicated: Continue current psychological treatment intervention plan and interventions in place. Continue supportive and solution-focused therapy. Explore coping strategies for current living situations and reinforce strengths. Monitor mood and anxiety symptoms, encourage engagement in meaningful activities. R2 is hopeful to explore alternative living environments, is open to the idea of Assisted Living facilities. R2 does not recall any	F 740	Director, or designee. QAPI committee will review and make any necessary recommendations. Plan of correction will be completed by 5/15/2025	

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F 740		F 740		

Continued From page 3
discharge planning happening but also presents with cognitive deficits.

R2's Activity Progress Note dated 1/29/25, indicated a recreation/wellness interview was completed on R2, work history indicated R2 worked at 3 M, socialization described as enjoyed visiting with others during leisure activities with meals, activity involvement preference is individual.

During observation and interview on 4/28/25 at 1:41 p.m., R2 was observed to be lying in his bed watching TV. He stated he takes the city bus and goes out and had been hospitalized a few times while being out due being short of breath. R2 stated he had a cell phone and calls 911 when that happens. R2 stated he did not want to talk today and asked surveyor to leave his room.

During interview on 4/30/25 at 12:45 p.m., community life coordinator (CLC)-A stated she leaves it up to R2 to attend activities and for him to request materials for reading. R2 had participated in history group and a party they had in the past. CALC-A stated she could reach out to him since there is a history group on Sundays and invite him, and on Tuesday mornings they have newspaper readings he might be interested in. CLC-A stated R2 might enjoy outdoor visits since he smokes, and leisure materials such as a CD player, library card, and puzzles since he worked at 3 M. CLC-A was not aware of recommendation made by ACP.

During interview on 4/29/25 at 2:30 p.m., director of social services (DSS) stated R2 goes out once or twice a week and will drink. DSS stated R2 will sign himself out but will not tell us where he is

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F 740	Continued From page 4 going, adding he usually will go to a friend's house or to the store. The DSS stated he also has been admitted to the hospital while out due to his COPD. In addition, the DSS indicated awareness R2 was seen by ACP services but unaware he was interested in remaining sober, motivated by and discussed alternative placement options, or the recommendation for engagement in meaningful activities. The DSS stated social services is responsible for reading the ACP recommendations and had no comment why they were not read or implemented to assist with R2 sobriety and treatment goals. R3's quarterly MDS dated 3/18/25, indicated R3 was cognitively intact, had anemia, diabetes mellitus, anxiety, and depression disorder. The MDS further indicated R3 had no behaviors, used a wheelchair to ambulated, was independent with ADL's and had one fall since admission. R3's Care Plan revised on 4/13/25, indicated R3 had substance use disorder related to alcohol, staff were to encourage frequent contact with family/friends that do not encourage substance use, encourage to stay in room, hold mood altering sedative medications, observe and report to medical reactionary any signs/symptoms of withdrawal. The Care Plan further indicated R3 needed supervision when leaving the facility related to severe cognitive impairment. In addition the Care Plan indicated R3 refused to see in house psychiatrist, recites psych services as needed, staff should encourage resident to work on breathing when coping, along with drinking water/coffee, and taking her medications, and keep herself busy. To help stop herself from drinking, R3 enjoys music, this could be an encouragement for staff to direct her when upset	F 740		

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F 740		F 740		

Continued From page 5

to self soothe, could benefit from visits from the Chaplin, and observe for behavior and attempt to determine pattern, frequency, intensity and triggers.

A Facility Reported Incident dated 4/15/25, indicated R3 left facility without signing out and with no supervision. Facility followed missing persons procedure, contacted police, R3 was found intoxicated and was sent to the hospital and returned to the facility on 4/18/25.

An After Visit Summary dated 4/17/25, indicated R3 was seen in the Emergency Department (ED) for altered mental status, and intoxication secondary to ethyl alcohol poisoning. A legal hold was placed on the patient due to their inability to care for self which represented a danger to self in addition to their chemical dependency status that is in question due to intoxication. and was discharged on 4/18/25.

R3's ACP visit summary dated 4/16/25, indicated R3 was seen for continued services to maintain and improve the client's current level of functioning, continued treatment needed to reduce or control of symptoms and prevent relapse. The summary indicated R3 had short term memory impairment, impaired judgement, and impaired thought. The session documentation indicated R3 was found in her room, nicely groomed, and dressed in her bed with her room cluttered and disorganized. In addition, the note indicated she spoke spontaneously about her brother calling her and wanting her to go to detox and how she did not agree with him, but did indicate she liked that he called her and was trying to call him again, but he had not returned her calls. In addition, the note

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F 740	Continued From page 6	F 740		

indicated how R3 indicated she had depression and loneliness that caused her to drink, and admitted to drinking three days a week and would like to maintain her sobriety. R3 stated her parents were alcoholics and she drank all her life. In addition, R3 stated she would like a private room to keep her busy, in addition she admits to being lonely since her son moved out. The Summary Treatment Recommendations/Plan indicated to: Continue current psychological treatment plan and intervention in place. In addition, a private room may be worth considering for her to keep her room well organized and wanting to keep herself well groomed. She did see the psychiatrist which is a sign she might be more open to local help. Staff could help R3 find strategies to help keep her busy, such as self-care and keeping her room organized and going out. R3 does not like being disconnected with her son, helping him identify ways to support his mother and referring him to the community-based resources can be of a value as appropriate. When she is drinking, staff striving to have a harm reduction plan and staff helping her feel care for and supported may help. R3 may benefit from a safety plan which "this psychologist agreed to meet with her more regularly if she wants to work on sobriety and improved health".

During interview on 4/29/25 at 11:00 a.m., DDS stated R3 will talk to the licensed drug and alcohol counselor (LADC) they had come to the facility but R3 would not sign onto the program he had to offer to assist with quitting drinking. The DDS stated R3 does not have a behavioral contract in place at the facility and was unaware ACP was willing to assist with a safety plan for R3, and had no comment as to the reason the

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F 740	Continued From page 7	F 740		

recommendations were not followed through with. The DSS stated she was aware R3 had alcohol in her room and had been drinking in her room and residents have rights and "we can't just search their rooms due to their rights in the facility, and the only way we could remove the bottle of alcohol is if it is visible and they allow us to remove it."

During interview on 4/30/25 at 11:20 a.m., psychologist with doctorial (PsyD) from ACP stated she was willing to assist a harm reduction program for R3, which would be a contract that would indicate she would be a very important person in the community and would indicate how we would want to support R3's sobriety, and she would sign and agree for the facility to search her room for alcohol, explaining to her it is a facility policy which sometimes would be another reason or way to reduce her drinking, since she had been known to drink in her room. In addition, the PsyD stated when she saw R3, things R3 stated to cause her to drink were loneliness and depression and made recommendations for the facility to help with those feelings.

Safety for Residents with Substance Use Disorder policy implemented April 2025, indicated Care Planning interventions will address risks by providing appropriate diversions for residents and encouraging residents to seek out facility staff to discuss their plan of care, including discharge planning, rather than leaving to seek out substances which could endanger the resident's health and/or safety. The policy further indicated the facility will make an effort to prevent substance use which may include providing substance use treatment services, medication-assisted treatment, alcoholic/narcotic

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F 740	Continued From page 8 anonymous meetings, working with the resident and family, if appropriate, to address goals related to their stay in the nursing home, and increased monitoring and supervision.	F 740		

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2 000	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 4/28/25 through 4/30/35, 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. The following complaints were reviewed: NO licensing orders were issued.	2 000		

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PROVIDENCE PLACE	**3720 23RD AVENUE SOUTH MINNEAPOLIS, MN 55407**

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2 000	Continued From page 1 H52713450C (MN112523); H52713468C (MN112408); H52713770C (MN112664); H52713910C (MN112347). 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.	2 000		