DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
June 18, 2025

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

RE: CCN: 245271
Cycle Start Date: May 23, 2025

Dear Administrator:

On June 16, 2025, 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

June 18, 2025

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

Re: Reinspection Results
Event ID: PTZ812

Dear Administrator:

On June 16, 2025 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on May 23, 2025. At this time these correction orders were found corrected.

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

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: May 23, 2025

Dear Administrator:

On May 23, 2025, 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 August 23, 2025 (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 November 23, 2025 (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

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: State Nursing Home Licensing Orders
Event ID: PTZ811

Dear Administrator:

The above facility was surveyed on May 20, 2025 through May 23, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

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

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.

Please feel free to call me with any 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

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 05/23/2025

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 5/20/25 and 5/23/25, 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 complaint was reviewed: H52715069C (MN00113132), with a deficiency cited at F656. 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 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain	F 656		6/9/25

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

Electronically Signed | 06/05/2025

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 656	Continued From page 1 or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to include in the care plan interventions for safe eating and swallowing for 1 of 2 residents (R1) reviewed for quality of care and treatment.	F 656	F656 The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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PROVIDENCE PLACE	3720 23RD AVENUE SOUTH MINNEAPOLIS, MN 55407

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F 656	Continued From page 2 Findings include: R1's quarterly Minimum Data Set (MDS) dated 4/17/25, identified diagnoses of unspecified tremor (involuntary movement), absence of other parts of the digestive tract (removal or absence of part of the digestive tract which could be stomach, intestines or other components), and dysphagia oropharyngeal phase (swallowing disorder occurs in the mouth and throat affecting the ability to swallow both liquids and solids). R1 had cognition impairment. R1 required set up assistance with meals. R1 did not have difficulty with coughing or choking during meals or when swallowing medications. R1's care plan dated 1/16/25, identified a self-care performance deficit with an intervention labeled eating: set up. R1's physician order dated 1/16/25, identified regular textured diet with thin liquids. R1's progress note dated 2/14/25, included R1 had difficulty swallowing medications whole this morning. Choking and coughing when taking medications but able to clear independently. R1 stated this had happened before but more often lately. Nurse practitioner notified and orders for speech therapy (ST) recommended. R1's physician order dated 2/14/25, identified orders for ST to evaluate and treat for diagnosis of choking/coughing with medication administration. R1's progress note dated 2/14/25 at 12:50 p.m., directed R1 was seen by ST with recommendations to crush medications and put	F 656	as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of State and Federal law. Without waiving the foregoing statement, the facility states that: 1. R1 no longer resides at the facility 2. Speech Therapy will pull all recommendations made for current residents and review for accuracy. All recommendations will be passed to the Dietician to update the Nutritional Care Plan and pass the necessary information to the dietary department to update meal tickets. Recommendations will also be passed to Nursing to update NAR care guides to ensure they reflect current needs and recommendations. 3. DNS and Director of Rehab will review the process for Speech Therapy recommendations and how information will be passed to other departments. Speech therapists, Dieticians, Assistant Directors of Nursing, and MDS will be trained on new process going forward. 4. Speech Therapist or designee will complete weekly audits x1month via dining room and medication pass audits to ensure Speech Therapy recommendations are carried through as written to the floor staff. Audits will also be completed by DNS or designee weekly x1month to ensure recommendations are placed on care plans and NAR Care Guides as written. Results of these audits will be brought to the monthly QAPI	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 656	Continued From page 3 in applesauce or pudding. Nurse practitioner notified and order received to crush medications. Family notified of medications being crushed now. R1's physician order dated 2/14/25, directed to crush medications. R1's ST evaluation and plan of treatment dated 2/14/25, identified R1 should be in an upright position for all meals, remain upright for at least 30 minutes after all meals, eat and drink slowly, small bites, small sips, chew foods thoroughly, alternating bites and sips. To facilitate safety and efficiency, it is recommended R1 use the following strategies during oral intake: chin tuck and effortful swallow. R1's progress note dated 3/1/25, included R1 was on a regular diet, regular textured food, regular liquids. R1 can feed self with no chewing/swallowing problems noted. R1's progress note dated 4/20/25, included R1 and son were educated on proper positioning and eating in the dining room with peers for safety and to monitor in case of choking episode. R1 did not say much to the education but son verbalized understanding. R1's record review of the care plan did not include the addition of ST recommendations, that medications should be crushed and placed in applesauce or pudding, nor that R1 was a choking risk. During a phone interview on 5/20/25 at 1:27 p.m., family member (FM)-A stated the facility knew that R1 was a choke risk and had difficulty	F 656	meetings for review and further recommendations. 5. POC completion date: June 9, 2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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PROVIDENCE PLACE	3720 23RD AVENUE SOUTH MINNEAPOLIS, MN 55407

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F 656	Continued From page 4 swallowing. One of the nurses gave FM-A and R1 education that she was to be upright while eating. R1 was on a regular diet and regular liquids. During an interview on 5/23/25 at 8:37 a.m., licensed practical nurse (LPN)-A stated she was working with R1 on 2/14/25, and R1 just could not swallow her pills. LPN-A crushed the pills and put them in pudding and R1 did not have difficulty swallowing that. LPN-A received an order from the nurse practitioner for ST to evaluate and treat. On 4/20/25, FM-A was with R1 in her room and it was right before a meal. R1 had requested to lay down. LPN-A educated FM-A and R1 that it was best to eat in a completely upright position and with other residents. During an interview on 5/23/25 at 10:07 a.m., speech language pathologist (SLP)-A stated R1 did good with eating food but complained that she felt like the food was stuck in her throat. SLP-A encouraged consistent cueing which included chew food well, do a liquid wash. SLP-A gave recommendations to be upright for all meals and 30 minutes afterwards, eat and drink slowly, small sips and bites, alternate between sips and bites. During an interview on 5/23/25 at 2:30 p.m., assistant director of nursing (ADON) reviewed R1's care plan and verified that ST recommendations of remaining upright position for all meals, remain upright for at least 30 minutes after all meals, eat and drink slowly, small bites, small sips, chew foods thoroughly, alternating bites and sips. To facilitate safety and efficiency, it is recommended R1 use the following strategies during oral intake: chin tuck and effortful swallow were not in the care plan. The expectation is that all recommendations from	F 656		

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F 656	Continued From page 5 therapies would be included immediately in the care plan and the nursing assistant care guide.	F 656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00096	A. BUILDING: _____ B. WING _____	C 05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE PLACE	3720 23RD AVENUE SOUTH MINNEAPOLIS, MN 55407

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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 5/20/25, and 5/23/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00096	A. BUILDING: _____ B. WING _____	C 05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE PLACE	3720 23RD AVENUE SOUTH MINNEAPOLIS, MN 55407

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2 000	Continued From page 1 and identify the date when they will be completed. The following complaints were reviewed: H52715069C (MN00113132) with a licensing order issued at 0570. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00096	A. BUILDING: _____ B. WING _____	C 05/23/2025

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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 570	MN Rule 4658.0405 Subp. 4 Comprehensive Plan of Care; Revision Subp. 4. Revision. A comprehensive plan of care must be reviewed and revised by an interdisciplinary team that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, with the participation of the resident, the resident's legal guardian or chosen representative at least quarterly and within seven days of the revision of the comprehensive resident assessment required by part 4658.0400, subpart 3, item B. This MN Requirement is not met as evidenced by: Based on interview and record review the facility failed to include in the care plan interventions for safe eating and swallowing for 1 of 2 residents (R1) reviewed for quality of care and treatment. Findings include: R1's quarterly Minimum Data Set (MDS) dated 4/17/25, identified diagnoses of unspecified tremor (involuntary movement), absence of other parts of the digestive tract (removal or absence of part of the digestive tract which could be	2 570	Corrected	6/5/25

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2 570	Continued From page 3 stomach, intestines or other components), and dysphagia oropharyngeal phase (swallowing disorder occurs in the mouth and throat affecting the ability to swallow both liquids and solids). R1 had cognition impairment. R1 required set up assistance with meals. R1 did not have difficulty with coughing or choking during meals or when swallowing medications. R1's care plan dated 1/16/25, identified a self-care performance deficit with an intervention labeled eating: set up. R1's physician order dated 1/16/25, identified regular textured diet with thin liquids. R1's progress note dated 2/14/25, included R1 had difficulty swallowing medications whole this morning. Choking and coughing when taking medications but able to clear independently. R1 stated this had happened before but more often lately. Nurse practitioner notified and orders for speech therapy (ST) recommended. R1's physician order dated 2/14/25, identified orders for ST to evaluate and treat for diagnosis of choking/coughing with medication administration. R1's progress note dated 2/14/25 at 12:50 p.m., directed R1 was seen by ST with recommendations to crush medications and put in applesauce or pudding. Nurse practitioner notified and order received to crush medications. Family notified of medications being crushed now. R1's physician order dated 2/14/25, directed to crush medications.	2 570		

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2 570	Continued From page 4 R1's ST evaluation and plan of treatment dated 2/14/25, identified R1 should be in an upright position for all meals, remain upright for at least 30 minutes after all meals, eat and drink slowly, small bites, small sips, chew foods thoroughly, alternating bites and sips. To facilitate safety and efficiency, it is recommended R1 use the following strategies during oral intake: chin tuck and effortful swallow. R1's progress note dated 3/1/25, included R1 was on a regular diet, regular textured food, regular liquids. R1 can feed self with no chewing/swallowing problems noted. R1's progress note dated 4/20/25, included R1 and son were educated on proper positioning and eating in the dining room with peers for safety and to monitor in case of choking episode. R1 did not say much to the education but son verbalized understanding. R1's record review of the care plan did not include the addition of ST recommendations, that medications should be crushed and placed in applesauce or pudding, nor that R1 was a choking risk. During a phone interview on 5/20/25 at 1:27 p.m., family member (FM)-A stated the facility knew that R1 was a choke risk and had difficulty swallowing. One of the nurses gave FM-A and R1 education that she was to be upright while eating. R1 was on a regular diet and regular liquids. During an interview on 5/23/25 at 8:37 a.m., licensed practical nurse (LPN)-A stated she was working with R1 on 2/14/25, and R1 just could not swallow her pills. LPN-A crushed the pills and put them in pudding and R1 did not have difficulty	2 570		

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2 570	Continued From page 5 swallowing that. LPN-A received an order from the nurse practitioner for ST to evaluate and treat. On 4/20/25, FM-A was with R1 in her room and it was right before a meal. R1 had requested to lay down. LPN-A educated FM-A and R1 that it was best to eat in a completely upright position and with other residents. During an interview on 5/23/25 at 10:07 a.m., speech language pathologist (SLP)-A stated R1 did good with eating food but complained that she felt like the food was stuck in her throat. SLP-A encouraged consistent cueing which included chew food well, do a liquid wash. SLP-A gave recommendations to be upright for all meals and 30 minutes afterwards, eat and drink slowly, small sips and bites, alternate between sips and bites. During an interview on 5/23/25 at 2:30 p.m., assistant director of nursing (ADON) reviewed R1's care plan and verified that ST recommendations of remaining upright position for all meals, remain upright for at least 30 minutes after all meals, eat and drink slowly, small bites, small sips, chew foods thoroughly, alternating bites and sips. To facilitate safety and efficiency, it is recommended R1 use the following strategies during oral intake: chin tuck and effortful swallow were not in the care plan. The expectation is that all recommendations from therapies would be included immediately in the care plan and the nursing assistant care guide. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to revision of the care plan as needed to meet the needs of each individual resident. The director of	2 570		

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2 570	Continued From page 6 nursing or designee could develop a system to educate staff and develop a monitoring system to ensure individual care plans are revised as necessary. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 570		