



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 1, 2024

Administrator
Edenbrook Of Edina
6200 Xerxes Avenue South
Minneapolis, MN 55423

RE: CCN: 245275
Cycle Start Date: June 11, 2024

Dear Administrator:

On June 28, 2024, we notified you a remedy was imposed. On July 25, 2024 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 July 16, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 11, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of June 28, 2024, 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 was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 11, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on July 16, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, 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,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 14, 2024

Administrator
Edenbrook Of Edina
6200 Xerxes Avenue South
Minneapolis, MN 55423

RE: CCN: 245275
Cycle Start Date: June 11, 2024

Dear Administrator:

On June 11, 2024, 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:

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- 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:

**Annette Winters, Regional Operations Supervisor, Federal Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558**

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 September 11, 2024 (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 December 11, 2024 (six months after

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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) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

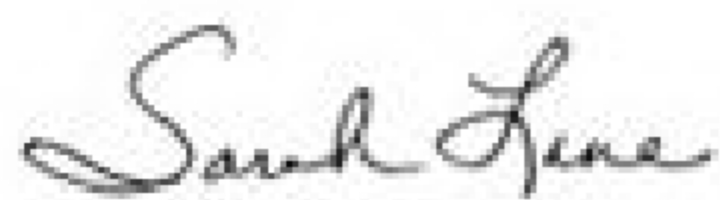
This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



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June 14, 2024

Administrator
Edenbrook Of Edina
6200 Xerxes Avenue South
Minneapolis, MN 55423

Re: Event ID: SRJF11

Dear Administrator:

The above facility survey was completed on June 11, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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

PRINTED: 07/08/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2024
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NAME OF PROVIDER OR SUPPLIER EDENBROOK OF EDINA	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 XERXES AVENUE SOUTH MINNEAPOLIS, MN 55423
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 6/10/24 and 6/11/24, 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.</p> <p>The following complaints were reviewed. H52754257C (MN00103845), H52754528C (MN00103989), and H52754288C (MN00103813)</p> <p>The following complaints were reviewed. H52754355C (MN00103881) with a deficiency issued at F609 and F610.</p> <p>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.</p> <p>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.</p>	F 000		
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,</p>	F 609		6/24/24

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

TITLE

(X6) DATE

Electronically Signed

06/24/2024

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 609	<p>Continued From page 1</p> <p>are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report alleged violations of abuse was reported immediately, but no later than 2 hours after the allegation is made State Agency for one of one resident (R1) reviewed when a police officer visited the facility to investigate an allegation of abuse.</p> <p>for reporting of alleged violations of mistreatment, exploitation, neglect, or abuse. Law enforcement visited R1 due to allegations of maltreatment and stated to the Director of Nursing (DON) they were there for allegations of maltreatment and the facility did not report the allegations of maltreatment.</p> <p>Findings include:</p>	F 609	<ol style="list-style-type: none"> 1. R1s daughter's report of maltreatment has been previously reported to MDH, and the 5 day investigation has been submitted. 2. All residents have the potential for unreported abuse. 3. DON has been educated to report any reports of maltreatment. 100% of grievances will be audited to ensure none met the requirements for reported events for 4 weeks, then 50% of grievances will be audited for 4 weeks. 100% of Facility Reported Incidents and Grievance audits will be reviewed monthly at QAPI to ensure ongoing compliance. 4. Administer is responsible for overall compliance. 	

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F 609	<p>Continued From page 2</p> <p>R1's Admission Record printed on 6/10/24 indicated R1 was admitted to the facility on 11/3/22. R1's diagnoses include post-traumatic stress disorder, dependence on renal dialysis, need for assistance with personal care, reduced mobility, borderline personality disorder, and major depressive disorder with severe psychotic symptoms.</p> <p>R1's progress note dated 11/3/22 indicated R1 was admitted to the facility with a primary diagnosis of chronic failure renal end stage renal disease dialysis dependent.</p> <p>R1's brief interview for mental status (BIMS) dated 5/14/24 indicated R1 had a score of 14, which indicated R1 was cognitively intact.</p> <p>R1's police report dated 6/6/24 indicated law enforcement went to visit R1 due to reports the nursing staff was grabbing her and jerking her around. The police report indicated R1 stated she did not need emergency medical services (EMS). The police report stated law enforcement spoke with the DON who told the police officer it is typical for R1 to accuse staff of abuse and that she investigates every report of abuse for R1.</p> <p>R1's progress notes indicate no progress note was made on 6/6/24 about allegations of abuse, that the DON, or assistant director of nursing (ADON), or the administrator talked with R1 about the alleged abuse.</p> <p>During an interview with R1 on 6/10/24 at 8:58 a.m., R1 stated she remembers law enforcement visiting her, but she did not know when they visited her or why they visited her. R1 stated men</p>	F 609		

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

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OMB NO. 0938-0391

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F 609	<p>Continued From page 3</p> <p>were in her room and they were rough with her during cares. She did not say anything to the men while this was happening because she was dumbfounded. R1 stated she is afraid of the men that come in her room and is afraid to report the abuse because she is afraid the men will increase the severity of the abuse.</p> <p>During an interview with the DON on 6/10/24 at 11:54 a.m., the DON stated law enforcement came to visit R1 last week. The DON stated law enforcement told her they were there because they received a report of abuse to R1. The DON stated she did not start an investigation into abuse because law enforcement stated, "she was fine" and that R1's family member (FM)-A calls "all of the time" and alleges "things". The DON stated she did not feel it was necessary to start an investigation.</p> <p>During an email correspondence from the DON on 6/10/24 at 3:12 p.m., the DON stated the ADON met with R1 immediately after law enforcement left R1's room and R1 stated she was "fine" and had no concerns.</p> <p>During an interview with the ADON on 6/10/24 at 3:20 p.m., the ADON stated when law enforcement came out of R1's room, he went into R1's room and asked if she was ok and R1 stated to him that she did not have any concerns. The ADON stated he spoke with the DON and the DON had told him why law enforcement was visiting R1, but the ADON did not remember why law enforcement was visiting R1 at the time of this interview. The ADON stated he did not call R1's guardian.</p> <p>During an email correspondence from the DON</p>	F 609		

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F 609	<p>Continued From page 4</p> <p>on 6/10/24 at 3:21 p.m., the DON stated the administrator followed up with R1. The DON stated the administrator checked in the R1 after law enforcement left and stated R1 had no concerns.</p> <p>During an interview with the DON on 6/10/24 at 4:51 p.m., the DON stated her expectation is abuse, neglect, or abuse should be reported. The DON stated if the facility gets a report on abuse, neglect, or abuse, the facility would assess the resident, they would report the abuse, and then the facility would investigate. The DON stated if the resident is alert and orientated and they tell them no abuse took place, then the facility would not investigate. The DON stated if there is a report of abuse and the resident states abuse happened, then the facility would investigate. The DON stated the administrator and the ADON visited R1 when law enforcement was there.</p> <p>During an interview with the administrator on 6/10/24 at 5:02 p.m., the administrator stated if there is a threat of physical abuse, then the facility would report the allegation first and then investigate after. The administrator stated law enforcement came out to the facility on Friday, 6/7/24 and she found out that they came to speak with R1. The administrator stated she never found out from law enforcement as to why they were at the facility. After law enforcement left, she went to visit R1 and asked if she had any concerns. R1 stated she did not have any concerns. The administrator stated she did not ask R1 specifically about abuse, neglect, or abuse because R1 stated she did not have any concerns.</p> <p>The facility's Vulnerable Adult Abuse and Neglect</p>	F 609		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 609	Continued From page 5 Prevention policy and procedure revised on 10/4/23 indicated any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect, or misappropriation shall intervene to safeguard the resident and then immediately report to the Nursing Home Administrator and then the Administrator would report abuse to the state agency per State and Federal requirements. The policy indicated upon receiving a complaint of alleged maltreatment, the Administrator must be notified immediately and they, the DON, or designee, will coordinate an investigation, which will include completion of witness statements. The policy indicated the facility must report to the State agency immediately, but no later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than twenty-four hours if the alleged violation involves, neglect, misappropriation of resident property, or exploitation and involves not serious bodily injury. The policy indicated that upon reports of resident maltreatment, each alleged report will be individually investigated.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.	F 610		6/24/24

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F 610	<p>Continued From page 6</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to investigate a report of abuse for one of one resident (R1) reviewed for response to allegations of abuse when a police officer visited the facility to investigate an allegation of abuse.</p> <p>Findings include:</p> <p>R1's Admission Record printed on 6/10/24 indicated R1 was admitted to the facility on 11/3/22. R1's diagnoses include post-traumatic stress disorder, dependence on renal dialysis, need for assistance with personal care, reduced mobility, borderline personality disorder, and major depressive disorder with severe psychotic symptoms.</p> <p>R1's progress note dated 11/3/22 indicated R1 was admitted to the facility with a primary diagnosis of chronic failure renal end stage renal disease dialysis dependent.</p> <p>R1's brief interview for mental status (BIMS) dated 5/14/24 indicated R1 had a score of 14, which indicated R1 was cognitively intact.</p> <p>R1's police report dated 6/6/24 indicated law enforcement went to visit R1 due to reports the nursing staff was grabbing her and jerking her</p>	F 610	<ol style="list-style-type: none"> 1. R1s daughter's report of maltreatment has been investigated, and this investigation submitted to the OHFC portal. R1 did not confirm or report any abuse, maltreatment, or neglect. 2. All residents have the potential for this deficiency. 3. All Facility Reported Incidents will utilize the Verification of Investigation Form. Each Facility reported Incidents will be audited to ensure they all have a Verificatin of Investigation Form completed. Results of audit will be reviewed monthly at QAPI to ensure ongoing compliance. 4. Administrator is responsible for overall complince. 	

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F 610	<p>Continued From page 7</p> <p>around. The police report indicated R1 stated she did not need emergency medical services (EMS). The police report stated law enforcement spoke with the DON who told the police officer it is typical for R1 to accuse staff of abuse and that she investigates every report of abuse for R1.</p> <p>R1's progress notes indicate no progress note was made on 6/6/24 about allegations of abuse, that the DON, or assistant director of nursing (ADON), or the administrator talked with R1 about the alleged abuse.</p> <p>During an interview with R1 on 6/10/24 at 8:58 a.m., R1 stated she remembers law enforcement visiting her, but she didn't know when they visited her or why they visited her. R1 stated men were in her room and they were rough with her during cares. She did not say anything to the men while this was happening because she was dumbfounded. R1 stated she is afraid of the men that come in her room and is afraid to report the abuse because she is afraid the men will increase the severity of the abuse.</p> <p>During an interview with the DON on 6/10/24 at 11:54 a.m., the DON stated law enforcement came to visit R1 last week. The DON stated law enforcement told her they were there because they received a report of abuse to R1. The DON stated she did not start an investigation into abuse because law enforcement stated, "she was fine" and that R1's family member (FM)-A calls "all of the time" and alleges "things". The DON stated she didn't feel it was necessary to start an investigation.</p> <p>During an email correspondence from the DON on 6/10/24 at 3:12 p.m., the DON stated the</p>	F 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2024
NAME OF PROVIDER OR SUPPLIER EDENBROOK OF EDINA		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 XERXES AVENUE SOUTH MINNEAPOLIS, MN 55423		
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F 610	<p>Continued From page 8</p> <p>ADON met with R1 immediately after law enforcement left R1's room and R1 stated she was "fine" and had no concerns.</p> <p>During an interview with the ADON on 6/10/24 at 3:20 p.m., the ADON stated when law enforcement came out of R1's room, he went into R1's room and asked if she was ok and R1 stated to him that she didn't have any concerns. The ADON stated he spoke with the DON and the DON had told him why law enforcement was visiting R1, but the ADON did not remember why law enforcement was visiting R1 at the time of this interview. The ADON stated he did not call R1's guardian.</p> <p>During an email correspondence from the DON on 6/10/24 at 3:21 p.m., the DON stated the administrator followed up with R1. The DON stated the administrator checked in the R1 after law enforcement left and stated R1 had no concerns.</p> <p>During an interview with the DON on 6/10/24 at 4:51 p.m., the DON stated her expectation is abuse, neglect, or abuse should be reported. The DON stated if the facility gets a report on abuse, neglect, or abuse, the facility would assess the resident, they would report the abuse, and then the facility would investigate. The DON stated if the resident is alert and orientated and they tell them no abuse took place, then the facility would not investigate. The DON stated if there is a report of abuse and the resident states abuse happened, then the facility would investigate. The DON stated the administrator and the ADON visited R1 when law enforcement was there.</p> <p>During an interview with the administrator on</p>	F 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2024
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F 610	<p>Continued From page 9</p> <p>6/10/24 at 5:02 p.m., the administrator stated if there is a threat of physical abuse, then the facility would report the allegation first and then investigate after. The administrator stated law enforcement came out to the facility on Friday, 6/7/24 and she found out that they came to speak with R1. The administrator stated she never found out from law enforcement as to why they were at the facility. After law enforcement left, she went to visit R1 and asked if she had any concerns. R1 stated she did not have any concerns. The administrator stated she did not ask R1 specifically about abuse, neglect, or abuse because R1 stated she did not have any concerns.</p> <p>The facility's Vulnerable Adult Abuse and Neglect Prevention policy and procedure revised on 10/4/23 indicated any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect, or misappropriation shall intervene to safeguard the resident and then immediately report to the Nursing Home Administrator and then the Administrator would report abuse to the state agency per State and Federal requirements. The policy indicated upon receiving a complaint of alleged maltreatment, the Administrator must be notified immediately and they, the DON, or designee, will coordinate an investigation, which will include completion of witness statements. The policy indicated that upon reports of resident maltreatment, each alleged report will be individually investigated.</p>	F 610		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00740	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2024
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NAME OF PROVIDER OR SUPPLIER EDENBROOK OF EDINA	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 XERXES AVENUE SOUTH MINNEAPOLIS, MN 55423
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 6/10/24 and 6/11/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed with no</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

06/24/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00740	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2024
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2 000	<p>Continued From page 1</p> <p>licensing orders issued. H52754257C (MN00103845), H52754528C (MN00103989), H52754355C (MN00103881), and H52754288C (MN00103813).</p> <p>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.</p>	2 000		