



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 27, 2024

Administrator
Charter House Inc
211 Northwest Second Street
Rochester, MN 55901

RE: CCN: 245282
Cycle Start Date: February 12, 2024

Dear Administrator:

On February 12, 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 actual harm that was not immediate jeopardy (Level G) ,

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

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- 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.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,995; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective February 12, 2024. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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:

Steven.Delich@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 Steven.Delich@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

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

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,

Charter House Inc
February 27, 2024
Page 4

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 02/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/12/2024
NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 211 NORTHWEST SECOND STREET ROCHESTER, MN 55901		
(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 2/12/24, a standard abbreviated survey was conducted at your facility. Your facility was IN compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H52829573C (MN00100623, MN00100607, MN00100684) with a deficiency cited at F689 at past non-compliance as the facility had implemented corrective action. The facility is enrolled in ePOC, therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents.	F 000			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to ensure manufacturers recommendations were followed for full body mechanical lift transfers for 1 of 1 resident (R1) who sustained serious injury with hospitalization.	F 689	Past noncompliance: no plan of correction required.		

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

TITLE

(X6) DATE

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 689	<p>Continued From page 1</p> <p>This deficient practice was issued at past non-compliance related to corrective action taken to ensure proper use of mechanical body lift prior to the survey.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated 12/28/23, indicated R1 had severe cognitive impairment with diagnoses that included stroke, seizure disorder, dementia, and hemiparesis or hemiplegia both sides of body. R1's MDS further indicated R1 was dependent for all activities of daily living (ADL)'s except for eating which required supervision or touch assist from staff.</p> <p>R1's care plan (CP) dated 8/27/17, indicated R1 was at risk for falls and injury related to right-side weakness following stroke, decreased peripheral vision on her right side, weakness, and debility. R1's ADL care plan identified R1 required extensive assistance from two staff for transfers using a Hoyer (full body mechanical lift).</p> <p>Facility incident report dated 2/06/24 at 12:15 p.m., indicated R1 had a fall during transfer to her wheelchair with the Hoyer lift. R1 was being transferred with the lift when straps malfunctioned causing R1 to flip out of the sling onto the floor. The report also indicated a black rubber piece was noted off the Hoyer where the sling attaches. Two nursing assistances were present during the transfer and reported they had checked the sling prior to lifting the resident. Director of nursing (DON) concluded while transferring R1 from bed to wheelchair, one of the loops on the sling came off the transfer bar, potentially caused by R1 body weight shift during the transition from bed to wheelchair. R1 fell with the impact to the right</p>	F 689		

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F 689	<p>Continued From page 2</p> <p>side of her body and head. Bar "end guard" found on the floor which aide stated was in place at the time of connecting the sling to the transfer bar.</p> <p>R1's progress note dated 2/6/24 at 1:38 p.m., indicated, at 12:15 p.m. two staff were transferring R1 with the Hoyer lift from her bed to her wheelchair, the strap closest to R1's left shoulder came off the Hoyer, causing R1 to fall to the floor. Staff reported R1 hit her head on the floor causing a large hematoma on her left forehead and blood was noted on her tongue. CNP was immediately at bedside and family, hospice and emergency medical services (EMS), notified. R1 was transported to hospital at 1:00 p.m.</p> <p>R1's emergency department (ED) to hospital admission summary dated 2/6/24, indicated she was found to have a right intertrochanteric femur fracture on radiographs. Plan was made to proceed with inpatient hospitalization under palliative care medicine with comfort cares and no plan for surgical interventions.</p> <p>During interview on 2/12/24 at 4:51 p.m., nursing assistant (NA)-A stated on 2/6/24 she was assisting NA-B to get R1 transferred out of her bed to the wheelchair for lunch. NA-A stated she attached the upper two loops to the lift and the left leg side and NA-B attached the right leg loop to the lift. R1 was raised up off the bed. NA-B was moving the machine and NA-B pushed the button on the machine for R1's weight when the right shoulder loop came off the machine. The loop of the sling came off the hook of the lift along with the black rubber piece that was supposed to prevent the sling loops from coming detached from the hook. NA-A stated R1 was safely lifted</p>	F 689		

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F 689	<p>Continued From page 3</p> <p>above the bed for 30 seconds or more before they had moved her when the fall happened. NA-A was still unsure why the fall had happened but thought maybe the weight was not distributed causing a slack in the on loop resulting in the loop coming off. NA-A reported she felt the machine had functioned correctly during the transfer. NA-A identified she was provided education via computer training and one on one education with the DON before she was able to return to work.</p> <p>During interview on 2/13/24, at 9:16 a.m., NA-B stated on 2/6/24 she was assisting NA-A with R1's transfer from her bed to wheelchiar with the Hoyer. NA-B stated she and NA-A had attached R1's sling to the lift as they always had done. R1 was raised up over the bed for a few minutes when NA-A moved the lift away from the bed. NA-B stated she had supported R1's legs for comfort during the transfer while she was in the air. When NA-B pushed the button for R1's weight she heard a pop sound and the sling loop had come off the hook. NA-B stated her and NA-B had made sure the sling was attached correctly and R1 was where she was supposed to be in the sling before they moved R1. NA-B stated the incident happened so fast and was unable to articulate what had gone wrong. NA-B stated she was off one day during the investigation. She was provided education and had to demonstrate how to safely use the lift to the nurse manager before she was able to return to the floor and provide care to the residents.</p> <p>During interview on 2/12/24 at 3:08 p.m., director of nursing (DON) stated she had investigated the incident and found, "it had to be operator error" which caused R1's fall. One of the NA's stated they had multiple loops on one of the hooks of the</p>	F 689		

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F 689	<p>Continued From page 4</p> <p>lift versus only one per hook, making it hard to identify the amount of slack on the loop. DON indicated the weight of R1 must have shifted and caused the loop to slip off the hook, resulting in R1's fall. DON stated during the transfer the correct sling size was used. After interviewing NA-A and NA-B they were put on administrative leave pending investigation and re-educated on safe lift practices before they were able to return to work. DON stated all nursing staff on the unit were required to complete the online lift and transfer education and to complete teach back to nurse managers before they were allowed to work on the unit; the education was completed on 2/8/24 and 2/9/24. DON reported the lift and the sling were removed (tagged out) pending investigation from service immediately and fully inspected by maintenance before returned to service. DON reported the staff were all trained on which sling to use and are arranged by size and type in the sling closet on the unit. Therapy decides and assesses for appropriate lift and sling for each resident and this is identified in the residents closet and on the care lists in the chart.</p> <p>Facility document titled, Portable Lift Equipment, Safe Patient Handling, undated, directs staff to</p> <ul style="list-style-type: none"> " Use 2 staff when lifting patients. " Ensure the loops are secure on the hooks. Failure to do so, may result in injury to the patient. " Work within the weight capacity limits of the lift. " Check to ensure the battery has enough charge time. If unsure replace with fully charged battery. " Check the slings to ensure there are no tears, torn stitching, or other issues. <p>EZ Way Smart Lift (Trademark) 500, 600 & 1,000</p>	F 689		

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F 689	Continued From page 5 lb. Capacities Form 2-174 REV. 06/14/2023, directions for attaching the slings Attach the straps located near the patient ' s shoulders to the lift hanger bar hooks using the same length and color of loop strap on each side. Example: If you choose the shortest loop on the strap for the right shoulder, you must use the shortest loop on the strap for the left shoulder. Make a final check of all four loop attachment points to ensure each loop is sufficiently attached to the respective hook of the hanger bars. To lift Push the UP button on the hand control to initiate the upward motion of the lift. Continue the upward motion until there is tension on the legs of the sling, making sure all the loops on the sling are securely hooked on the hanger bars.	F 689			



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Electronically delivered

February 27, 2024

Administrator
Charter House Inc
211 Northwest Second Street
Rochester, MN 55901

Re: Event ID: 6J5911

Dear Administrator:

The above facility survey was completed on February 12, 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 black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2024
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NAME OF PROVIDER OR SUPPLIER CHARTER HOUSE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 NORTHWEST SECOND STREET ROCHESTER, MN 55901
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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 2/12/24, 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 H52829573C (MN00100623, MN00100607,</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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2 000	Continued From page 1 MN00100684). NO licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		