



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 20, 2026

Administrator
The Estates At Twin Rivers LLC
305 FREMONT STREET
ANOKA, MN 55303

RE: CCN: 245298

Cycle Start Date: March 27, 2026

Dear Administrator:

On March 27, 2026, the Minnesota Department(s) of Health and Public Safety, 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.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER The Estates At Twin Rivers Llc			STREET ADDRESS, CITY, STATE, ZIP CODE 305 FREMONT STREET , ANOKA, Minnesota, 55303	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>On 3/26/26 through 3/27/26, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed during the survey, with a deficiency at F880:</p> <p>H52988242C (2672512)</p> <p>H52984562C (2726203)</p> <p>H52988326C (2799373)</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>	F0000		04/15/2026
F0880 SS = D	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and</p>	F0880	<p>Plan of Correction</p> <p>F0880-</p> <p>The process for satisfying this requirement has been reviewed and revised as needed, to ensure the facility develops and implements processes and procedures to ensure staff complete proper hand hygiene practices.</p> <p>-All residents residing in the facility have the potential to be affected if this requirement is not met.</p> <p>-Estates at Twin Rivers Nurses, Integrated Wound NP have received appropriate education on proper hand</p>	04/15/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F0880 SS = D</p>	<p>Continued from page 1 control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>	<p>F0880</p>	<p>Continued from page 1 hygiene practices during wound care.</p> <p>- Audits will be completed three (3) times per week for two (2) weeks; two (2) times per week for two (2) weeks; one (1) time per week for one (1) week; and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI, with any deficient practice corrected at the time of occurrence.</p> <p>-Audits will be reviewed at the next scheduled QAPI.</p> <p>- Administrator or designee is the responsible party.</p> <p>- Corrective action will be completed on or before 4/15/2026</p>	

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F0880 SS = D	<p>Continued from page 2 §483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to follow established infection control practices for 1 of 3 residents (R4) reviewed for hand hygiene when staff failed to perform hand hygiene and change gloves while performing care.</p> <p>Findings include:</p> <p>During an observation on 3/26/26 at 10:08 a.m., registered nurse (RN)-A and the nurse practitioner (NP) performed wound care for R4. RN-A was wearing gloves when she removed the wound dressing from R1's left heel, then removed the dressing from R1's right heel, sprayed both wounds with wound cleanser, wiped R1's left heel with gauze, and then used a clean gauze pad to wipe R1's right heel. RN-A failed to remove her gloves and perform hand hygiene following disposing of the dressings and between cleaning R1's left and right heel.</p> <p>R1's admission Minimum Data Set (MDS), dated 2/26/26, indicated she had diagnoses of multiple rib fractures, heart failure, dementia, anxiety, had a pressure ulcer, was cognitively intact, and required staff assistance with cares and transfers.</p> <p>R1's care plan, dated 2/23/26, indicated she had pressure ulcers on her left and right heels, followed by wound care.</p> <p>During an interview on 3/26/26 at 11:03 a.m., RN-A stated hand hygiene and changing gloves was necessary after removing wound dressings and between providing care for each wound to reduce potential spread of infection.</p>	F0880		

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F0880 SS = D	<p>Continued from page 3</p> <p>During an interview on 3/26/26 at 10:42 a.m., the NP stated hand hygiene and changing gloves was expected after cares and between wounds because "infection could ensue".</p> <p>During an interview on 3/26/26 at 11:24 a.m., the director of nursing (DON)/infection prevention (IP) nurse stated gloves should be changed when going from dirty to clean areas and hand hygiene should be performed after removing gloves by using hand sanitizer or washing with soap and water to prevent infection.</p> <p>The facility Wound Care Treatment Procedure, dated 2/2024, indicated:Remove the previous dressing.Dispose of previous dressing in designated container.Remove your gloves and complete hand hygiene.Clean the wound according to the physician's orders.Remove gloves, dispose of them in the designated container, and complete hand hygiene.Apply clean gloves and complete the residents dressing change while following the provider's order.</p>	F0880		

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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:</p> <p>On 3/26/26 through 3/27/26 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 during the survey:</p>	20000		04/15/2026

Office of Primary Care and Health Systems Management

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20000	Continued from page 1 H52988242C (2672512) H52984562C (2726203) H52988326C (2799373) Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		