Electronically delivered
March 22, 2023

Administrator
Woodlyn Heights Healthcare Center
2060 Upper 55th Street East
Inver Grove Heights, MN 55077

RE: CCN: 245320
Cycle Start Date: March 15, 2023

Dear Administrator:

On March 15, 2023, 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 immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On March 2, 2023, the situation of immediate jeopardy to potential health and safety cited at F678 was removed.

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 listed below to the CMS Region V Office forimposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty, (42 CFR 488.430 through 488.444).

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 $11,292; 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 March 15, 2023. 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 Region V Office may notify you of their determination regarding any imposed remedies.

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Woodlyn Heights Healthcare Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective March 15, 2023. This prohibition remains in effect for the specified period even though substantial compliance is attained. 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.

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) 565-9462

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://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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245320	A. BUILDING _____ B. WING _____	C 03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLYN HEIGHTS HEALTHCARE CENTER	2060 UPPER 55TH STREET EAST INVER GROVE HEIGHTS, MN 55077

(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 3/9/23, 3/13/23, 3/14/23 and 3/15/23 , a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was INcompliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was reviewed H53209277C (MN91775, MN91916) and a deficiency was issued at F678 for PAST NON-COMPLIANCE. Additional complaints were reviewed and found to be in compliance: H53208941C (MN91450), H53209265C (MN90841), H53209256C (MN90842), and H53209217C (MN89501 and MN89496). Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents. 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	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/23/2023

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 000	Continued From page 1	F 000		
	regulations has been attained.			
F 678 SS=J	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3)	F 678		
	§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.			
	This REQUIREMENT is not met as evidenced by:			
	Based on interview and document review the facility failed to follow the Provider Orders for Life Sustaining Treatment (POLST) and did not initiate cardiopulmonary resuscitation (CPR) according to the resident's wishes identified on the POLST of record for 1 of 3 residents (R1) who wished to have CPR. This has the potential to effect all 43 residents who had (CPR status) in the facility. The facility immediately implemented corrective action, so the Immediate Jeopardy (IJ) was issued at past noncompliance.		Past noncompliance: no plan of correction required.	
	The immediate jeopardy began on 2/24/23, at approximately 11:15 p.m. when R1 had no respirations or pulse, and CPR was not initiated. The IJ was identified on 3/14/23, and the administrator, the interim administrator, and director of nursing (DON) were notified of the IJ at past noncompliance on 3/14/23, at 1:55 p.m. The immediate jeopardy was removed on 3/2/23, and the deficient practice was corrected prior to the start of the survey and was therefore issued at past noncompliance.			
	Findings include:			

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F 678	Continued From page 2 R1's significant change Minimum Data Set, (MDS), dated 12/22/23, indicated R1 had moderate cognitive impairment and diagnoses of lung cancer and chronic obstructive pulmonary disease (COPD- a group of diseases that cause airflow blockage and breathing-related problems). R1's POLST document, dated 12/8/22, identified that in the event of cardiopulmonary arrest (heart stops), staff would attempt resuscitation and begin CPR (cardio pulmonary resuscitation). R1's POLST was confirmed by R1 and advanced nurse practitioner (APRN) on 12/8/22, indicating R1 confirmed her wishes to be full code (attempt resuscitation with chest compressions and rescue breathing). R1's progress note, dated 2/13/23, indicated R1 signed on with hospice today, R1 will remain a full code at this time and the hospice nurse will talk with R1 regarding code status at a separate time. R1's progress note, dated 2/25/23, indicated on 2/24/23 at 11:05 p.m. licensed practical nurse (LPN)-A had just given registered nurse (RN)-A report to the on-coming shift when family member (FM)-A reported that R1 was having shortness of breath, upon assessment R1 was breathing. LPN-A left R1's room to update hospice. An additional note dated 2/25/23 indicated that on 2/24/23 at 11:15 p.m. RN-A called hospice to update them on R1's decline when FM-A reported to RN-A that R1 had passed. When RN-A went to go recheck on R1, paramedics had arrived and transported R1 to the hospital. An additional note indicated R1 was at the hospital on 2/25/23 at 1:30 a.m. where R1 died. Review of police Body Camera 3 footage,	F 678		

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F 678	Continued From page 3	F 678		

identified on 2/24/23, at 11:34:11 p.m. a uniformed unknown police officer (UPO)-1 walked into R1's room. R1 was lying in the bed, eyes were closed, had nasal cannula on from an oxygen machine that can be heard running. R1 had no movement. Present in the room was FM-A standing at bedside. UPO-1 walked to R1's bedside and put gloves on at 11:34:31 p.m. At this time RN-A walked into the room, UPO-1 asked RN-A if R1 had any paper work regarding R1's DNR status. RN-A replied, she called hospice, they were coming, so we did not do anything with R1. UPO-1 placed his gloved hand on R1's chest and stated, R1 is still warm, then performed a sternal rub with no response. At 11:34:55, UPO-A started chest compressions. At 11:54:34 p.m. UPO-2 asked FM-A the time period in regards to when R1 first started choking. FM-A stated that a minute had passed from the time she told the nurse and had entered R1's room, she (the nurse) had checked R1's oxygen level on her finger. FM-A stated no one here started CPR at all. On 2/25/23, at at 12:01 a.m. unknown paramedics were continuing to do CPR and announced a pulse for R1. At 12:04 p.m. hospice nurse (HN)-A and nurse manager (NM)-A were standing in the hallway next to R1's room. HN-A stated there was a discrepancy with R1's code status and indicated R1 was DNR and was trying to find R1's DNR paperwork. HN-A stated she was told R1 passed away and was here to do a death visit. At 12:07 a.m. R1 had a pulse and blood pressure, R1 was transported out of the facility on a gurney. At 12:09 p.m. UPO-2 told NM-A the first thing they found when they came in was R1's green POLST order form that indicated R1 was a full code. At 12:23:48 a.m. UPO-2 informed NM-A that facility staff did not initiate CPR on R1. NM-A replied, "they didn't? I told the

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F 678	Continued From page 4 staff to get in the room and start CPR because she was a full code." R1's ambulance report, dated 2/25/23, indicated the facility called 911 at 11:29 p.m. for R1 who was in cardiac arrest, was not breathing and had no pulse. Upon arrival at 11:32 p.m. R1 was found in bed, no prior treatment had been provided with FM-A and FM-B present. According to FM-A, R1 was having a drink of water and started choking and FM-A had asked staff for help, this was when R1 went unresponsive and in Asystole (flatline-lasts about 5 minutes before brain death begins). R1's Hospice discharge visit note dated 2/25/23, indicated the facility had called hospice tele-med and reported R1 was gasping for air while on oxygen, while triage was on the phone it was reported that R1 had stopped breathing and passed away. Another call was received from the facility asking what R1's code status was and if CPR should be done. HN-A informed facility staff to not do CPR as R1 was a do not resuscitate do not intubate (DNR/DNI). Upon arrival to the facility EMS was performing CPR on R1 and they stated R1 had a pulse, because there was no POLST indicating DNR/DNI, R1 was transported to the hospital where R1 passed away. During a phone interview on 3/1/23, at 3:17 p.m. LPN-A indicated that on 2/24/23 she had worked the evening shift and was R1's nurse. LPN-A indicated during her shift R1's vital signs were within normal limits and her breathing was fine. Around 11:00 p.m. LPN-A had been giving report to registered nurse (RN-A) who was the overnight nurse that night. FM-A had come up to the nursing station reporting that R1 was having	F 678		

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F 678	Continued From page 5 shortness of breath. LPN-A explained her and RN-A went to R1's room. LPN-A could not recall if R1 was breathing at that time, could not recall what R1's code status was (at that time), and was unaware who called EMS. LPN-A indicated neither herself or RN-A started CPR on R1. LPN-A stated she and RN-A had been at the nurses station when EMS arrived and EMS started CPR. During a phone interview on 3/14/23, at 8:59 a.m. LPN-B indicated she was working the evening of 2/24/23, but was not working on the same unit where R1 resided. LPN- B explained she had heard that R1 stopped breathing so called nurse manager (NM)-A while RN-A tried to get through to hospice. LPN-B stated NM-A had not answered right away and called back. The paramedics showed up at the facility but did not know who had called them. LPN-B indicated she had not started CPR on R1. During a phone interview on 3/14/23, At 9:06 a.m. RN-A indicated she was the oncoming nurse to work the night shift on 2/24/23. RN-A explained she was at the nurse's station getting report from LPN-A. At around 11:00 p.m. FM-A reported R1 was having problems breathing. RN-A indicated she tried calling nurse manager (NM)-A and director of nursing, however they did not answer their phone. NM-A finally called back and directed to start CPR, because her POLST said full code. RN-A explained she also called the hospice nurse (HN)-A who directed her not to start CPR. RN-A indicated paramedics then arrived, she provided them with R1's POLST, then the paramedics started CPR. RN-A indicated R1 passed away. During an interview on 3/13/23, at 5:25 p.m.	F 678		

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F 678	Continued From page 6 nurse manager (NM)-A indicated he was the nurse manager on call for the evening of 2/24/23. He thought he had talked to LPN-B at around 11:24 p.m. who reported R1 had stopped breathing. NM-A explained he looked up R1's code status on his computer, saw she was full code, and told the nurse to immediately start CPR. NM-A stated he then immediately called 911. NM-A stated he then decided to drive to the facility because the hospice nurse had said R1 was DNR. When NM-A arrived at the facility he was told CPR had not been immediately started because HN-A had told the nurses not to start CPR. EMS started CPR and since there was not a DNR/DNI order, paramedics continued CPR until R1 was taken to the hospital where she later died. During a phone interview on 3/13/23, at 4:43 p.m. hospice nurse (HN)-A indicated she was the hospice nurse case manager for R1, however stated that HN-B completed R1's initial visit. R1's POLST should have been reviewed/revised and updated during the initial visit. HN-A indicated upon R1's admission to hospice, there was not an updated POLST in R1's record that identified R1 was DNR/DNI. The only POLST on record for R1 directed full code. HN-A stated patients on hospice could have a full code status, but that was not common. HN-A explained on 2/24/23, she was notified by the facility, R1 was not breathing and did not have a pulse. HN-A stated she directed the facility not to do CPR because at the time she had thought R1 was DNR/DNI. During a phone interview on 3/13/23, at 2:00 p.m. police officer (PO)-A indicated on 2/24/23, around 11:29 p.m. he received a call that R1 was not breathing, that she had taken a sip of water and	F 678		

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F 678	Continued From page 7 started choking, they had notified the nurse (unknown) at the facility. NM-A was the one who called 911. PO-A stated he arrived at the facility at 11:33 p.m.; had found either EMS or another officer had started CPR per R1's POLST. To his knowledge no staff member from the facility-initiated CPR, staff were confused as to what R1's code status was. HN-A came out to the facility she had told us she was called by the facility. HN-A had told us R1 was DNR/DNI but she was unable to produce any POLST document that identified DNR/DNI. All that was available at the facility was the POLST order that was signed by R1 and her physician that identified she was full code. CPR was initiated per R1's POLST; the facility should have immediately initiated CPR per the signed POLST order. During an interview on 3/13/23, at 4:15 p.m. medical record personnel (MRP)-A, reported the only POLST in R1's record was dated 12/8/22 and identified R1 was full code. During an interview on 3/14/23, at 9:29 a.m. DON indicated the minute R1 stopped breathing the POLST order should have been checked. If the POLST identified full code, then CPR should have been started immediately. Facility policy entitled, "CPR (Cardio Pulmonary Resuscitation)," reviewed December 2018, if a resident experiences cardiac arrest, facility staff will provide basic life support, including CPR, prior to the arrival of emergency medical services, and: in accordance with resident's advanced directives, in the absence of advanced directives or a do not resuscitate order. Facility follows the resident/family/guardian's wishes or intentions as indicated on the "Directives to Define Scope of	F 678		

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F 678	Continued From page 8 Medical Care" or POLST document. Facility will provide adequately trained, 24-hour staffing to initiate basic life support within minutes of a residents cardiac or respiratory arrest. The past noncompliance immediate jeopardy began on 2/24/23. The immediate jeopardy was removed, and the deficient practice corrected by 3/2/23, after the facility implemented a systemic plan that included the following actions: -Reviewed their policy and system to ensure not a system issue. -Reviewed current hospice resident's POLST to ensure they were consistent between facility and hospice. -On 3/2 and 3/3/23 education was provided to facility staff on CPR policy and adhering to advanced directives/POLST with a plan to continue to education staff prior to staff working their shifts. -Interviews with staff on 3/14/23 confirmed the facility's policies will be followed. -Developed and implemented a system to coordinate and communicate care with hospice to ensure POLST is consistent between the facility and hospice agency. Audits are being performed to ensure this is being completed.	F 678		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 22, 2023

Administrator
Woodlyn Heights Healthcare Center
2060 Upper 55th Street East
Inver Grove Heights, MN 55077

Re: Event ID: XO6P11

Dear Administrator:

The above facility survey was completed on March 15, 2023 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,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00829	A. BUILDING: _____ B. WING _____	C 03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLYN HEIGHTS HEALTHCARE CENTER	2060 UPPER 55TH STREET EAST INVER GROVE HEIGHTS, MN 55077

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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 3/9/23, 3/13/23, 3/14/23 and 3/15/23, 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 The following complaints were reviewed during	2 000		

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2 000	Continued From page 1 the survey: H53209277C (MN91775, MN91916)), H53208941C (MN91450), H53209265C (MN90841), H53209256C (MN90842), H53209217C (MN89501 and MN89496), and H53209277C (MN91775). 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		