

Electronically Delivered April 26, 2022

Administrator
The Estates At Bloomington LLC
9200 Nicollet Avenue South
Bloomington, MN 55420

RE: CCN: 245324

Cycle Start Date: March 3, 2022

Dear Administrator:

On April 11, 2022, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kamala Fiske Downing

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us



Electronically delivered

April 26, 2022

Administrator
The Estates At Bloomington LLC
9200 Nicollet Avenue South
Bloomington, MN 55420

Re: Reinspection Results

Event ID: CKU212

Dear Administrator:

On April 11, 2022 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on March 3, 2022. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kamala Fiske Downing

Licensing and Certification Program

Program Assurance Unit Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us



Electronically delivered March 15, 2022

Administrator
The Estates At Bloomington LLC
9200 Nicollet Avenue South
Bloomington, MN 55420

RE: CCN: 245324

Cycle Start Date: March 3, 2022

#### Dear Administrator:

On March 3, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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 Estates At Bloomington LLC March 15, 2022 Page 2

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

#### **DEPARTMENT CONTACT**

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F"and/or an E tag), i.e., the plan of correction should be directed to:

Annette Winters, Rapid Response Unit Supervisor Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
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

The Estates At Bloomington LLC March 15, 2022 Page 3

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 June 3, 2022 (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 September 3, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

#### INFORMAL DISPUTE RESOLUTION (IDR) / 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: <a href="https://mdhprovidercontent.web.health.state.mn.us/ltc">https://mdhprovidercontent.web.health.state.mn.us/ltc</a> 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: <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04</a> 8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates

The Estates At Bloomington LLC March 15, 2022 Page 4 specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health Licensing and Certification Program

Kumalu Fishe Downing

Program Assurance Unit Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: <u>Kamala.Fiske-Downing@state.mn.us</u>



Electronically delivered March 15, 2022

Administrator
The Estates At Bloomington LLC
9200 Nicollet Avenue South
Bloomington, MN 55420

Re: State Nursing Home Licensing Orders

Event ID: CKU211

#### Dear Administrator:

The above facility was surveyed on March 2, 2022 through March 3, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04</a> 8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction

The Estates At Bloomington LLC March 15, 2022 Page 2

order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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

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

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

Annette Winters, Rapid Response Unit Supervisor Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us

Mobile: (651) 558-7558

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kumala Fiske Downing

Licensing and Certification Program

The Estates At Bloomington LLC March 15, 2022 Page 3

Program Assurance Unit Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: <u>Kamala.Fiske-Downing@state.mn.us</u>

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		E SURVEY IPLETED
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NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	00/2022
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F 000	INITIAL COMMEN	TS	F(	000			
F 585 SS=D	survey was conduct was found to be NO requirements of 42 Requirements for L The following comps SUBSTANTIATED: H5324147C (MN80 F725, F609 and F5 The facility's plan of as your allegation of Departments accept enrolled in ePOC, you at the bottom of the form. Your electron be used as verificate Upon receipt of an onsite revisit of you validate that substate regulations has been Grievances CFR(s): 483.10(j)(1) S483.10(j) Grievances to the fat that hears grievance	olyaps), with a deficiency cited at 1885.  If correction (POC) will serve of compliance upon the otance. Because you are your signature is not required a first page of the CMS-2567 ic submission of the POC will tion of compliance.  acceptable electronic POC, an ir facility may be conducted to antial compliance with the en attained.  I)-(4)  ces. esident has the right to voice acility or other agency or entity ses without discrimination or	F.5	585			4/8/22
LAROPATOR	reprisal. Such griev respect to care and furnished as well as furnished, the beha residents, and othe facility stay.	t fear of discrimination or vances include those with different which has been as that which has not been avior of staff and of other er concerns regarding their LTC	JATIJE		TITLE		(X6) DATE

Electronically Signed

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

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 585	§483.10(j)(2) The refacility must make presolve grievances accordance with this §483.10(j)(3) The factor on how to file a griet to the resident.  §483.10(j)(4) The factor of all grievance policy to of all grievances recontained in this paperovider must give to the resident. The include:  (i) Notifying resident postings in promine facility of the right to (meaning spoken) of grievances anonym of the grievance off can be filed, that is, address (mailing arnumber; a reasonal completing the reviet o obtain a written of grievance; and the independent entities be filed, that is, the Quality Improvement Agency and State Leprogram or protections.	esident has the right to and the prompt efforts by the facility to the resident may have, in	F 5	585			
	receiving and tracki	rseeing the grievance process, ng grievances through to their g any necessary investigations					

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA N OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
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F 585	by the facility; maintinformation associa example, the identiting grievances submitted written grievance decoordinating with stancessary in light of (iii) As necessary, the prevent further potentially with the allegation in the stigated; (iv) Consistent with reporting all alleged abuse, including injurand/or misapproprisanyone furnishing subjusted; (v) Ensuring that all include the date the summary statementhe steps taken to insummary of the per regarding the residents to whether the gronfirmed, any corritaten by the facility and the date the writing with the state survey Agorganization, or local confirms a violation rights within its area (vii) Maintaining evi	taining the confidentiality of all ted with grievances, for try of the resident for those ed anonymously, issuing ecisions to the resident; and ate and federal agencies as a specific allegations; aking immediate action to ential violations of any resident ed violation is being \$483.12(c)(1), immediately I violations involving neglect, uries of unknown source, ation of resident property, by services on behalf of the ninistrator of the provider; and	F 58	85		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION  NG	COMP	(X3) DATE SURVEY COMPLETED	
		245324	B. WING _		03/0	; 3/2022	
	PROVIDER OR SUPPLIER	TON LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	,		
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F 585	3 years from the iss decision. This REQUIREMEN by: Based on interview	ge 3 suance of the grievance  NT is not met as evidenced v and document review, the ure grievances and concerns	F 58	R1 grievance was reported to MI investigation initiated on 3/2/2022			
	call-light wait times resolution for 3 of 3 reviewed with ongo with care and call light	ent council related to long were acted upon for timely residents (R1, R5, R10) ing complaints of assistance ght response time.		grievance followed up and completed.  Other facility residents will have grievances/concerns addressed to	evance		
	left radius, pelvis fra diabetes (DM) type R1's admission Min indicated intact cog assistance with bed room/corridor, locol toilet use. R1 had a upper extremity. R1's Grievance/Colindicated R1 stated easily or quickly to lonursing staff told him	ted 2/2/22, indicated fracture acture, chronic pain, anxiety, two, and hypertension (HTN). himum Data Set dated 2/8/22, nition. R1 required limited I mobility, transfers, walking in motion on/off unit, dressing, in impairment on one side of incern Form dated 2/17/22, nursing staff do not resound his call light. R1 also stated in to break and put his own		resolve grievances/concerns.  IDT meeting conducted and educ grievance process including new members. Education provided to staff on the facility grievance polic responding to resident call lights. follow-up with staff will be comple regular basis about the grievance Staff were educated on the Abuse Prohibition/Vulnerable Adult Plan Abuse Prevention/VA Definitions to definitions of abuse, timely rep and who to report abuse/neglect/exploitation to espet the absence of the Administrator. and TR staff were educated to the facilities Resident Council Meetin	staff current cy and Ongoing ted on a policy. chand specific orting ecially in TRD		
	the hallway."  The facility Resider 2/17/22, indicated it 5:00 p.m. call lights on all wings of the base of the ba	hrew it at me, so I threw it out at Council Minutes dated a was "very noticeable" after were not answered. This was building. Grievances and nutes were sent to the		Minutes and Resident Council Departmental Response Form.  Audits will be conducted on 5 res light response times related to re- satisfaction, and timely follow-up resident grievances will be compl Audits of resident council meeting will be completed to ensure appro	sident on eted. g minutes		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245324	B. WING			C <b>03/03/2022</b>	
	PROVIDER OR SUPPLIER	TON LLC		9	TREET ADDRESS, CITY, STATE, ZIP CODE 200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420		
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F 585	R10's Grievance/Coindicated R10 went 5:00 p.m. two days had been bleeding return to his room a R10 quarterly MDS intact cognition. R1 stabilize without hurduring transition an R5's quarterly MDS cognition. R5 had a his lower extremity. During an interview stated during reside brought up the concall lights and the is R5 stated there well the call lights which had to wait hours for stated the issue had During an interview nursing assistant (N the best they could facility were hurting not enough staff the care. NA-A further still appropriately care fixtated the ability to worse when schedu NA-A stated the viruonly added to the si	concern Form dated 2/17/22, to the nursing station after ago (2/15/22), because he on his hand. R10 was told to and "they will be there shortly."  dated 12/17/21, indicated 0 was not steady but able to man assistance with balance d walking.  dated 1/6/22, indicated intact in impairment on one side of on 3/2/22, at 10:00 a.m. R5 ent council on 2/17/22, he cern that staff do not answer affected the residents who or assistance. R5 further d become more of a problem.  on 3/2/22, at 12:50 p.m. NA)-A stated staff were doing but the residents within the . NA-A stated when there was erefore residents were denied stated when the facility was were not enough staff to or the residents. NA-A further care for resident was even uled staff did not show up. us did not cause the issue it	, F.	585	follow up on any resident grievance Audits will be done weekly x4 and rx2. Results will be reported to the Committee to determine the need for further monitoring or compliance. Administrator/Designee will be responsible party.	nonthly QAPI	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		245324	B. WING _			C 03/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	03/0	J3/2022
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F 585	regional ombudsmare resident council me everyone who attend staff not answering stated the focus of which was worse afformal and interview administrator stated light issues that well council on 2/17/22, 3/2/22. The administrators and resident council on as the vacation. The administrator recreated grievances and counterefore no one for stated to prevent the facility planned resident council mindirector of nursing (gone. The administrator the grievances brought away.  During an interview activities director (Agrievances brought taken to the administration and the admin	an (RO) stated she went to the peting on 2/17/22, and ded had concerns related to their call lights. RO further the meeting was the call light, for 5:00 p.m.  on 3/2/22, at 2:31 a.m. the dishe was not aware of the call rebrought up at resident until earlier that morning on strator further stated the lent council concerns were not the administrator was on instrator further stated the light with	F 58	5		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	TIPLE CONSTRUCTION  NG		E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 585	stated the facility st service audits since a COVID outbreak. customer service ar- issues the residents planned to impleme stated his expectati on a resident within call light but not turn DON further stated staff to assist with a minutes.  The facility Grievan indicated all compla- verbally expressed Manager and if unreand if still unresolve Assisted Living. Pur representative, or a has reason to belie- mistreated, denied against in any aspe- grievance. A grieva when the verbal con- the grievance rema- manager or designe-	ge 6 on 3/3/22, at 5:10 a.m. DON opped completing customer a November 2021 as there was DON further stated the udits were helpful to identify a had like call light, and he ent these audits again. DON on would be for staff to check 15 minutes if they put on their in on until the care was done. his expectation would be for a resident's care within 30 ce policy dated 11/2019, aints and grievances should be as follows: First to the Nurse esolved, to the Administrator, ed, to the Vice President of rose Any tenant, tenant pplicant for admission who we that he/she had been services, or discriminated ct may file a complaint or ince form should be completed insurresolved. The nurse ee shall conduct and grievance to determine	F 5	85		
F 609 SS=D	Reporting of Allege CFR(s): 483.12(c)(	1)(4)	F6	09		4/8/22
		nse to allegations of abuse, n, or mistreatment, the facility				
	§483.12(c)(1) Ensu	re that all alleged violations				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245324	B. WING			03/0	) 03/2022	
	PROVIDER OR SUPPLIER	TON LLC		9	TREET ADDRESS, CITY, STATE, ZIP CODE 200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	00/		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 609	mistreatment, inclu source and misapp are reported immed hours after the alleg that cause the alleg serious bodily injury the events that cau abuse and do not rethe administrator of officials (including tradult protective serfor jurisdiction in los accordance with St procedures.  §483.12(c)(4) Repositive stigations to the designated representation accordance with St Survey Agency, with incident, and if the appropriate correct This REQUIREMENT by:  Based on interview	glect, exploitation or ding injuries of unknown ropriation of resident property, diately, but not later than 2 gation is made, if the events gation involve abuse or result in y, or not later than 24 hours if see the allegation do not involve esult in serious bodily injury, to fit the facility and to other the State Survey Agency and vices where state law provides ang-term care facilities) in ate law through established out the results of all the administrator or his or her entative and to other officials in ate law, including to the State hin 5 working days of the alleged violation is verified ive action must be taken.	F6	609	Incident was reported to the Minne			
	hours, report an alle	nediately, but not later than two egation of abuse to the State esidents (R1) who were			Department of Health on 3/3/2022 investigation initiated regarding R1.  Other residents' allegations of abus neglect and/or exploitation will be re-	se,		
	left radius, pelvis fradiabetes (DM) type R1's admission Mir	ted 2/2/22, indicated fracture acture, chronic pain, anxiety, two, and hypertension (HTN). himum Data Set dated 2/8/22, inition. R1 required limited			immediately, but not later than two to the appropriate State Agency.  Activities Director and assistant we re-educated on the facility Abuse Prohibition/Vulnerable Adult policy to the appropriate reporting timefra Current staff were also re-educated	re specific mes.		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	(X3) DATE SURVEY COMPLETED			
		245324	B. WING			C 03/2022
NAME OF F	PROVIDER OR SUPPLIER	210021		STREET ADDRESS, CITY, STATE, ZIP CODE	03/	J3/2022
				200 NICOLLET AVENUE SOUTH		
THE EST	ATES AT BLOOMING	TON LLC	E	BLOOMINGTON, MN 55420		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 609	Continued From pa	ge 8	F 609			
	room/corridor, locoi	I mobility, transfers, walking in motion on/off unit, dressing, n impairment on one side of		facility Abuse Prohibition/Vulnerable policy specific to the appropriate re timeframes. New staff will be provided addressed and abuse policy upon hir	porting ded	
	indicated R1 stated or quickly respondir nursing staff told hir	ncern Form dated 2/17/22, nursing staff were not easily ng to call light. R1 also stated m to break and put his own hrew it at me, so I threw it out		All complaints of alleged abuse or will be audited for reporting in the appropriate timeframe. Audits will I weekly x4 and monthly x2. Results reported to the QAPI committee to determine the need for further mor or compliance.	oe done will be	
	administrator stated on 2/17/22, should state agency (SA) of the grievance stated him. The administration aware of R1's concurate the as the grievance was she was on vacation	on 3/2/22, at 2:31 a.m. the difference made from R1 have been reported to the due to the concern of abuse as distaff threw the cold pack at ator further stated she was not ern until that morning 3/2/22, as put into her mailbox while in. The administrator stated a report of abuse to the SA.		Administrator/Designee will be responsible party.		
	activities director (A grievances brought taken to the adminisign. AD stated oncowas up to the administration of the administration	on 3/2/22, at 2:52 a.m.  AD) stated complaints and up at resident council were strator to follow up on and the a grievance was made it inistration to follow up on. AD the brought up at resident ineglect of care.				
	director of nursing (	on 3/3/22, at 5:10 p.m. the (DON) verified allegation of ported to the SA within two				
		Prohibition/Vulnerable Adult indicated suspected Abuse				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONST		` '	E SURVEY PLETED
						(	С
		245324	B. WING			03/	03/2022
	PROVIDER OR SUPPLIER TATES AT BLOOMING	TON LLC		9200 NIC	DDRESS, CITY, STATE, ZIP CODE OLLET AVENUE SOUTH INGTON, MN 55420		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			BE .	(X5) COMPLETION DATE
F 725 SS=F	process not later th suspicion of abuse. Exploitation, or Mis property must be refacility Complaints process not later the resulted in serious Neglect, Exploitation resident property di injury, the reports in Sufficient Nursing SCFR(s): 483.35(a) (Sufficient Nursing SCFR(s): 483.35(a) (Sufficient Nursing SCFR(s): 483.35(a) (Sufficient Provide nursing and resident safety and practicable physical well-being of each in resident assessment and considering the diagnoses of the factorial accordance with the at §483.70(e).  §483.35(a)(1) The financial sufficient number types of personnel nursing care to all in resident care plans (i) Except when was this section, license (ii) Other nursing polimited to nurse aid-	an two hours after forming the Suspicion of Neglect, appropriation of resident eported to office of Health (OHFC) online reporting an two hours if the incident bodily injury. If the suspected in, or Misappropriation of d not result in serious bodily must be made within 24 hours. Staff (1)(2)  Int Staff.  In execution of the suspected attain or maintain the highest attain or maintain the highest attain or maintain the highest and individual plans of care are number, acuity and cility's resident population in a facility assessment required facility must provide services are of each of the following on a 24-hour basis to provide esidents in accordance with its ived under paragraph (e) of each nurses; and ersonnel, including but not	F 6				4/8/22

NAME OF PROVIDER OR SUPPLIER   THE ESTATES AT BLOOMINGTON LLC   (X4)   ID   SUMMARY STATEMENT OF DEFICIENCIES   PRECEDE BY PULL (EACH DERICIENCY MUST BE PRECEDE BY PULL TAG)   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DERICIENCY MUST BE PRECEDE BY PULL (EACH DERICIENCY MUST BE PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO HEAPPROPRIATE DEPONDENCE TO SHOULD BE CROSS-REFERENCED TO S		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
THE ESTATES AT BLOOMINGTON LLC    (X4)   ID   PREFIX   TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   F 725   Continued From page 10 paragraph (e) of this section, the facility failed to ensure sufficient staffing availability to answer call lights and provide timely assistance with personal cares for seven of seven residents (R1, R2, R3, R4, R5, R6, and R10) reviewed for services provided by sufficient staff numbers. This had the potential to affect all residents living in the facility.  R1's admission Minimum Data Set dated 2/2/22 indicated fracture left radius, pelvis fracture, chronic pain, anxiety, diabetes (DM) type two, and hypertension (HTN).  R1's admission Minimum Data Set dated 2/8/22 indicated intact cognition. R1 required limited assistance with bed mobility, transfers, walking in room/corridor, locomotion on/off unit, dressing, toilet use. R1 had an impairment on one side of upper extremity.    STREET ADRESS, CITY, STATE, ZIP CODE 9200 NICCLLET AVENUE SOUTH BLOOMINATON, MN 55420   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERCIVE ACTION SHOULD SHOULD BE CROSS-REFERCIVE ACTION SHOULD BE CROSS-REFERCIVE ACTION			245324	B. WING				
SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY,	STATE, ZIP CODE	, 00/1	0/2022
F725 Continued From page 10 paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure sufficient staffing availability to answer call lights and provide timely assistance with personal cares for seven of seven residents (R1, R2, R3, R4, R5, R6, and R10) reviewed for services provided by sufficient staff numbers. This had the potential to affect all residents living in the facility.  R1's Diagnoses dated 2/2/22 indicated fracture left radius, pelvis fracture, chronic pain, anxiety, diabetes (DM) type two, and hypertension (HTN). R1's admission Minimum Data Set dated 2/8/22 indicated intact cognition. R1 required limited assistance with bed mobility, transfers, walking in room/corridor, locomotion on/off unit, dressing, toilet use. R1 had an impairment on one side of upper extremity.  F725  F725  F725  R1, R2, R3, R4, R5, R6 and R10 currently do not have any concerns regarding the facilities staff level specific to call light times or receiving cares.  The facility will ensure adequate staffing levels to meet the needs of residents and ensure residents choices are followed per the plan of care to ensure homelike environment and assistance with activities of daily living.  Staff will be educated on staffing levels, providing compassionate care, appropriate call light response time and customer service to all residents to ensure the needs of the residents are met. HR is following up in a timely manner daily on new applications, scheduling the interviews, and HR processes timely to improve the staffing levels in the facility.	THE EST	TATES AT BLOOMING	TON LLC					
paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.  This REQUIREMENT is not met as evidenced by:  Based on interview and record review, the facility failed to ensure sufficient staffing availability to answer call lights and provide timely assistance with personal cares for seven of seven residents (R1, R2, R3, R4, R5, R6, and R10) reviewed for services provided by sufficient staff numbers. This had the potential to affect all residents living in the facility.  Findings include:  R1's Diagnoses dated 2/2/22 indicated fracture left radius, pelvis fracture, chronic pain, anxiety, diabetes (DM) type two, and hypertension (HTN).  R1's admission Minimum Data Set dated 2/8/22 indicated intact cognition. R1 required limited assistance with bed mobility, transfers, walking in room/corridor, locomotion on/off unit, dressing, toilet use. R1 had an impairment on one side of upper extremity.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORREC CROSS-REFEREN	CTIVE ACTION SHOULD NCED TO THE APPROPE	BE	COMPLETION
R1's Grievance/Concern Form dated 2/17/22 indicated R1 stated nursing staff were not easily or quickly responding to call light. R1 also stated nursing staff told him to break and put his own cold pack on and "threw it at me, so I threw it out the hallway."  R1's Care Plan was initiated on 3/2/22 after R1 discharged on 2/21/22.  R2's Care Plan 1/7/22 indicated participation in weekly attendance at schedule groups and staff providing float pool staff when needed to meet the standard of care.  Daily staffing meetings to look at schedule 3 days ahead to ensure open shifts are filled. Documented weekly staffing meeting minutes to discuss open shifts, call ins, resident and staff concerns and balance workload assignments. Director of nursing, ADON, staffing coordinator, nurse manager and HR to attend weekly. Audits of weekly staffing meeting min will	F 725	paragraph (e) of thi designate a license nurse on each tour This REQUIREMED by: Based on interview failed to ensure suffanswer call lights a with personal cares (R1, R2, R3, R4, R3 services provided by This had the potent in the facility.  Findings include: R1's Diagnoses dat left radius, pelvis fradiabetes (DM) type R1's admission Minimidicated intact cog assistance with bedroom/corridor, locoitoilet use. R1 had a upper extremity.  R1's Grievance/Colindicated R1 stated or quickly respondin nursing staff told hin cold pack on and "the hallway."  R1's Care Plan was discharged on 2/21 R2's Care Plan 1/7/2	d nurse to serve as a charge of duty.  NT is not met as evidenced  and record review, the facility ficient staffing availability to adprovide timely assistance for seven of seven residents for R6, and R10) reviewed for sy sufficient staff numbers. Tail to affect all residents living ted 2/2/22 indicated fracture acture, chronic pain, anxiety, two, and hypertension (HTN). The mobility, transfers, walking in motion on/off unit, dressing, an impairment on one side of the cern Form dated 2/17/22 in ursing staff were not easily not to call light. R1 also stated m to break and put his own hrew it at me, so I threw it out a initiated on 3/2/22 after R1/22.	F 7	R1, R2, R3, R4, currently do not he regarding the facility will enclevels to meet the ensure residents the plan of care to environment and of daily living.  Staff will be educt providing compass appropriate call licustomer service the needs of their following up in a tonew applications, interviews, and Himprove the staffic Corporate is help providing float pomeet the standard Daily staffing meets 3 days ahead to effilled. Documented meeting minutes call ins, resident a balance workload of nursing, ADON nurse manager and staffic corporate is help providing float pomeets the standard providing float pomeets and the standard providing float pomeet	nave any concerns illities staff level sp or receiving cares are sure adequate state needs of resident choices are follow o ensure homelike assistance with act atted on staffing lessionate care, ght response time to all residents to residents are met. It is concerned in glevels in the facility on the facility of the	ecific is.  affing ts and yed per ectivities  vels, and ensure HR is ly on ly to cility.  ded to chedule are hifts, and rector ator, yeekly.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245324	B. WING				C 03/2022
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	00/	33/2022
TUE EST	ATES AT BLOOMING	TONLLC		9	200 NICOLLET AVENUE SOUTH		
INE EST	ATES AT BLOOMING	TON EEC		В	BLOOMINGTON, MN 55420		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 725	Continued From participal were to assist to so R1 was deficit in serimpairment second Staff were to encour assistance. R1 was wellbeing. Staff were maintain daily routing interaction with other enjoyable activities, move around the far R2's Activity Participal indicated R2 got estrequired set-up to provide assistance as need R2's Psychology Provide 1/11/22 indicated continued and preferred activities. The PN reinforced and preferred activities and preferred activities. Psychology Provide 1/11/22 indicated continued and preferred activities. Psychology Provide 1/11/22 indicated activities. Psychology Provide 1/11/22 in	ge 11 heduled programs of interest. lf-care related to mobility ary to weakness and arthritis. lrage R1 to use call light for at risk for psychosocial re directed to encourage to the that involved social er and engagement in R1 was reliant on others to dility.  Dation Review dated 1/7/22 corted to and from groups. R2 carticipate or extensive ed.  Ogress Note (PN) dated continued to attended activities. Engagement in healthy routine ties.  Seed 1/21/22 indicated HTN, asomnia, DM II, overactive diarthritis of multiple sites, arthritis of knee.  Ited 1/27/22 indicated intact red extensive assist of two ity, toilet use, personal indent of two staff for transfers, and an impairment on one side and an impairment on both emity.  Inge MDS dated 12/23/21, inition. R3 required extensive	F 7	725		'I	
		s, toilet use; independent with nit; and an impairment on one nity.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		245324	B. WING			/03/2022	
	PROVIDER OR SUPPLIER TATES AT BLOOMING	TON LLC		STREET ADDRESS, CITY, STATE, ZIP CO 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 725	Continued From pa	ge 12	F 7:	25			
	self care deficit. R3	ed 2/11/21, indicated R3 was required assist of 1 with rs bathing, dressing, and					
	alteration in mobility were to assist with abilities, assist with	ed 10/5/21, indicated an y and self care deficit. Staff with ambulation per needs, movement in and out of bed, dressing, and personal					
		ted 1/13/22 indicated HTN, pulmonary disease (COPD), urine retention.					
	moderate cognitive supervision with be locomotion on/off u and personal hygie only able to stabilize stand position, moveurface to surface to	dated 2/23/22 indicated impairment. R4 required d mobility, transfers, nit, dressing, eating, toilet use, ne. R4 was not steady and e with human assist from sit to ring on and off toilet and transfers. R4 had an a sides of lower extremities.					
	of right lower limb, a knee, urine retention level between left h	ted 4/20/21, indicated cellulitis absence of left leg above n, traumatic amputation at ip and knee, COPD, panic iety, depression, and					
	in mobility and self assist with moveme and activities of dai	ed 11/2/21, indicated alteration care deficit. Staff were to ent in/out of bed,with mobility ly living (ADL's) as needed. R5 with bathing, dressing, and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245324	B. WING _			C / <b>03/2022</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	<b>.</b>	03/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 725	personal hygiene, R5's quarterly MDS cognition. R5 had a his lower extremity. R6's care plan date in mobility. Staff we ambulation, transfe in/out of bed. R6's significant cha indicated intact cog assist with bed mod use, personal hygie one side of his uppo Supervision with loc R10's care plan dat risk and encourage had an alteration in deficit. Staff were to bathing, dressing; a hygiene and transf R10's quarterly MD intact cognition. R1 mobility, transfer, to toilet use; required locomotion on/off u R10's Grievance/Co indicated R10 he w 5:00 p.m. two days had been bleeding return to his room a	dated 1/6/22 indicated intact in impairment on one side of d 8/19/21, indicated alteration re to assist of 1 with re and assist with movement mge MDS dated 1/15/22 nition. R6 required extensive polity, transfers, dressing, toilet me. R6 had an impairment on the re and lower extremity: comotion on/off unit.  The definition of the company of the provide assist of 1 with personal the provide assist of 1 with per	F 72	25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245324	B. WING			ପ <b>03/2022</b>	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	1 03/	03/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILIED DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 725	facility, had a 25-be had 42 beds on the average daily reside monthly admissions monthly discharges hospitals typically of Fridays, and Saturd The facility staffing 1-2 licensed nurses shift (8-hour shift), 2 (CNA) for morning a shifts), 1 CNA on the licensed nurse on the licensed nurse on the licensed nurse on the shift (8-hour shift), 4 evening shift (7.5-hour shift), 4 evening shift (7.5-hour shift), 6 evening shift (7.5-hour nurse manager.  The facility call light indicated there were cleared alarms for a 41 seconds, the average minutes 37 seconds approximately 619 of the facility Resider 2/17/22 indicated it 5:00 p.m. call lights on all wings of the bresident council minadministrator.	ge 14 d transitional care unit (TCU), long-term care (LTC), an ent census of 60, average of 15 residents, and average of 11 residents. Admits from ccurred on Thursdays, lays during the evening shift. model for the TCU indicated of or the morning and evening certified nursing assistance and evening shift (7.5-hour e night shift (7.5-hour shift), sed nurse manager. The el for the LTC indicated 2 the morning and afternoon 4 CNAs on the morning and our shifts), 1 licensed nurse -hour shift), 2 CNAs on the e shift), and a full-time licensed a report from 2/1/22 to 3/1/22 e 4363 incident counted, 4363 a total time of 137,996 minutes erage response time was 31 s. Of the incident counted exceeded 45 minutes.  at Council Minutes dated was "very noticeable" after were not answered. This was ouilding. Grievances and nutes were sent to the	F 72	25			
		d staff consistently started					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '		E CONSTRUCTION		E SURVEY PLETED
		245324	B. WING				C <b>03/2022</b>
	PROVIDER OR SUPPLIER	TON LLC		92	REET ADDRESS, CITY, STATE, ZIP CODE 200 NICOLLET AVENUE SOUTH LOOMINGTON, MN 55420	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 725	Continued From particles of the Facility Payroll schedule indicated 1 NA for the evening shift.  R2's call light was pand was cleared 65 at 5:59 p.m.  R2's call light was pand was cleared 65 at 5:59 p.m.  R4's call light was pand was cleared 10 later at 8:48 p.m.  R2's call light was pand was cleared 36 at 9:29 p.m.  The Facility Payroll schedule indicated 1 NA for the day shishift.  R6's call light was pand was cleared 18 later at 7:37 a.m.  R5's call light was pand was cleared 18 later at 7:37 a.m.			725			
	and was cleared 32 at 10:37 a.m. R4's call light was pand was cleared 43 at 11:43 a.m. R6's call light was pand was cleared 12 later at 8:35 p.m. R5's call light was p	oushed on 2/2/22 at 10:05 a.m. 2 minutes and 6 seconds later oushed on 2/2/22 at 10:59 a.m. 3 minutes and 53 seconds later oushed on 2/2/22 at 6:27 p.m. 27 minutes and 52 seconds oushed on 2/2/22 at 10:11 p.m. 33 minutes and 41 seconds					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	(X3) DATE SURVEY COMPLETED	
		245324	B. WING			C <b>/03/2022</b>	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 725	schedule indicated 2 NA for the evenin R6's call light was pand was cleared 33 later at 7:04 a.m. R5's call light was pand was cleared 72 at 4:14 a.m. R1's call light was pand was cleared 65 at 6:13 a.m. R1's call light was pand was cleared 48 at 10:33 a.m. R1's call light was pand was cleared 83 at 12:07 p.m. R2 call light was pand was cleared 83 at 12:07 p.m. R2 call light was pand was cleared 85 at 12:43 p.m. R1's call light was pand was cleared 54 at 11:17 p.m. R1's call light was pand was cleared 41 at 12:41 a.m.  The Facility Payroll schedule indicated 1 NA for the evenin R6's call light was pand was cleared 31 later at 10:04 a.m. In 2/4/22 at 10:49 a.m. minutes and 51 seconds.	compared to the Employee on 2/3/22 the facility was short g shift. Sushed on 2/3/22 at 1:31 a.m. Sushed on 2/3/22 at 3:01 a.m. Sushed on 2/3/22 at 3:01 a.m. Sushed on 2/3/22 at 5:07 a.m. Sushed on 2/3/22 at 5:07 a.m. Sushed on 2/3/22 at 5:07 a.m. Sushed on 2/3/22 at 9:44 a.m. Sushed on 2/3/22 at 9:44 a.m. Sushed on 2/3/22 at 10:43 a.m.		25			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245324	B. WING				C 03/2022
	PROVIDER OR SUPPLIER	TON LLC		9200	EET ADDRESS, CITY, STATE, ZIP CODE 0 NICOLLET AVENUE SOUTH DOMINGTON, MN 55420	,	00/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 725	was cleared 36 min 5:22 p.m. R6's call light was p was cleared 42 min 3:12 p.m. R6's call light was p and was cleared 36 at 2/5/22 at 12:19 at 2/5/22 at 12:19 at 2/5/22 at 12:19 at 2/5/22 at 12:19 at 1	outes and 41 seconds later at pushed 2/4/22 at 2:29 p.m. and outes and 49 seconds later at pushed 2/4/22 at 11:43 p.m. aminutes and 0 seconds later .m.  compared to the Employee on 2/5/22 the facility was short hift.  cushed on 2/5/22 at 7:19 a.m. aminutes and 25 seconds later oushed 2/5/22 at 8:42 a.m. and outes and 41 seconds later at pushed 2/5/22 at 10:27 a.m. aminutes and 57 seconds later oushed 2/5/22 at 11:40 a.m. aminutes and 56 seconds later all light was pushed 2/5/22 at cleared 30 minutes and 57	F	725			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		245324	B. WING			C <b>03/03/2022</b>
	PROVIDER OR SUPPLIER	TON LLC		STREET ADDRESS, CITY, STATE, ZIP COE 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	DE .	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
F 725	at 10:49 p.m. R6's call light was pand was cleared 62 at 2/6/22 at 12:09 a  The Facility Payroll schedule indicated 2 NA for the day shishift. R6's call light was pand was cleared 19 later at 1:13 p.m. R1's call light was pand was cleared 56 at 9:52 p.m. R1's call light was pand was cleared 87 at 4:11 p.m. R4's call light was pand was cleared 37 at 7:22 p.m. R6's call light was pand was cleared 36 at 7:25 p.m. The Facility Payroll schedule indicated 1 NA for the day shiand 1 NA for the nig R6's call light was pand was cleared 55 at 1:29 a.m. R3's call light was pand was cleared 33 at 2:11 a.m. R10's call light was pand was cleared 33 at 2:11 a.m. R10's call light was pand was cleared 33 at 2:11 a.m.	minutes and 31 seconds later bushed 2/5/22 at 11:06 p.m. minutes and 44 seconds later .m.  compared to the Employee on 2/6/22 the facility was short ift, and 1 NA for the evening bushed on 2/6/22 at 9:54 a.m. 9 minutes and 34 seconds sushed on 2/6/22 at 8:56 p.m. minutes and 1 seconds later bushed on 2/6/22 at 2:43 p.m. minutes and 56 seconds later bushed on 2/6/22 at 6:44 p.m. minutes and 20 seconds later bushed on 2/6/22 at 6:48 p.m. minutes and 48 seconds later bushed on 2/6/22 at 6:48 p.m. minutes and 48 seconds later bushed on 2/6/22 at 6:48 p.m. minutes and 48 seconds later compared to the Employee on 2/7/22 the facility was short ift, 2 NA for the evening shift,	F 7	725		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		E CONSTRUCTION		E SURVEY PLETED
		245324	B. WING				C 03/2022
	PROVIDER OR SUPPLIER	TON LLC		92	REET ADDRESS, CITY, STATE, ZIP CODE 200 NICOLLET AVENUE SOUTH LOOMINGTON, MN 55420		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 725	and was cleared 52 at 3:11 p.m. R2's call light was pand was cleared 39 at 3:26 p.m.  The Facility Payroll schedule indicated 2 NA for the evening R6's call light was pand was cleared 67 at 1:10 a.m. R6's call light was pand was cleared 36 at 3:05 p.m. R6's call light was pand was cleared 88 at 4:33 p.m. R4's call light was pand was cleared 57 at 10:04 p.m.  The Facility Payroll schedule indicated 1 NA for the day shand 1 NA for the day shand was cleared 44 at 1:44 a.m. R4's call light was pand was cleared 44 at 1:44 a.m. R4's call light was pand was cleared 55 at 9:21 a.m. R1's call light was pand was cleared 63 at 10:26 a.m. R1's call light was pand was cleared 63 at 10:26 a.m. R1's call light was pand was cleared 63 at 10:26 a.m.	coushed on 2/7/22 at 2:19 p.m. minutes and 40 seconds later bushed on 2/7/22 at 2:46 p.m. minutes and 57 seconds later compared to the Employee on 2/8/22 the facility was short g shift. The shift of the expectation of the	F7	725			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	E SURVEY MPLETED
		245324	B. WING _			C /03/2022
	PROVIDER OR SUPPLIER TATES AT BLOOMING	TON LLC		STREET ADDRESS, CITY, STATE, ZIP CO 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 725	and was cleared 38 at 10:23 p.m. R3's call light was pand was cleared 34 at 9:52 p.m.  The Facility Payroll schedule indicated short 1 NA for the chaift. R1's call light was pand was cleared 15 later at 11:01 a.m. R6's call light was pand was cleared 15 later at 6:42 p.m. R1's call light was pand was cleared 43 at 10:17 p.m. R2 call light was pand was cleared 41 at 10:23 p.m. R1's call light was pand was cleared 41 at 10:23 p.m. R1's call light was pp.m. and was cleared 41 at 10:23 p.m. The Facility Payroll schedule indicated short 2 NA for the cevening shift. R6's call light was pand was cleared 67 at 8:04 a.m. R2's call light was pand was cleared 32 at 8:20 a.m. R1's call light was pand was cleared 32 at 8:20 a.m. R1's call light was pand was cleared 32 at 8:20 a.m.	oushed on 2/9/22 at 9:45 p.m. minutes and 34 seconds later oushed on 2/9/22 at 9:18 p.m. minutes and 47 seconds later compared to the Employee on 2/10/22 the facility was lay shift, and 1 NA for the night oushed on 2/10/22 at 10:25 ed 35 minutes and 50 seconds oushed on 2/10/22 at 4:08 p.m. of minutes and 15 seconds oushed on 2/10/22 at 9:34 p.m. minutes and 30 seconds later oushed on 2/10/22 at 9:42 p.m. minutes and 1 seconds later oushed on 2/10/22 at 10:31 ed 49 minutes and 8 seconds compared to the Employee on 2/11/22 the facility was lay shift, and 1 NA for the oushed on 2/11/22 at 6:56 a.m. minutes and 43 seconds later oushed on 2/11/22 at 6:56 a.m. minutes and 43 seconds later oushed on 2/11/22 at 7:48 a.m. minutes and 1 seconds later oushed on 2/11/22 at 9:54 a.m.	F 72	25		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245324	B. WING		1	C 0 <b>3/2022</b>	
NAME OF F	PROVIDER OR SUPPLIER	210021		STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/0	03/2022	
TUE EST	ATES AT BLOOMING	TONLLC		9200 NICOLLET AVENUE SOUTH			
IIIE ESI	ATES AT BEOOMING	TON LLC		BLOOMINGTON, MN 55420			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTIO  (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 725	later at 11:57 a.m. R1's call light was pand was cleared 45 at 10:33 p.m.  The Facility Payroll schedule indicated short 1 NA for the dshift and 2 NA for the R1's call light was pa.m. and was cleared 1:53 a.m. R1's call light was pand was cleared 95 at 6:09 a.m. R1's call light was pand was cleared 69 at 6:09 a.m. R6's call light was pand was cleared 69 at 7:59 p.m.  The Facility Payroll schedule indicated short 1 NA for the devening shift. R1's call light was pand was cleared 1:25 a.m. R1's call light was pand was cleared at 1:25 a.m. R1's call light was pand was cleared at 1:25 a.m. R1's call light was pand was cleared 80 at 7:56 a.m. R6 call at 1:45 p.m. and was seconds later at 2:3 R5's call light was pand was cleared 80 at 7:56 a.m. R6 call at 1:45 p.m. and was seconds later at 2:3 R5's call light was pand was cleared 80 at 7:56 a.m. R6 call at 1:45 p.m. and was seconds later at 2:3 R5's call light was pand was cleared 80 at 7:56 a.m. R6 call at 1:45 p.m. and was seconds later at 2:3 R5's call light was pand was cleared 80 at 7:56 a.m. R6 call at 1:45 p.m. and was seconds later at 2:3 R5's call light was pand was cleared 80 at 7:56 a.m. R6 call at 1:45 p.m. and was seconds later at 2:3 R5's call light was pand was cleared 80 at 7:56 a.m. R6 call at 1:45 p.m. and was seconds later at 2:3 R5's call light was pand was cleared 80 at 7:56 a.m.	compared to the Employee on 2/12/22 the facility was ay shift, 2 NA for the evening ne night shift. Sushed on 2/12/22 at 12:44 ed 68 minutes and 40 seconds oushed on 2/12/22 at 4:33 a.m. of minutes and 21 seconds later oushed on 2/12/22 at 10:40 ed 32 minutes and 52 seconds oushed on 2/12/22 at 6:49 p.m. of minutes and 48 seconds later oushed on 2/12/22 at 6:49 p.m. of minutes and 1 NA for the oushed on 2/13/22 at 12:12 ed 72 minutes and 31 seconds oushed on 2/13/22 at 10:52 ed 30 minutes and 39 seconds oushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 59 seconds later light was pushed on 2/13/22 at 6:35 a.m. of minutes and 2 at 6:35 a.m. of minutes and 3 at 6:35 a.m. of m	F7	25			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245324	B. WING	i			C <b>03/2022</b>
	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	03/2022
THE EST	TATES AT BLOOMING	TON LLC		E	BLOOMINGTON, MN 55420		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 725	later at 11:00 p.m.  The Facility Payroll schedule indicated short 1 NA for the dR1's call light was pand was cleared 14 later at 9:58 a.m. R4's call light was pand was cleared 37 at 10:02 a.m. R6's call light was pand was cleared 35 at 3:02 p.m. R4's call light was pand was cleared 34 at 8:47 p.m. R6's call light was pand was cleared 15 later 2/15 at 12:05 at	compared to the Employee on 2/14/22 the facility was lay shift. Sushed on 2/14/22 at 7:32 a.m. So minutes and 24 seconds Sushed on 2/14/22 at 9:22 a.m. So minutes and 45 seconds later Sushed on 2/14/22 at 2:26 p.m. So minutes and 28 seconds later Sushed on 2/14/22 at 8:12 p.m. So minutes and 22 seconds later Sushed on 2/14/22 at 9:29 p.m. So minutes and 59 seconds		725	,		
	a.m. and was cleard later at 11:23 a.m. R10's call light was p.m. and was cleard later at 2:11 p.m. R6 call light was pu	ed 40 minutes and 28 seconds  pushed on 2/15/22 at 1:25 ed 46 minutes and 4 seconds  shed on 2/15/22 at 11:38 p.m. 11 minutes and 15 seconds					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	TIPLE CONSTRUCTION DING		E SURVEY IPLETED
						С
		245324	B. WING		03/	03/2022
	PROVIDER OR SUPPLIER TATES AT BLOOMING	TON LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420		
	011111111111111111111111111111111111111	TEMENT OF RESIDENCES			1011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 725	Continued From paralleter at 2/16/22 at 22  The Facility Payroll schedule indicated short 3 NA for the devening shift.  R6's call light was pand was cleared 15 at 6:58 a.m.  R10's call was push call light at 5:22 a.m.  minutes and 50 sec R1's call light was pand was cleared 32 at 7:48 a.m.  R1's call light was pand was cleared 41 at 8:30 a.m.  R6's call light was pand was cleared 30 at 10:16 a.m.  R1's call light was pand was cleared 30 at 10:16 a.m.  R1's call light was pand was cleared at 11:49 a.m.  R2's call light was pand was cleared 13 at 7:44 p.m.  R4's call light was pand was cleared 13 at 7:44 p.m.  R4's call light was pand was cleared 13 at 7:44 p.m.	ge 23			OPRIATE	DATE
	R2's call light was p and was cleared 40 at 9:25 p.m.	oushed on 2/16/22 at 8:45 p.m. minutes and 13 seconds later				
		compared to the Employee on 2/17/22 the facility was fully				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		045004			С		
		245324	B. WING			03/03/2022	
NAME OF PROVIDER OR SUPPLIER  THE ESTATES AT BLOOMINGTON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE  9200 NICOLLET AVENUE SOUTH  BLOOMINGTON, MN 55420				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 725	staffed. R6's call light was a.m. and was cleared at 6:07 a.m. R1's call light was pand was cleared 35 at 8:29 a.m. R4's call light was pand was cleared 43 at 2:40 p.m. R6's call light was pand was cleared 67 at 6:43 p.m. R6's call light was pand was cleared 71 at 7:54 p.m. R1's call light was pp.m. and was cleared 71 at 7:54 p.m. The Facility Payroll schedule indicated short 2 NA for the dand 1 for night shift R6's call light was pand was cleared 32 at 7:28 a.m. R1's call light was pand was cleared 35 at 8:24 a.m. R4's call light was pand was cleared 40 at 8:00 p.m. R1's call light was pand was cleared 40 at 8:00 p.m. R1's call light was pand was cleared 12 at 9:50 p.m. R6's call light was pand was cleared 12 at 9:50 p.m.	pushed on 2/17/22 at 5:23 ed 43 minutes and 39 seconds bushed on 2/17/22 at 7:53 a.m. is minutes and 53 seconds later bushed on 2/17/22 at 1:57 p.m. is minutes and 19 seconds later bushed on 2/17/22 at 5:35 p.m. is minutes and 45 seconds later bushed on 2/17/22 at 6:43 p.m. is minutes and 32 seconds later bushed on 2/17/22 at 6:43 p.m. is minutes and 32 seconds later bushed on 2/17/22 at 10:05 ed 37 minutes and 38 seconds compared to the Employee on 2/18/22 the facility was lay shift, 2 for the evening shift	F 7	725			

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245324	B. WING	;			C <b>03/2022</b>
NAME OF PROVIDER OR SUPPLIER  THE ESTATES AT BLOOMINGTON LLC				9	STREET ADDRESS, CITY, STATE, ZIP CODE 0200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 725	R3's call light was pp.m. and was cleared later at 10:55 p.m.  The Facility Payroll schedule indicated short 1 NA for the enight shift. R6's call light was pand was cleared 65 at 7:22 a.m. R1's call light was pand was cleared 49 at 7:54 a.m. R6's call light was pand was cleared 14 later at 11:17 a.m. R3's call light was pand was cleared 14 later at 11:20 a.m. R1's call light was pand was cleared 14 later at 11:20 a.m.	ge 25 pushed on 2/18/22 at 10:02 ed 53 minutes and 12 seconds compared to the Employee on 2/19/22 the facility was evening shift and 1 NA for the bushed on 2/19/22 at 6:17 a.m. is minutes and 18 seconds later bushed on 2/19/22 at 7:05 a.m. in minutes and 8 seconds later bushed on 2/19/22 at 8:53 a.m. in winutes and 50 seconds bushed on 2/19/22 at 10:31 ed 49 minutes and 25 seconds bushed on 2/19/22 at 9:50 p.m. in minutes and 56 seconds later	F	725			
	schedule indicated short 1 NA for the cand 1 NA for the nig R6's call light was pand was cleared 53 at 5:10 a.m. R6's call light was pand was cleared 62 at 7:55 a.m. R1's call light was pand was cleared 41 at 8:50 a.m. R6's call light was pand was cleared 41 at 8:50 a.m.	compared to the Employee on 2/20/22 the facility was lay shift, 1 NA for the evening ght shift. Sushed on 2/20/22 at 4:17 a.m. is minutes and 9 seconds later bushed on 2/20/22 at 6:52 a.m. is minutes and 13 seconds later bushed on 2/20/22 at 8:08 a.m. minutes and 34 seconds later bushed on 2/20/22 at 10:11 and 89 minutes and 32 seconds					

AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		245324	B. WING				C <b>03/2022</b>
NAME OF PROVIDER OR SUPPLIER  THE ESTATES AT BLOOMINGTON LLC				92	TREET ADDRESS, CITY, STATE, ZIP CODE 200 NICOLLET AVENUE SOUTH LOOMINGTON, MN 55420	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 725	later at 11:41 a.m. R1's call light was pa.m. and was cleared later at 11:43 a.m.  The Facility Payroll schedule indicated short 3 NA for the cR6's call light was pand was cleared 49 at 3:52 a.m. R1's call light was pand was cleared 57 at 8:49 a.m. R6's call light was pa.m. and was cleared 10:48 a.m. R1's call light was pa.m. and was cleared 42 at 7:59 p.m. R6's call light was pand was cleared 42 at 7:59 p.m. R6's call light was pp.m. and was cleared 11:13 p.m.	pushed on 2/20/22 at 11:12 ed 30 minutes and 41 seconds compared to the Employee on 2/21/22 the facility was lay shift. Sushed on 2/21/22 at 3:03 a.m. of minutes and 1 seconds later bushed on 2/21/22 at 7:51 a.m. of minutes and 53 seconds later bushed on 2/21/22 at 10:10 ed 37 minutes and 32 seconds bushed on 2/21/22 at 11:47 ed 132 minutes and 25	F7	725			
	schedule indicated short 1 NA for the devening shift. R4's call light was pand was cleared 32 at 9:48 a.m. R6's call light was pand was cleared 68 at 10:40 a.m. R2's call light was pand was cleared 68 at 10:40 a.m.	compared to the Employee on 2/22/22 the facility was lay shift, and 2 NA for the bushed on 2/22/22 at 9:15 a.m. minutes and 52 seconds later bushed on 2/22/22 at 9:31 a.m. minutes and 31 seconds later bushed on 2/22/22 at 2:09 p.m. minutes and 16 seconds later					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245324	B. WING		C <b>03/03/2022</b>	
NAME OF F	PROVIDER OR SUPPLIER	240024	5	STREET ADDRESS, CITY, STATE, ZIP CODE	03/0	J3/2022
	TATES AT BLOOMING	TON LLC		9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		) BE	(X5) COMPLETION DATE
F 725	at 3:03 p.m. R4's call light was pand was cleared 36 at 7:51 p.m.  The Facility Payroll schedule indicated short 1 NA for the dR6's call light was pand was cleared 77 at 3:11 a.m. R6's call light was pand was cleared 81 at 6:41 a.m. R4's call light was pand was cleared 93 at 9:23 p.m.  The Facility Payroll schedule indicated short 1 NA for the distriction of the shift. R6's call light was pand was cleared 63 at 3:22 a.m. R6's call light was pp.m. and was cleared later at 4:33 p.m. R6's call light was pp.m. and was cleared later at 11:13 p.m. R2's call light was pp.m. and was cleared later at 11:05 p.m.  The Facility Payroll schedule indicated	compared to the Employee on 2/23/22 the facility was lay shift. Sushed on 2/23/22 at 1:54 a.m. in minutes and 3 seconds later oushed on 2/23/22 at 5:20 a.m. minutes and 5 seconds later oushed on 2/23/22 at 7:59 p.m. is minutes and 29 seconds later compared to the Employee on 2/24/22 the facility was lay shift and 1 NA for the night oushed on 2/24/22 at 2:18 a.m. is minutes and 25 seconds later oushed on 2/24/22 at 3:18 a.m. is minutes and 25 seconds later oushed on 2/24/22 at 3:18 a.m. is minutes and 22 seconds oushed on 2/24/22 at 10:12 and 61 minutes and 22 seconds oushed on 2/24/22 at 10:27 and 38 minutes and 40 seconds oushed on 2/24/22 at 10:27 and 38 minutes and 40 seconds compared to the Employee on 2/25/22 the facility was	F 7	725		
		rse for the day shift, 1 NA for licensed nurse for night shift,				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  NG	COV	(X3) DATE SURVEY COMPLETED		
		245324	B. WING			/03/2022		
	PROVIDER OR SUPPLIER TATES AT BLOOMING	TON LLC		STREET ADDRESS, CITY, STATE, ZIP CO 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 725	and 2 NA for the nig R6's call light was p and was cleared 33 at 4:57 a.m.  The Facility Payroll schedule indicated short 1 NA for the e	•	F 7:	25				
	night shift. R6's call light was pand was cleared 79 at 7:09 a.m. R5's call light was pa.m. and was cleared at 12:54 a.m. R2's call light was p	oushed on 2/26/22 at 5:50 a.m. minutes and 4 seconds later oushed on 2/26/22 at 12:19 ed 35 minutes and 4 seconds oushed on 2/26/22 at 11:23 ed 30 minutes and 20 seconds						
	schedule indicated short 2 NA for the of and 1 NA for the nig R6's call light was p and was cleared 19 later at 6:55 p.m. R6's call light was p	compared to the Employee on 2/27/22 the facility was lay shift, 2 NA for evening shift ght shift. Sushed on 2/27/22 at 3:39 p.m. So minutes and 34 seconds Sushed on 2/27/22 at 6:55 p.m. To minutes and 26 seconds later						
	schedule indicated short 2 NA for the dassistants for the earth R4's call light was pa.m. and was clear later at 12:23 p.m. R2's call light was part of the schedule indicated at 12:23 p.m.	compared to the Employee on 2/28/22 the facility was lay shift and 5 nursing vening shift. bushed on 2/28/22 at 10:53 ed 89 minutes and 55 seconds oushed on 2/28/22 at 3:41 p.m. minutes and 33 seconds later						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING		COMPLETED		
		245324	B. WING				C 03/2022
	PROVIDER OR SUPPLIER	TON LLC		STREET ADDRESS, CITY, STATE, ZIP CO 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	DE.		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD	BE	(X5) COMPLETION DATE
F 725	at 4:12 p.m. R5's call light was pand was cleared 19 later at 11:15 p.m. R2's call light was pand was cleared 56 at 10:02 p.m. R3's call light was pand was cleared 34 at 10:02 p.m. The Facility Payroll schedule indicated 3 NAs for the evenishift. R6's call light was pand was cleared 77 at 8:00 a.m. R2's call light was pand was cleared 10 later at 3:24 p.m. R3's call light was pand cleared 48 min 3:20 p.m. R6's call light was pand was cleared 31 at 1:40 p.m. R6's call light was pand was cleared 91 at 4:19 p.m.  During an interview and R6 stated there they needed wait for answered. R5 state council residents in concern that staff dithe issue needed to	ge 29  Sushed on 2/28/22 at 8:00 p.m. 15 minutes and 12 seconds  Sushed on 2/28/22 at 9:06 p.m. 16 minutes and 22 seconds later  Sushed on 2/28/22 at 9:27 p.m. 16 minutes and 54 seconds later  Compared to the Employee on 3/1/22 the facility was shorting shift and 1 NA for the night sushed on 3/1/22 at 6:43 a.m. 16 minutes and 38 seconds later  Sushed on 3/1/22 at 1:38 p.m. 15 minutes and 42 seconds  Sushed on 3/1/22 at 2:31 p.m. 16 minutes and 21 seconds later at sushed on 3/1/22 at 2:31 p.m. 17 minutes and 2 seconds later at sushed on 3/1/22 at 1:09 p.m. 17 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 17 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 17 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later  Sushed on 3/1/22 at 1:00 a.m. R5 and 3/1/22 at 2:48 p.m. 18 minutes and 3 seconds later	F 7	725			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		COMPLETED	
		245324	B. WING	·			C <b>03/2022</b>
	PROVIDER OR SUPPLIER TATES AT BLOOMING	TON LLC		92	TREET ADDRESS, CITY, STATE, ZIP CODE 200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	, 00,	00,2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		BE	(X5) COMPLETION DATE
F 725	his call light. R5 fur overwhelmed him of care when he need hours just for assist problem. R5 stated addressed as resid continuously wait here. During an interview personal care assist visited R1 at the fact neglect" many time R1 left on the toilet R1 had to bang on as they did not answer further stated R1 had help on a basic care acceptable. PCA-A up at resident coun residents.  During an interview Administrator and of stated they could or report for the day.  During an interview stated she was frustime to answer her help. R4 further stallight wait time was staff. R4 also sated with her when they busy. R4 stated she due to her urinary in not control. R4 also she had an emergent come to her soon to me to her soon to her soon to me to her soon to me to her soon to me to her soon to her so	of ther stated this has of the concern when he will get ed. R5 stated he had to wait tance which had become a big the issue needed to get ents should not have to	F	725			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		LE CONSTRUCTION	COMPLETED	
		245324	B. WING	i			C <b>03/2022</b>
	PROVIDER OR SUPPLIER	TON LLC		9	TREET ADDRESS, CITY, STATE, ZIP CODE 1200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	, 00,	00,2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
F 725	would have to wait someone noticed.  During an interview nursing assistant (Nother best they could facility were hurting not enough staff the NA-A further stated staff there still were the residents. NA-A resident was even with the stated staff there still were the resident was even with the resident was even with the stated that they deserved. NA-A stated the resident was not at they deserved. NA-Only do so much if the state of the concerns related to lights. RO further state of the call light was the	ge 31 a minimum of 45 minutes until b on 3/2/22 at 12:50 p.m.  NA)-A stated staff were doing but the residents within the NA-A stated when there was a residents are denied care. When the facility was fully not enough staff to care for further stated the care for worse when scheduled staff A-A stated the virus did not nly added to the situation. Sidents meant a lot and it hurt ble to help the residents as A stated one person could they were short staff.  In many staff not answering their call staff not answering their call stated the focus of the meeting ait time which was worse after  In many staff not aware of the call re brought up at resident until earlier that morning. The stated the grievance and more more more followed up ator was on vacation at the stated the grievance and more more more followed up ator was on vacation at the stated the grievance and council minutes in the she was not aware. The er stated to prevent he issue	F	725			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED		
		245324	B. WING	i			C 03/2022
	PROVIDER OR SUPPLIER	TON LLC		STREET ADDRESS, CITY, STATE, 9200 NICOLLET AVENUE SOU' BLOOMINGTON, MN 55420	ГН		0,2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROPROPROFICIENCY)			(X5) COMPLETION DATE
F 725	from happening aga TR staff provide res grievance to the DO gone. The administ the concerns broug away.  During an interview activities director (A at resident council v long time and took AD-A stated he felt staff which caused residents. AD-A sta put into place after call light situation. A concerns brought u During an interview stated she was con it took staff to answ stated on 3/1/22 sh hours for staff to he she missed the Ma answer her call ligh R2 further stated sh not go to the party be to help her get there to help her get there to help her with her R2 stated her room when it took a long call light. R2 stated would do without R anxious when she her her call light as she	ain, the facility planned to have sident council minutes and DN if the administrator was rator further stated this way the up can be followed up right on 3/2/22 at 2:52 a.m. aD) -A stated the main concern were that call lights were on a hours for staff to answer them. the issue was related to short longer wait time for the ted he was not sure what was resident council to help the AD-further stated some of the presemed like neglect of care. To on 3/2/22 at 3:13 a.m. R2 cerned with the length of time for the real light. R2 further the has had to wait over 1.5 alp. R2 further stated on 3/1/22 rdi-Gras party as staff did not to help her go to the party. The was upset that she could be a staff activities of daily living (ADL), mate, R3 helped her with care time for staff to answer her she would not know what she as R2 also stated it made her had to wait for staff to answer relied on staff for all cares.	F	725			
	an entire day at tim cannot change her	ne has had to sit in a wet brief es as staff would tell her they as there needs to be two staff. anxious when she thought					

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		PLE CONSTRUCTION  S		E SURVEY PLETED			
		245324	B. WING	÷			C <b>03/2022</b>
	PROVIDER OR SUPPLIER TATES AT BLOOMING	TON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE
F 725	about staff not bein stated sometimes is strong aides chang safe as she needed her brief changed.  During an interview stated she was R2's have to sit in a wet p.m. before. R3 stahad one aide so R2 R3 stated there were and she did what sl with her cares. R3 stood, put her covers beverages, whateve staff couldn't. R3 fur come to help R2 sh anxious." R3 also sthe long response of or got hurt it could the for staff to check the stated at times she hope staff would conhelp R2.  During an interview stated he worked a answer call light but stated he cannot traneeded two staff ar stated he would asl nurse was sometime wait.	g available to help her. R2 she will allow the big and e her alone even it was not d 2 staff, but she just wanted on 3/2/22 at 3:16 a.m. R3 s roommate and has seen R2 brief from 8:00 a.m. until 8: 00 ted staff will tell R2 they only had to stay in her bed all day. re not enough aides to help ne safely could do to help R2 stated she will cut up R2's s on, move her table, get her er she could to help R2 when rther stated when staff do not ne seemed to get "real tated she was concerned with of call lights as if someone fell ake staff over an hour and half e call light to help them. R3 would put her call light on with on 3/2/22 at 3:26 p.m. NA-B lone a lot and tried his best to t could only do so much. NA-B ansfer R2 alone as she and a Hoyer lift. NA-B further to a nurse for help, but the les busy therefore R2 had to		725			
	DON stated he exp resident in 10-15 m	on 3/2/22 at 3:39 a.m. the ected staff to check on a inutes if the call light was urn the light off until task the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
		245324	B. WING			C <b>/03/2022</b>	
	PROVIDER OR SUPPLIER	TON LLC		STREET ADDRESS, CITY, STATE, ZIP COD 9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 725	DON verified R2's of 3/1/22 and she mis further stated staff of as they were busy vin an emergency.  During an interview member (FM)-A state care for her mother enough staff. FM-A there were times he day or have forgotte which her mother logot upset when she activities were espestated there had be her call light on and further stated there sit soiled in her brief there was no staff to stated the long wait anxiety and her me changed. FM-A stated and aides there was care for the resident During an interview stated the facility what shifts she worked only do what she castaff.  During an interview maintenance (M)-A	on 3/2/22 at 4:20 p.m. the call light was not answered on sed the activity. The DON could not assist R2 on 3/1/22 with another resident who was on 3/3/22 at 8:50 a.m. family ated there was a certain lack of because of not having stated she had concerns as a mother had to stay in bed all en to take her to activities oved. FM-A stated her mome could not go to activities and exially important to her. FM-A ten times when R2 had to put I wait an hour at least. FM-A were times when R2 had to off for long periods of time as on help care for her. FM-A for staff has played into R2's dication were recently ted there are wonderful nurses is just not enough of them to	F 7	25			
		s not aware a call light report					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	(X3) DATE SURVEY COMPLETED			
		245324	B. WING			C <b>03/2022</b>
	PROVIDER OR SUPPLIER		9	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	1 00/	0012022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 725	exited until that day support. M-A stated call light, staff were a huge concern due could happen and a call light. M-A went orders for call lights stated an issue with critical issue and sh possible. M-A further issues with the passoccasionally poppedementia care residused to take the call M-A stated she was that were not functic corrected them with over the call light retimes were long and During an interview stated the facility st service audits since was a COVID outbucustomer service a issues the residents planned to implement attending the expectation would be resident's care with During an interview stated adequate staproblem which has NA-C stated reside	when she spoke to technical if there was an issue with the to call her directly as this was to the fact something critical a resident needed a working through her maintenance in February until 3/3/22. M-A in a call light would be set for nould be fixed as soon as the related there have been to related the call light doff the wall, not turn on or a dent who discharged on 2/6/22 ill light from residents' rooms. In a day usually. M-A went export and verified the call light dofelt related to short staffing.  If on 3/3/22 at 5:10 a.m. DON copped completing customer is November 2021, as there exak. DON further stated the udits were helpful to identify is had like call lights, and he can these audits again. DON con would be for staff to check in 15 minutes if they put on their in off the light until the care DN further stated his one for staff to assist with a	F 725			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
			D WING			С
		245324	B. WING _		03/	03/2022
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
TUE EST	ATES AT BLOOMING	TONLLC		9200 NICOLLET AVENUE SOUTH		
IIIL LOI	ATES AT BEOOMING	TON LEC		BLOOMINGTON, MN 55420		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N NC	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX			COMPLETION DATE
TAG	REGULATORT OR E	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TNATE	
F 725	Continued From pa	ge 36	F 72	25		
1 720	•	•	1 / 2			
		not enough staff. NA-C further not out on the way the facility				
		Chiefs and not enough				
		ed the facility continued to put				
		ne on the schedule who did				
		nonths or put the same staffs				
		ule twice to make it look like				
		NA-C stated there had been				
		nonth when there was only one ntire facility. NA-C further				
		help to care for the residents				
		DON, nurse manger, anyone				
		but no one answered. NA-C				
	stated recently the	facility will "hide" the schedule				
		are not aware if they were				
		ey were scheduled with				
		not come in. NA-C also				
		ility staff could occasionally				
		s during the day, but no one staff. NA-C stated the DON				
		told her they do not get paid				
		they were salaried and just				
		e not enough staff. NA-C				
	stated the call lights	go on for so long as the				
	facility was short sta	aff. NA-C further stated NA				
	1144 10 0410 101 20 0	or 30 residents alone and it				
	took time to answer	all the call lights.				
	A facility call light pe	aliev and procedure was				
	requested but not p	olicy and procedure was				
	requestion but not p	Toridod.				
	A facility quality of o	are policy and procedure was				
	requested but not p					<b> </b>
						<b> </b>

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION ( A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		00169	B. WING		_	C <b>03/03/2022</b>	
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 03/0	3/2022	
		9200 NIC	OLLET AVEN	,			
INE EST	TATES AT BLOOMING	BLOOMIN	IGTON, MN				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
2 000	Initial Comments		2 000				
	****ATTE	NTION*****					
	NH LICENSING	CORRECTION ORDER					
	144A.10, this correct pursuant to a surve found that the defic herein are not corrected shall	Minnesota Statute, section ction order has been issued y. If, upon reinspection, it is iency or deficiencies cited ected, a fine for each violation be assessed in accordance ines promulgated by rule of artment of Health.					
	corrected requires of requirements of the number and MN Ru When a rule contain comply with any of lack of compliance. re-inspection with a result in the assess	nether a violation has been compliance with all rule provided at the tag alle number indicated below. In a several items, failure to the items will be considered Lack of compliance upon ny item of multi-part rule will ment of a fine even if the item uring the initial inspection was					
	that may result from orders provided tha the Department witl	hearing on any assessments n non-compliance with these t a written request is made to nin 15 days of receipt of a nt for non-compliance.					
	conducted at your f Minnesota Departm facility was found N State Licensure. Pla plan of correction yo	TS: , a complaint survey was acility by surveyors from the nent of Health (MDH). Your OT in compliance with the MN ease indicate in your electronic ou have reviewed these orders when they will be completed.					

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Electronically Signed** 

(X6) DATE TITLE 03/25/22

STATE FORM 6899 If continuation sheet 1 of 34 CKU211

TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  2 000  Continued From page 1  The following complaint was found to be SUBSTANTIATED: H5324147C (MN80996) with a licensing order issued at tag 0800 and 1880.  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.  You have agreed to participate in the electronic		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  THE ESTATES AT BLOOMINGTON LLC  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  ((24) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  The following complaint was found to be SUBSTANTIATED: H5324147C (MN80996) with a licensing order issued at tag 0800 and 1880.  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic				A. BUILDING:			、	
THE ESTATES AT BLOOMINGTON LLC  9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420  (X4) ID PREFIX TAGE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  2 000  Continued From page 1  The following complaint was found to be SUBSTANTIATED: H5324147C (MN80996) with a licensing order issued at tag 0800 and 1880.  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.  You have agreed to participate in the electronic			00169	B. WING				
INTERESTATES AT BLOOMINGTON LCC    X2   D    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   D  PREFIX TAG	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  2 000  Continued From page 1  The following complaint was found to be SUBSTANTIATED: H5324147C (MN80996) with a licensing order issued at tag 0800 and 1880.  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction. You have agreed to participate in the electronic	THE EST	TATES AT BLOOMING	HONTIC:					
The following complaint was found to be SUBSTANTIATED: H5324147C (MN80996) with a licensing order issued at tag 0800 and 1880.  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE	
SUBSTANTIATED: H5324147C (MN80996) with a licensing order issued at tag 0800 and 1880.  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.  You have agreed to participate in the electronic	2 000	Continued From pa	ige 1	2 000				
receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulatio n/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000	The following comp SUBSTANTIATED: a licensing order is: Minnesota Department the State Licensing Federal software. The state Licensing Federal software. The state state is the far-letter of the findings which a state of the correction order the findings which a state after the state of the Suggested of the Minnesota Department of State lice the Minnesota Department of Hearyou electronically, is necessary for State lice the word "CO available for text. Ye electronic State lice the Minnesota Department of Hearyou electronically, is necessary for State lice the word "CO available for text. Ye electronic State lice the Minnesota Department of Hearyou	plaint was found to be H5324147C (MN80996) with sued at tag 0800 and 1880.  Then the of Health is documenting a Correction Orders using ag numbers have been sota state statutes/rules for the assigned tag number eff column entitled "ID Prefix attute/rule out of compliance is the "To Comply" portion of the state attement, "This Rule is not met pollowing the surveyor's findings the method of Correction and the orders consistent with the attement of Health the state will be attached Minnesota attement of Health orders being submitted to Although no plan of correction attement of Health in the box for must then indicate in the ensure process, under the orders will one electronically submitting to artment of Health. The facility and therefore a signature is					

Minnesota Department of Health

STATE FORM 6899 CKU211 If continuation sheet 2 of 34

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY
		00169	B. WING			C 0 <b>3/2022</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY,	STATE, ZIP CODE		
THE EST	TATES AT BLOOMING	IONIIC	OLLET AVEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 000	Continued From pa	ge 2	2 000			
	FOURTH COLUMN "PROVIDER'S PLA APPLIES TO FEDE	ARD THE HEADING OF THE N WHICH STATES, IN OF CORRECTION." THIS ERAL DEFICIENCIES ONLY. R ON EACH PAGE.				
2 800	MN Rule 4658.0510 Subp. 1 Nursing Personnel; Staffing requirements		2 800			4/8/22
	home must have or number of qualified registered nurses, I nursing assistants t residents at all nurs in all buildings if mo	requirements. A nursing n duty at all times a sufficient nursing personnel, including icensed practical nurses, and to meet the needs of the ses' stations, on all floors, and one than one building is udes relief duty, weekends, cements.				
	by: Based on interview failed to ensure suff answer call lights at with personal cares (R1, R2, R3, R4, R4, services provided b	and record review, the facility ficient staffing availability to nd provide timely assistance for seven of seven residents 5, R6, and R10) reviewed for sufficient staff numbers. ital to affect all residents living		corrected		
	Findings include:					
	left radius, pelvis fra	ted 2/2/22 indicated fracture acture, chronic pain, anxiety, two, and hypertension (HTN).				
		nimum Data Set dated 2/8/22 nition. R1 required limited				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00169	B. WING		03/0	; 3/2022	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0	5/2022	
	TATES AT BLOOMING	TON LLC 9200 NICC	DLLET AVEN	IUE SOUTH			
0/0/15	STIMMADV STA	BLOOMIN TEMENT OF DEFICIENCIES	GTON, MN	55420 PROVIDER'S PLAN OF CORRECTION	ON	(2/5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
2 800	Continued From pa	ge 3	2 800				
	assistance with bed mobility, transfers, walking in room/corridor, locomotion on/off unit, dressing, toilet use. R1 had an impairment on one side of upper extremity.						
	indicated R1 stated or quickly responding nursing staff told his	ncern Form dated 2/17/22 nursing staff were not easily ng to call light. R1 also stated m to break and put his own hrew it at me, so I threw it out					
	R1's Care Plan was discharged on 2/21	s initiated on 3/2/22 after R1 /22.					
	R2's Care Plan 1/7/22 indicated participation in weekly attendance at schedule groups and staff were to assist to scheduled programs of interest. R1 was deficit in self-care related to mobility impairment secondary to weakness and arthritis. Staff were to encourage R1 to use call light for assistance. R1 was at risk for psychosocial wellbeing. Staff were directed to encourage to maintain daily routine that involved social interaction with other and engagement in enjoyable activities. R1 was reliant on others to move around the facility.						
	indicated R2 got es	coation Review dated 1/7/22 corted to and from groups. R2 carticipate or extensive ed.					
	1/11/22 indicated co	ogress Note (PN) dated ontinued to attended activities. engagement in healthy routine ties.					
	_	ted 1/21/22 indicated HTN, somnia, DM II, overactive					

Minnesota Department of Health

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				<del></del>		
		00169	B. WING		03/0	3/2022
NAME OF I				STATE, ZIP CODE		
THE ESTATES AT BLOOMINGTON LLC			OLLET AVEN IGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
2 800	Continued From pa	ge 4	2 800			
	bladder, rheumatoic anxiety, and osteoa	d arthritis of multiple sites, arthritis of knee.				
	cognition. R2 requires staff with bed mobile hygiene; total depeand dressing, R2 h	ated 1/27/22 indicated intact red extensive assist of two lity, toilet use, personal indent of two staff for transfers, ad an impairment on one side and an impairment on both emity.				
	R3's significant change MDS dated 12/23/21, indicated intact cognition. R3 required extensive assist with transfers, toilet use; independent with locomotion on/off unit; and an impairment on one side of lower extremity.					
	R3's care plan dated 2/11/21, indicated R3 was self care deficit. R3 required assist of 1 with ambulation, transfers bathing, dressing, and personal hygiene.					
	alteration in mobility were to assist with abilities, assist with	ed 10/5/21, indicated an y and self care deficit. Staff with ambulation per needs, movement in and out of bed, dressing, and personal				
		ted 1/13/22 indicated HTN, pulmonary disease (COPD), urine retention.				
	moderate cognitive supervision with be locomotion on/off u and personal hygie only able to stabilize	i dated 2/23/22 indicated impairment. R4 required d mobility, transfers, nit, dressing, eating, toilet use, ne. R4 was not steady and e with human assist from sit to ring on and off toilet and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY LETED	
		00169	B. WING		03/0	3/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	_	
THE EST	TATES AT BLOOMING	IONIIC.	OLLET AVEN NGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
2 800	surface to surface to impairment on both R5's Diagnoses dat of right lower limb, whee, urine retention level between left had disorder, HTN, anxious weakness.  R5's care plan date in mobility and self assist with movement and activities of dair required assist of 1 personal hygiene,  R5's quarterly MDS cognition. R5 had an his lower extremity.  R6's care plan date in mobility. Staff we ambulation, transfein in mobility. Staff we ambulation, transfein in dicated intact cognists with bed mobuse, personal hygienes side of his upposupervision with low R10's care plan dat risk and encourage had an alteration in deficit. Staff were to surface to s	ransfers. R4 had an sides of lower extremities.  ded 4/20/21, indicated cellulitis absence of left leg above in, traumatic amputation at ip and knee, COPD, panic lety, depression, and  d 11/2/21, indicated alteration care deficit. Staff were to ent in/out of bed, with mobility ly living (ADL's) as needed. R5 with bathing, dressing, and dated 1/6/22 indicated intact in impairment on one side of d 8/19/21, indicated alteration re to assist of 1 with rs and assist with movement linge MDS dated 1/15/22 indicated extensive collity, transfers, dressing, toilet the R6 had an impairment on the rand lower extremity: comotion on/off unit.  ded 11/22/21, indicated a fall d to use call light for help. R10 mobility and was self care to provide assist of 1 with assist of 1 with personal				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
		00169	B. WING		03/0	3/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
THE EST	TATES AT BLOOMING	IONIIC:	OLLET AVEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 800	R10's quarterly MD intact cognition. R1 mobility, transfer, to toilet use; required locomotion on/off ull R10's Grievance/Coundicated R10 he with 5:00 p.m. two days had been bleeding return to his room at The facility was a 68 facility, had a 25-be had 42 beds on the average daily reside monthly admissions monthly discharges hospitals typically of Fridays, and Saturd The facility staffing 1-2 licensed nurses shift (8-hour shift), 2 (CNA) for morning a shifts), 1 CNA on the licensed nurse on the and a full-time licenfacility staffing mod licensed nurses on shift (8-hour shift), evening shift (7.5-hour nurse manager.  The facility call light indicated there were cleared alarms for a shift call the shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated there were cleared alarms for a shift call light indicated the call light ind	S dated 12/17/21, indicated 0 was independent with bed walk in corridor, dressing and supervision to walk in room,	2 800			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00169	B. WING		03/0	3/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
THE ESTATES AT BLOOMINGTON LLC			DLLET AVEN IGTON, MN				
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
2 800	Continued From pa	ge 7	2 800				
	minutes 37 seconds. Of the incident counted approximately 619 exceeded 45 minutes.						
	2/17/22 indicated it 5:00 p.m. call lights on all wings of the b	nt Council Minutes dated was "very noticeable" after were not answered. This was building. Grievances and nutes were sent to the					
	The Facility Payroll documentation dated 2/1/22 until 3/2/22 indicated staff consistently started their scheduled shift late or left early.						
	schedule indicated	compared to the Employee on 2/1/22 the facility was short g shift and 1 NA for the night					
	and was cleared 65 at 5:59 p.m.	oushed on 2/1/22 at 4:55 p.m. minutes and 27 seconds later oushed on 2/1/22 at 4:55 p.m.					
	and was cleared 65 at 5:59 p.m.	5 minutes and 27 seconds later bushed on 2/1/22 at 7:08 p.m.					
	and was cleared 10 later at 8:48 p.m.	00 minutes and 37 seconds oushed on 2/1/22 at 8:52 p.m.					
		minutes and 7 seconds later					
	schedule indicated 1 NA for the day sh shift.	compared to the Employee on 2/2/22 the facility was short ift and 1 NA for the evening					
	and was cleared 18 later at 7:37 a.m.	oushed on 2/2/22 at 4:27 a.m. 39 minutes and 29 seconds					
		oushed on 2/2/22 at 6:17 a.m. minutes and 19 seconds later					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. DOILDING.			
		00169	B. WING			, 3/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	THE ESTATES AT BLOOMINGTON LLC			IUE SOUTH		
	BLOOMIN				ON	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
2 800	Continued From pa	ige 8	2 800			
2 800	at 7:44 a.m. R6's call light was pand was cleared 32 at 10:37 a.m. R4's call light was pand was cleared 43 at 11:43 a.m. R6's call light was pand was cleared 12 later at 8:35 p.m. R5's call light was pand was cleared 16 later at 2/3/22 at 12 The Facility Payroll schedule indicated 2 NA for the evenin R6's call light was pand was cleared 16 later at 2/3/22 at 12	oushed on 2/2/22 at 10:05 a.m. 2 minutes and 6 seconds later oushed on 2/2/22 at 10:59 a.m. 3 minutes and 53 seconds later oushed on 2/2/22 at 6:27 p.m. 27 minutes and 52 seconds oushed on 2/2/22 at 10:11 p.m. 33 minutes and 41 seconds 1:54 a.m. compared to the Employee on 2/3/22 the facility was short	2 800			
	R5's call light was pushed on 2/3/22 at 3:01 a.m. and was cleared 72 minutes and 59 seconds later at 4:14 a.m. R1's call light was pushed on 2/3/22 at 5:07 a.m. and was cleared 65 minutes and 34 seconds later at 6:13 a.m. R1's call light was pushed on 2/3/22 at 9:44 a.m. and was cleared 48 minutes and 18 seconds later at 10:33 a.m.					
	and was cleared 83 at 12:07 p.m. R2 call light was pu	bushed on 2/3/22 at 10:43 a.m. Biminutes and 53 seconds later ashed on 2/3/22 at 1:13 p.m. Biminutes and 32 seconds later				
	R1's call light was p and was cleared 54 at 11:17 p.m. R1's call light was p	oushed on 2/3/22 at 10:23 p.m. I minutes and 39 seconds later oushed on 2/3/22 at 12:00 a.m. I minutes and 29 seconds later				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDFLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:	:	COIVIE	LETED
			B. WING		C	
		00169	b. WING		03/0	3/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
THE EST	ATES AT BLOOMING	HONIIC	OLLET AVEN			
	7.1.207.11 B20011111110	BLOOMI	NGTON, MN	55420		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	.D BE	(X5) COMPLETE DATE
2 800	Continued From pa	nge 9	2 800			
	at 12:41 a.m.					
	schedule indicated 1 NA for the evenin R6's call light was pand was cleared 31 later at 10:04 a.m. 2/4/22 at 10:49 a.m minutes and 51 sec R2's call light was pwas cleared 36 mir 5:22 p.m. R6's call light was pwas cleared 42 mir 3:12 p.m. R6's call light was pand was cleared 36 at 2/5/22 at 12:19 at 13:12 p.m.	bushed on 2/4/22 at 4:53 a.m. 11 minutes and 15 seconds R4's call light was pushed an and was cleared 100 conds later at 1:02 p.m. bushed 2/4/22 at 4:45 p.m. and nutes and 41 seconds later at bushed 2/4/22 at 2:29 p.m. and nutes and 49 seconds later at bushed 2/4/22 at 11:43 p.m. 6 minutes and 0 seconds later at bushed 2/4/22 at 11:43 p.m. 6 minutes and 0 seconds later at bushed 2/4/22 at 11:43 p.m. 6 minutes and 0 seconds later a.m.				
	R1's call light was p and was cleared 42 at 8:01 p.m. R1's call light was p was cleared 67 mir	oushed on 2/5/22 at 7:19 a.m. 2 minutes and 25 seconds later oushed 2/5/22 at 8:42 a.m. and nutes and 41 seconds later at				
	and was cleared 70 at 11:38 a.m. R1's call light was pand was cleared 99	oushed 2/5/22 at 10:27 a.m.  O minutes and 57 seconds later  oushed 2/5/22 at 11:40 a.m.  O minutes and 56 seconds later  all light was pushed 2/5/22 at				
	6:48 p.m. and was seconds later at 7: R6's call light was p	cleared 30 minutes and 57				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:	A. BUILDING:		LLILD	
		00169	B. WING	B. WING		C 03/03/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE EST	TATES AT BLOOMING	IONIIC	OLLET AVEN				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE	
	was cleared 41 min 8:36 p.m. R2's call light was p was cleared 50 min 8:54 p.m. R2's call light was p was cleared 136 m 11:40 p.m. R6's call light was p and was cleared 30 at 10:49 p.m. R6's call light was p						
	R6's call light was pushed 2/5/22 at 11:06 p.m. and was cleared 62 minutes and 44 seconds later at 2/6/22 at 12:09 a.m.  The Facility Payroll compared to the Employee schedule indicated on 2/6/22 the facility was short 2 NA for the day shift, and 1 NA for the evening shift.  R6's call light was pushed on 2/6/22 at 9:54 a.m. and was cleared 199 minutes and 34 seconds later at 1:13 p.m.  R1's call light was pushed on 2/6/22 at 8:56 p.m. and was cleared 56 minutes and 1 seconds later at 9:52 p.m.  R1's call light was pushed on 2/6/22 at 2:43 p.m. and was cleared 87 minutes and 56 seconds later at 4:11 p.m.  R4's call light was pushed on 2/6/22 at 6:44 p.m. and was cleared 37 minutes and 20 seconds later at 7:22 p.m.  R6's call light was pushed on 2/6/22 at 6:48 p.m. and was cleared 36 minutes and 48 seconds later at 7:25 p.m.  The Facility Payroll compared to the Employee schedule indicated on 2/7/22 the facility was short						

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		00169	B. WING			3/2022
NAME OF I				STATE, ZIP CODE		
THE ESTATES AT BLOOMINGTON LLC			OLLET AVEN GTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
	and was cleared 55 at 1:29 a.m. R3's call light was pand was cleared 33 at 2:11 a.m. R10's call light was and was cleared 89 at 3:48 p.m. R6's call light was pand was cleared 52 at 3:11 p.m. R2's call light was pand was cleared 39 at 3:26 p.m.	oushed on 2/7/22 at 12:34 a.m. is minutes and 45 seconds later oushed on 2/7/22 at 1:38 a.m. is minutes and 5 seconds later pushed on 2/7/22 at 2:18 p.m. is minutes and 22 seconds later oushed on 2/7/22 at 2:19 p.m. is minutes and 40 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 57 seconds later oushed on 2/7/22 at 2:46 p.m. is minutes and 2/7/22 at 2:46 p.m.				
	schedule indicated 2 NA for the evenin R6's call light was pand was cleared 67 at 1:10 a.m. R6's call light was pand was cleared 36 at 3:05 p.m. R6's call light was pand was cleared 88 at 4:33 p.m. R4's call light was pand was cleared 57 at 10:04 p.m.  The Facility Payroll schedule indicated 1 NA for the day shand 1 NA for the nig R6's call light was pand was cleared 44 at 1:44 a.m.	oushed on 2/8/22 at 12:03 a.m. minutes and 27 seconds later oushed on 2/8/22 at 2:28 p.m. minutes and 47 seconds later oushed on 2/8/22 at 3:05 p.m. minutes and 8 seconds later oushed on 2/8/22 at 9:06 p.m. minutes and 52 seconds later oushed on 2/8/22 at 9:06 p.m. minutes and 52 seconds later oushed on 2/8/22 at 9:06 p.m. minutes and 52 seconds later oushed on 2/9/22 the facility was short ift, 2 NA for the evening shift				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			71. 501251110.	<del></del>		
		00169	B. WING			3/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE EST	TATES AT BLOOMING	IONIIC:	OLLET AVEN IGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 800	and was cleared 55 at 9:21 a.m. R1's call light was pand was cleared 63 at 10:26 a.m. R1's call light was pand was cleared 58 at 3:12 p.m. R1's call light was pand was cleared 38 at 10:23 p.m. R3's call light was pand was cleared 34 at 9:52 p.m. The Facility Payroll schedule indicated short 1 NA for the chaift. R1's call light was pand was cleared 1 in the control of the control	inge 12 minutes and 53 seconds later bushed on 2/9/22 at 9:22 a.m. minutes and 43 seconds later bushed on 2/9/22 at 2:13 p.m. minutes and 37 seconds later bushed on 2/9/22 at 9:45 p.m. minutes and 34 seconds later bushed on 2/9/22 at 9:18 p.m. minutes and 47 seconds later bushed on 2/9/22 at 9:18 p.m. minutes and 47 seconds later compared to the Employee on 2/10/22 the facility was lay shift, and 1 NA for the night bushed on 2/10/22 at 10:25 ed 35 minutes and 50 seconds bushed on 2/10/22 at 4:08 p.m. for minutes and 15 seconds	2 800			
	and was cleared 43 at 10:17 p.m. R2 call light was pu and was cleared 41 at 10:23 p.m. R1's call light was p	oushed on 2/10/22 at 9:34 p.m. 3 minutes and 30 seconds later ashed on 2/10/22 at 9:42 p.m. I minutes and 1 seconds later oushed on 2/10/22 at 10:31 ed 49 minutes and 8 seconds				
	schedule indicated short 2 NA for the devening shift.	compared to the Employee on 2/11/22 the facility was lay shift, and 1 NA for the oushed on 2/11/22 at 6:56 a.m.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING:			X3) DATE SURVEY COMPLETED	
	00169	B. WING		C <b>03/03/2022</b>		
				1 00/0	3/2022	
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, S DLLET AVEN	STATE, ZIP CODE			
THE ESTATES AT BLOOMING	IONII C	IGTON, MN				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
2 800 Continued From pa	ge 13	2 800				
and was cleared 67 at 8:04 a.m. R2's call light was pand was cleared 32 at 8:20 a.m. R1's call light was pand was cleared 12 later at 11:57 a.m. R1's call light was pand was cleared 45 at 10:33 p.m.  The Facility Payroll schedule indicated short 1 NA for the dishift and 2 NA for the R1's call light was pand was cleared 1:53 a.m. R1's call light was pand was cleared 95 at 6:09 a.m. R1's call light was pand was cleared 95 at 6:09 a.m. R6's call light was pand was cleared 69 at 7:59 p.m.  The Facility Payroll schedule indicated short 1 NA for the devening shift. R1's call light was pand was cleared 69 at 7:59 p.m.  The Facility Payroll schedule indicated short 1 NA for the devening shift. R1's call light was pand was cleared 1:25 a.m. R1's call light was pand was cleared light was pand was cleare	minutes and 43 seconds later bushed on 2/11/22 at 7:48 a.m. minutes and 1 seconds later bushed on 2/11/22 at 9:54 a.m. 2 minutes and 19 seconds bushed on 2/11/22 at 9:47 p.m. minutes and 14 seconds later compared to the Employee on 2/12/22 the facility was ay shift, 2 NA for the evening	2 800				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILBING.				
		00169	B. WING			3/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE EST	ATES AT BLOOMING	IONIIC	DLLET AVEN GTON, MN				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
2 800	at 7:56 a.m. R6 call at 1:45 p.m. and was seconds later at 2:3 R5's call light was pand was cleared 10 later at 11:00 p.m.  The Facility Payroll schedule indicated short 1 NA for the cR1's call light was pand was cleared 14 later at 9:58 a.m. R4's call light was pand was cleared 37 at 10:02 a.m. R6's call light was pand was cleared 35 at 3:02 p.m. R4's call light was pand was cleared 35 at 3:02 p.m. R6's call light was pand was cleared 35 at 8:47 p.m. R6's call light was pand was cleared 15 later 2/15 at 12:05 at 15 at 12:05 at 15 call light was pand was cleared 45 at 8:40 p.m. R1's call light was pand was cleared 42 at 8:17 a.m. R1's call light was pand was cleared 42 at 8:17 a.m. R1's call light was pand was cleared 42 at 8:17 a.m. R1's call light was pand was cleared 42 at 8:17 a.m. R1's call light was pand was cleared 42 at 8:17 a.m. R1's call light was pand was cleared 42 at 8:17 a.m. R1's call light was pand was cleared 42 at 8:17 a.m. R1's call light was pand was cleared 42 at 8:17 a.m. R1's call light was pand was cleared 42 at 8:17 a.m.	o minutes and 59 seconds later I light was pushed on 2/13/22 as cleared 45 minutes and 2 as cleared 45 minutes and 2 as p.m. oushed on 2/13/22 at 9:19 p.m. of minutes and 20 seconds  compared to the Employee on 2/14/22 the facility was lay shift. oushed on 2/14/22 at 7:32 a.m. of minutes and 24 seconds  oushed on 2/14/22 at 9:22 a.m. of minutes and 45 seconds later oushed on 2/14/22 at 2:26 p.m. of minutes and 28 seconds later oushed on 2/14/22 at 8:12 p.m. of minutes and 22 seconds later oushed on 2/14/22 at 9:29 p.m. of minutes and 59 seconds	2 800				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED			
						<b>,</b>	С	
		00169		B. WING			03/2022	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE EST	FATER AT DI COMINO	TONLLO	9200 NIC	OLLET AVEN	IUE SOUTH			
THE EST	TATES AT BLOOMING	TON LLC	BLOOMIN	IGTON, MN	55420			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCY MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
2 800	Continued From pa	ge 15		2 800				
	R10's call light was p.m. and was cleard later at 2:11 p.m. R6 call light was pu and was cleared 14 later at 2/16/22 at 2	ed 46 minutes and shed on 2/15/22 a 1 minutes and 15 :00 a.m.	4 seconds at 11:38 p.m. seconds					
	schedule indicated short 3 NA for the devening shift. R6's call light was pand was cleared 15 at 6:58 a.m. R10's call was push	on 2/16/22 the fact lay shift, and 2 NA bushed on 2/16/22 77 minutes and 6 s	ility was for the at 4:21 a.m. seconds later oushed his					
	R10's call was pushed on 2/16/22 at pushed his call light at 5:22 a.m. and was cleared 229 minutes and 50 seconds later at 9:12 a.m. R1's call light was pushed on 2/16/22 at 7:16 a.m. and was cleared 32 minutes and 3 seconds later at 7:48 a.m. R1's call light was pushed on 2/16/22 at 7:48 a.m. and was cleared 41 minutes and 34 seconds later at 8:30 a.m.							
	R6's call light was p and was cleared 30 at 10:16 a.m. R1's call light was p a.m. and was cleard later at 11:49 a.m. R2's call light was p a.m. and was cleard	minutes and 20 so bushed on 2/16/22 ed 34 minutes and bushed on 2/16/22	econds later at 11:15 I 40 seconds at 11:29					
	later at 12:31 p.m. R6's call light was p and was cleared 13 at 7:44 p.m. R4's call light was p p.m. and was cleared later at 2:29 p.m. R2's call light was p and was cleared 40	oushed on 2/16/22 66 minutes and 3 so oushed on 2/16/22 ed 92 minutes and oushed on 2/16/22	at 5:28 p.m. seconds later at 12:57 I 37 seconds at 8:45 p.m.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			,
		00169	B. WING		03/0	3/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	TATES AT BLOOMING	IONIIC	DLLET AVEN GTON, MN			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
2 800	Continued From pa	ge 16	2 800			
	at 9:25 p.m.					
	schedule indicated staffed. R6's call light was a.m. and was clear later at 6:07 a.m. R1's call light was pand was cleared 35 at 8:29 a.m. R4's call light was pand was cleared 43 at 2:40 p.m. R6's call light was pand was cleared 67 at 6:43 p.m. R6's call light was pand was cleared 7 at 7:54 p.m. R1's call light was pand was cleared 7 at 7:54 p.m.	compared to the Employee on 2/17/22 the facility was fully pushed on 2/17/22 at 5:23 ed 43 minutes and 39 seconds bushed on 2/17/22 at 7:53 a.m. 5 minutes and 53 seconds later bushed on 2/17/22 at 1:57 p.m. 8 minutes and 19 seconds later bushed on 2/17/22 at 5:35 p.m. 7 minutes and 45 seconds later bushed on 2/17/22 at 6:43 p.m. 1 minutes and 32 seconds later bushed on 2/17/22 at 6:43 p.m. 1 minutes and 32 seconds later bushed on 2/17/22 at 10:05 ed 37 minutes and 38 seconds				
	schedule indicated short 2 NA for the cand 1 for night shift R6's call light was pand was cleared 32	compared to the Employee on 2/18/22 the facility was lay shift, 2 for the evening shift bushed on 2/18/22 at 6:55 a.m. 2 minutes and 56 seconds later				
	and was cleared 35 at 8:24 a.m. R4's call light was pand was cleared 40 at 8:00 p.m. R1's call light was p	oushed on 2/18/22 at 7:48 a.m. is minutes and 33 seconds later oushed on 2/18/22 at 7:20 p.m. is minutes and 32 seconds later oushed on 2/18/22 at 7:41 p.m. is minutes and 1 seconds later in the property of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE : COMPI	
		00169	B. WING		03/0	; 3/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE	1 00.0	0,2022
THE ESTATES AT BLOOMINGTON LLC			OLLET AVEN GTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
2 800	R6's call light was pand was cleared 40 at 9:23 a.m. R3's call light was pp.m. and was cleared later at 10:55 p.m.  The Facility Payroll schedule indicated short 1 NA for the enight shift. R6's call light was pand was cleared 65 at 7:22 a.m. R1's call light was pand was cleared 49 at 7:54 a.m. R6's call light was pand was cleared 14 later at 11:17 a.m. R3's call light was pand was cleared 14 later at 11:20 a.m. R1's call light was pand was cleared 50 at 10:41 p.m.  The Facility Payroll schedule indicated short 1 NA for the nigrous cleared 53 at 5:10 a.m. R6's call light was pand was cleared 53 at 5:10 a.m. R6's call light was pand was cleared 63 at 7:55 a.m. R1's call light was pand was cleared 62 at 7:55 a.m. R1's call light was pand was cleared 62 at 7:55 a.m. R1's call light was pand was cleared 62 at 7:55 a.m.	oushed on 2/18/22 at 8:42 p.m. minutes and 20 seconds later oushed on 2/18/22 at 10:02 and 53 minutes and 12 seconds compared to the Employee on 2/19/22 the facility was evening shift and 1 NA for the oushed on 2/19/22 at 6:17 a.m. minutes and 18 seconds later oushed on 2/19/22 at 7:05 a.m. minutes and 8 seconds later oushed on 2/19/22 at 8:53 a.m. at minutes and 50 seconds oushed on 2/19/22 at 10:31 and 49 minutes and 25 seconds oushed on 2/19/22 at 9:50 p.m. minutes and 56 seconds later oushed on 2/19/22 at 9:50 p.m. minutes and 56 seconds later oushed on 2/19/22 at 9:50 p.m. minutes and 56 seconds later oushed on 2/19/22 at 9:50 p.m. minutes and 56 seconds later oushed on 2/20/22 the facility was lay shift, 1 NA for the evening	2 800			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00169	B. WING		03/0	; 3/2022	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/0	OILOLL	
THE ESTATES AT BLOOMINGTON LLC			OLLET AVEN GTON, MN				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
2 800	R6's call light was pa.m. and was cleared at 11:41 a.m. R1's call light was pa.m. and was cleared later at 11:43 a.m.  The Facility Payroll schedule indicated short 3 NA for the cR6's call light was pand was cleared 49 at 3:52 a.m. R1's call light was pand was cleared 57 at 8:49 a.m. R6's call light was pa.m. and was cleared 10:48 a.m. R1's call light was pa.m. and was cleared 42 at 7:59 p.m. R6's call light was pand was cleared 42 at 7:59 p.m. R6's call light was pp.m. and was cleared 42 at 7:59 p.m. The Facility Payroll schedule indicated short 1 NA for the devening shift. R4's call light was pand was cleared 32 at 9:48 a.m. R6's call light was pand was cleared 68 at 10:40 a.m.	oushed on 2/20/22 at 10:11 ed 89 minutes and 32 seconds oushed on 2/20/22 at 11:12 ed 30 minutes and 41 seconds compared to the Employee on 2/21/22 the facility was lay shift. oushed on 2/21/22 at 3:03 a.m. o minutes and 1 seconds later oushed on 2/21/22 at 7:51 a.m. of minutes and 53 seconds later oushed on 2/21/22 at 10:10 ed 37 minutes and 32 seconds oushed on 2/21/22 at 11:47 ed 132 minutes and 25	2 800				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00169	B. WING		03/0	3/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	THE ESTATES AT BLOOMINGTON LLC  9200 NIC BLOOM			IUE SOUTH 55420		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 800	Continued From pa	ge 19	2 800			
	at 3:03 p.m. R4's call light was p	minutes and 16 seconds later bushed on 2/22/22 at 7:15 p.m. minutes and 40 seconds later				
	schedule indicated short 1 NA for the d R6's call light was p and was cleared 77 at 3:11 a.m. R6's call light was p and was cleared 81 at 6:41 a.m. R4's call light was p	compared to the Employee on 2/23/22 the facility was lay shift. Soushed on 2/23/22 at 1:54 a.m. minutes and 3 seconds later soushed on 2/23/22 at 5:20 a.m. minutes and 5 seconds later soushed on 2/23/22 at 7:59 p.m. minutes and 29 seconds later				
	The Facility Payroll compared to the Employee schedule indicated on 2/24/22 the facility was short 1 NA for the day shift and 1 NA for the night shift.  R6's call light was pushed on 2/24/22 at 2:18 a.m. and was cleared 63 minutes and 25 seconds later at 3:22 a.m.  R6's call light was pushed on 2/24/22 at 3:18 p.m. and was cleared 74 minutes and 22 seconds later at 4:33 p.m.  R6's call light was pushed on 2/24/22 at 10:12 p.m. and was cleared 61 minutes and 22 seconds later at 11:13 p.m.  R2's call light was pushed on 2/24/22 at 10:27 p.m. and was cleared 38 minutes and 40 seconds later at 11:05 p.m.					
	schedule indicated short 1 licensed nui	compared to the Employee on 2/25/22 the facility was rse for the day shift, 1 NA for licensed nurse for night shift,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00169	B. WING		03/0	) 3/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE ESTATES AT BLOOMINGTON LLC			OLLET AVEN GTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 800	and 2 NA for the nig R6's call light was pand was cleared 33 at 4:57 a.m.  The Facility Payroll schedule indicated short 1 NA for the enight shift. R6's call light was pand was cleared 79 at 7:09 a.m. R5's call light was pand was cleared 12:54 a.m. R2's call light was pp.m. and was cleared 12:54 a.m. The Facility Payroll schedule indicated short 2 NA for the pand was cleared 19:10 later at 6:55 p.m. R6's call light was pand was cleared 19:10 later at 6:55 p.m. R6's call light was pand was cleared 37 at 7:32 p.m. The Facility Payroll schedule indicated short 2 NA for the pand was cleared 37 at 7:32 p.m. The Facility Payroll schedule indicated short 2 NA for the pand was cleared 37 at 7:32 p.m. The Facility Payroll schedule indicated short 2 NA for the pand was cleared 37 at 7:32 p.m. R6's call light was pand was cleared 37 at 7:32 p.m. R6's call light was pand was cleared 37 at 7:32 p.m.	ght shift. Sushed on 2/25/22 at 4:24 a.m. Siminutes and 2 seconds later  compared to the Employee on 2/26/22 the facility was evening shift and 2 NA for the sushed on 2/26/22 at 5:50 a.m. Siminutes and 4 seconds later  sushed on 2/26/22 at 12:19 and 35 minutes and 4 seconds  sushed on 2/26/22 at 11:23 and 30 minutes and 20 seconds  compared to the Employee on 2/27/22 the facility was lay shift. Sushed on 2/27/22 at 3:39 p.m. Siminutes and 34 seconds  sushed on 2/27/22 at 6:55 p.m. The minutes and 26 seconds later  compared to the Employee on 2/28/22 the facility was lay shift and 5 nursing	2 800			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00169	B. WING		03/0	3/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	TATES AT BLOOMING	IONIIC	DLLET AVEN GTON, MN			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(Y5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
2 800	O Continued From page 21		2 800			
	and was cleared 19 later at 11:15 p.m. R2's call light was pand was cleared 56 at 10:02 p.m. R3's call light was p	bushed on 2/28/22 at 8:00 p.m. 95 minutes and 12 seconds bushed on 2/28/22 at 9:06 p.m. 6 minutes and 22 seconds later bushed on 2/28/22 at 9:27 p.m. 8 minutes and 54 seconds later				
	schedule indicated 3 NAs for the eveni shift. R6's call light was pand was cleared 77 at 8:00 a.m. R2's call light was pand was cleared 10 later at 3:24 p.m. R3's call light was pand cleared 48 min 3:20 p.m. R6's call light was pand was cleared 31 at 1:40 p.m. R6's call light was pand selected 31 at 1:40 p.m.	compared to the Employee on 3/1/22 the facility was short ng shift and 1 NA for the night bushed on 3/1/22 at 6:43 a.m. minutes and 38 seconds later bushed on 3/1/22 at 1:38 p.m. 5 minutes and 42 seconds bushed on 3/1/22 at 2:31 p.m. utes and 21 seconds later at bushed on 3/1/22 at 1:09 p.m. minutes and 2 seconds later bushed on 3/1/22 at 2:48 p.m. minutes and 3 seconds later				
	and R6 stated there they needed wait for answered. R5 state council residents in concern that staff d the issue needed to had to wait long how his call light. R5 fur	on 3/2/22 at 10:00 a.m. R5 was an issue with the time or their call lights to get at on 2/17/22 at resident attendance brought up their o not answer call lights and be addressed. R5 stated he urs at times for staff to answer ther stated this has of the concern when he will get				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE				
		00169	B. WING		03/0	3/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	THE ESTATES AT BLOOMINGTON LLC  9200 NI  BLOOM			IUE SOUTH 55420		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 800	care when he need hours just for assist problem. R5 stated addressed as resid continuously wait he During an interview personal care assis visited R1 at the face neglect" many time R1 left on the toilet R1 had to bang on as they did not answer further stated R1 had help on a basic care acceptable. PCA-A up at resident coun residents.  During an interview Administrator and control the day.  During an interview stated they could on report for the day.  During an interview stated she was frustime to answer her help. R4 further stallight wait time was instaff. R4 also sated with her when they busy. R4 stated she due to her urinary in not control. R4 also she had an emergenot come to her so an emergency happens as in the state of the so an emergency happens and the state of the so an emergency happens and the state of the so an emergency happens and the state of the so an emergency happens and the state of the so an emergency happens and the state of the so an emergency happens and the state of the so an emergency happens and the state of the so an emergency happens and the state of the so and the state of the so and the state of the so and the state of the state of the so and the state of the state	ed. R5 stated he had to wait tance which had become a big the issue needed to get ents should not have to	2 800			

Minnesota Department of Health STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLE						
		00169		B. WING			C <b>03/2022</b>	
	THE ESTATES AT BLOOMINGTON LLC 9200 NIC			DRESS, CITY, S DLLET AVEN IGTON, MN				
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2 800	During an interview nursing assistant (Note best they could facility were hurting not enough staff the NA-A further stated staff there still were the residents. NA-A resident was even were did not show up. NA cause the issue it on NA-A stated the resident was not about they deserved. NA-only do so much if the During an interview regional ombudsmattended residence concerns related to lights. RO further stated was the call light was 5:00 p.m.  During an interview administrator stated light issues that we council on 2/17/22 administrator further resident council coron as the administrator further time of the meeting since she was gone staff put the grievar her mailbox, of which administrator further from happening againg TR staff provide residence to the DO and the staff the staff the staff provide residence to the DO and the staff the sta	ge 23 on 3/2/22 at 12:50 p JA)-A stated staff were but the residents with the residents with the residents are denied when the residents are denied when the facility was a not enough staff to a further stated the virus of the facility was a stated the virus of the facility was also and the virus of the facility added to the situation of the facility were short staff.  In a facility a facility was a facility and the facility plants are stated to prevent the facility plants and the facility plants are stated to prevent the facility plants and the facility plants are stated to prevent the facility plants and the facility plants are stated to prevent the facility plants and council minute. On if the administrator are further stated the stated the facility plants are stated to prevent he facility plants and council minute. On if the administrator are further stated the stated the facility plants are stated to prevent he facility plants are stated to prevent facility p	re doing hin the here was docare. It is fully care for the staff lid not the ation. In the lide of the call the meeting or a fully o	2 800				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  9200 NICOLLET AVENUE SOUTH	8/2022
THE ESTATES AT BLOOMINGTON LLC 9200 NICOLLET AVENUE SOUTH	
THE ESTATES AT BLOOMINGTON LLC	
BLOOMINGTON MN 55/20	
BLOOMINGTON, MN 55420  (X4) ID PROVIDER'S PLAN OF CORRECTION	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 800 Continued From page 24 2 800	
the concerns brought up can be followed up right away.	
During an interview on 3/2/22 at 2:52 a.m. activities director (AD) - A stated the main concern at resident council were that call lights were on a long time and took hours for staff to answer them. AD-A stated he felt the issue was related to short staff which caused longer wait time for the residents. AD-A stated he was not sure what was put into place after resident council to help the call light situation. AD-further stated some of the concerns brought up seemed like neglect of care.  During an interview on 3/2/22 at 3:13 a.m. R2 stated she was concerned with the length of time it took staff to answer her call light. R2 further stated on 3/1/22 she has had to wait over 1.5 hours for staff to help. R2 further stated on 3/1/22 she missed the Mardi-Gras party as staff did not answer her call light to help her go to the party. R2 further stated she was upset that she could not go to the party because no one was available to help her get there. R2 stated she relied on staff to help her with her activities of daily living (ADL). R2 stated her roommate, R3 helped her with care when it took a long time for staff to answer her call light as he relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call light as she relied on staff to answer her call cares. R2 further stated she has had t	

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00169	B. WING	B. WING		) 3/2022	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0		
	TATES AT BLOOMING	9200 NIC	OLLET AVEN				
INC ES	ATES AT BLOOMING	BLOOMIN	NGTON, MN	55420			
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2 800	Continued From pa	ge 25	2 800				
	stated she was R2's have to sit in a wet p.m. before. R3 sta had one aide so R2 R3 stated there were and she did what she with her cares. R3 stood, put her covers beverages, whateve staff couldn't. R3 fu come to help R2 she anxious." R3 also sthe long response cor got hurt it could the for staff to check the stated at times she	on 3/2/22 at 3:16 a.m. R3 is roommate and has seen R2 brief from 8:00 a.m. until 8: 00 ted staff will tell R2 they only had to stay in her bed all day, re not enough aides to help he safely could do to help R2 stated she will cut up R2's son, move her table, get her er she could to help R2 when rther stated when staff do not be seemed to get "real tated she was concerned with of call lights as if someone fell ake staff over an hour and half e call light to help them. R3 would put her call light on with the sand she could tell them to					
	stated he worked all answer call light but stated he cannot tra needed two staff an stated he would ask	on 3/2/22 at 3:26 p.m. NA-B lone a lot and tried his best to t could only do so much. NA-B ansfer R2 alone as she and a Hoyer lift. NA-B further a a nurse for help, but the les busy therefore R2 had to					
	DON stated he expresident in 10-15 m	on 3/2/22 at 3:39 a.m. the ected staff to check on a inutes if the call light was urn the light off until task the s completed.					
	DON verified R2's of 3/1/22 and she miss	on 3/2/22 at 4:20 p.m. the call light was not answered on sed the activity. The DON could not assist R2 on 3/1/22					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		00169	B. WING			C <b>03/2022</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE EST	THE ESTATES AT BLOOMINGTON LLC  9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
2 800	as they were busy in an emergency.  During an interview member (FM)-A stacare for her mother enough staff. FM-A there were times he day or have forgotte which her mother logot upset when she activities were espestated there had be her call light on and further stated there sit soiled in her briet there was no staff t stated the long wait anxiety and her me changed. FM-A state and aides there was care for the resider.  During an interview stated the facility was a shifts she worked only do what she castaff.  During an interview maintenance of the M-A stated she was exited until that day support. M-A stated call light, staff were a huge concern due could happen and a call light. M-A went	with another resident who was  on 3/3/22 at 8:50 a.m. family ated there was a certain lack of because of not having stated she had concerns as er mother had to stay in bed all en to take her to activities oved. FM-A stated her mom e could not go to activities and exially important to her. FM-A en times when R2 had to put I wait an hour at least. FM-A were times when R2 had to of for long periods of time as o help care for her. FM-A if or staff has played into R2's dication were recently ted there are wonderful nurses is just not enough of them to	2 800				

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
00169		B. WING			3/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	TATES AT BLOOMING	IONIIC	DLLET AVEN GTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 800	stated an issue with critical issue and sh possible. M-A furthe issues with the pas occasionally poppedementia care residused to take the cambra that were not functionare the call light retimes were long and the company of the call light retimes were long and the company of the call light retimes were long and the company of the call light retimes were long and the customer service audits since was a COVID outbook of the customer service as issues the residents planned to implement a stated his expectation are sident within call light but not turn was completed. Do expectation would be resident's care with the call light but not turn was completed. Do expectation would be resident's care with the call light are not answered adequate stated adequate stated and the company lights are not answered if there was restated she was burn was run, "To many light lights are not answered in the company light lights are not answered in the company light	n a call light would be set for hould be fixed as soon as er stated there have been to related the call light doff the wall, not turn on or a dent who discharged on 2/6/22 ll light from residents' rooms. Is not aware of any call lights oning correctly as she with a day usually. M-A went eport and verified the call light dofelt related to short staffing.  If on 3/3/22 at 5:10 a.m. DON opped completing customer as November 2021, as there are ak. DON further stated the udits were helpful to identify a had like call lights, and he can these audits again. DON on would be for staff to check and 15 minutes if they put on their noff the light until the care DN further stated his one for staff to assist with a	2 800			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SUF COMPLET	
00400		B. WING		C 03/03/2022		
NAME OF S		00169			03/0	3/2022
	PROVIDER OR SUPPLIER	9200 NICC	DRESS, CITY, S DLLET AVEN	STATE, ZIP CODE IUE SOUTH		
THE EST	ATES AT BLOOMING	ION LLC	GTON, MN			
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2 800	NA to care for the estated staff needed therefore called the they could think of, stated recently the from staff, so staff a short staffed or if the someone who does stated the other fact assist with call light helped the evening and nurse manager to work a double as left when there were stated the call lights facility was short stated the call lights facility was short stated to care for 20 cook time to answer.  A facility call light por requested but not possible stated but not possible stated the call light por requested but not possible stated the call light por requested but not possible stated to care for 20 cook time to answer.	nonth when there was only one entire facility. NA-C further help to care for the residents DON, nurse manger, anyone but no one answered. NA-C facility will "hide" the schedule are not aware if they were ey were scheduled with a not come in. NA-C also ility staff could occasionally a during the day, but no one staff. NA-C stated the DON or told her they do not get paid a they were salaried and just e not enough staff. NA-C ago on for so long as the aff. NA-C further stated NA or 30 residents alone and it call the call lights.  Chick and procedure was provided.  CHOD OF CORRECTION:  Sing or designated person to deficiency occurred, review lures, revise as necessary, evisions, and monitor to the control of the corrections.	2 800			
21880	MN St. Statute 144 Residents of HC Fa	.651 Subd. 20 Patients & ac.Bill of Rights	21880			4/8/22

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:	
00169 B. WING	C 02/02/2022
00169 B. WING	03/03/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CO	E
THE ESTATES AT BLOOMINGTON LLC  9200 NICOLLET AVENUE SOUTH BLOOMINGTON, MN 55420	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EAC	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETE DATE
Subd. 20. Grievances. Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.  Every acute care inpatient facility, every residential program as defined in section 253C.01, every nonacute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 253C.01 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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		00169	B. WING		03/03/2022		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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21880	Continued From pa	ge 30	21880				
21000	This MN Requirements: Based on interview facility failed to ensity facility failed to ensity facility failed to ensity facility failed to ensity for the facility failed to ensity from the facility failed to ensity failed to ensity from the facility failed to ensity	ent is not met as evidenced and document review, the ure grievances and concerns ent council related to long were acted upon for timely residents (R1, R5, R10) ing complaints of assistance	21000	corrected			
	on all wings of the b	were not answered. This was building. Grievances and nutes were sent to the					

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
00169		B. WING		03/0	; 3/2022		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/0	OILULL	
THE EST	TATES AT BLOOMING	IONIIC	DLLET AVEN				
	CLIMANA DV CTA		GTON, MN		201		
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21880	Continued From pa	ge 31	21880				
	administrator.						
	R10's Grievance/Coindicated R10 went 5:00 p.m. two days had been bleeding return to his room a R10 quarterly MDS intact cognition. R1 stabilize without hur during transition an R5's quarterly MDS cognition. R5 had a his lower extremity. During an interview stated during reside brought up the concall lights and the is R5 stated there went the call lights which had to wait hours for stated the issue had During an interview nursing assistant (N the best they could facility were hurting not enough staff the care. NA-A further still appropriately care if stated the ability to worse when schedules.	dated 1/6/22, indicated intact in impairment on one side of an impairment on 2/17/22, he cern that staff do not answer sue needed to be addressed. The not enough staff to answer affected the residents who or assistance. R5 further discome more of a problem.  If on 3/2/22, at 12:50 p.m.  INA)-A stated staff were doing but the residents within the an interest in the impairment of the residents. NA-A further care for residents. NA-A further care for resident was even alled staff did not show up. The impairment of the interest in the					
	During an interview	on 3/2/22, at 1:23 a.m. the					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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00169		B. WING		03/0	3/2022
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE ESTATES AT BLOOMINGTON LLC		OLLET AVEN IGTON, MN			
(X4) ID SUMMARY STATEMENT OF DI PREFIX (EACH DEFICIENCY MUST BE PRE TAG REGULATORY OR LSC IDENTIFYIN	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
regional ombudsman (RO) staff resident council meeting on 2/1 everyone who attended had co staff not answering their call lig stated the focus of the meeting which was worse after 5:00 p.m.  During an interview on 3/2/22, administrator stated she was n light issues that were brought u council on 2/17/22, until earlier 3/2/22. The administrator further grievance and resident council followed up on as the administrator fur Therapeutic recreation (TR) stagrievances and council minutes therefore no one followed up. The stated to prevent the issue from the facility planned to have TR resident council minutes and guirector of nursing (DON) if the gone. The administrator further the grievances brought up wouright away.  During an interview on 3/2/22, activities director (AD) stated or grievances brought up at reside taken to the administrator to for sign. AD stated once a grievant was up to the administration to AD-A stated the main concern were issues with call lights. AD residents had complaints that council to help the situation.  During an interview on 3/3/22, and the situation of the pouncil to help the situation.	ar/22, and ncerns related to hts. RO further was the call light, n.  at 2:31 a.m. the ot aware of the call up at resident that morning on er stated the concerns were not rator was on ther stated aff put the sin her mailbox. The administrator in happening again, staff provide rievances to the administrator was stated this way lid be followed up at 2:52 a.m. omplaints and ent council were allow up on and ce was made it follow up on. at resident council -A further stated call lights were on a A stated he was se after resident	21880			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE EST	TATES AT BLOOMING	IONIIC	OLLET AVEN			
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21880	stated the facility st service audits since a COVID outbreak. customer service a issues the residents planned to impleme stated his expectation a resident within call light but not turn DON further stated staff to assist with a minutes.  The facility Grievan indicated all complaverbally expressed Manager and if unrand if still unresolve Assisted Living. Purepresentative, or a has reason to belie mistreated, denied against in any aspegrievance. A grieva when the verbal counterpresentation of the validity.  SUGGESTED MET The Director of Nurdetermine how the policies and process.	copped completing customer environmental November 2021 as there was DON further stated the udits were helpful to identify is had like call light, and he ent these audits again. DON ion would be for staff to check in 15 minutes if they put on their in on until the care was done. This expectation would be for a resident's care within 30 and ce policy dated 11/2019, againts and grievances should be as follows: First to the Nurse esolved, to the Administrator, ed, to the Vice President of ripose Any tenant, tenant applicant for admission who we that he/she had been services, or discriminated ect may file a complaint or nice form should be completed in minimum surresolved. The nurse ee shall conduct and grievance to determine.  THOD OF CORRECTION: rising or designated person to deficiency occurred, review dures, revise as necessary, evisions, and monitor to the CORRECTION:	21880			

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