



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 8, 2024

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

Re: Reinspection Results
Event ID: L98012

Dear Administrator:

On January 4, 2024, 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 November 8, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Phone: 651-201-4384
Email: holly.zahler@state.mn.us



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January 8, 2024

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

RE: CCN: 245324
Cycle Start Date: November 8, 2023

Dear Administrator:

On December 26, 2023, we notified you a remedy was imposed. On January 4, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of January 3, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective February 8, 2024, did not go into effect. (42 CFR 488.417 (b))

In our letter of December 26, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 8, 2024, due to denial of payment for new admissions. Since your facility attained substantial compliance on January 3, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Phone: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

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December 26, 2023

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

RE: CCN: 245324
Cycle Start Date: November 8, 2023

Dear Administrator:

On November 28, 2023, we informed you that we may impose enforcement remedies.

On December 12, 2023, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

REMEDIES

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

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective February 8, 2024

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 8, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 8, 2024.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

NURSE AIDE TRAINING PROHIBITION

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

If you have not achieved substantial compliance by February 8, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Estates At Bloomington Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 8, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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 Estates at Bloomington, LLC

December 26, 2023

Page 3

- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

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

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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by May 8, 2024 (six months after the

The Estates at Bloomington, LLC

December 26, 2023

Page 4

identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

**Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490**

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

The Estates at Bloomington, LLC

December 26, 2023

Page 5

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Phone: 651-201-4384
Email: holly.zahler@state.mn.us



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Electronically delivered
December 26, 2023

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

Re: State Nursing Home Licensing Orders
Event ID: L98011

Dear Administrator:

The above facility was surveyed on December 11, 2023 through December 12, 2023, 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 only a suggestion 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 https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_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 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.

The Estates at Bloomington, LLC

December 26, 2023

Page 2

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 feel free to call me with any questions.



Holly Zahler, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

Orville L. Freeman Building | HRD 3A 3rd Floor

PO Box 64900

625 Robert Street North

St. Paul, MN 55155

Phone: 651-201-4384

Email: holly.zahler@state.mn.us

The Estates at Bloomington, LLC

December 26, 2023

Page 3

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

PRINTED: 01/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2023
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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>On 12/11/23 - 12/12/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed. H53247714C MN99026</p> <p>The following complaint was reviewed. H53247579C MN98955 with a deficiency issued at F572</p> <p>The following complaint was reviewed. H53247926C MN99151</p> <p>Deficient practice was identified related to incident finding.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000			
F 572 SS=D	<p>Notice of Rights and Rules CFR(s): 483.10(g)(1)(16)</p> <p>§483.10(g) Information and Communication. §483.10(g)(1) The resident has the right to be informed of his or her rights and of all rules and</p>	F 572		1/3/24	

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

TITLE

(X6) DATE

Electronically Signed

12/29/2023

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2023
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F 572	<p>Continued From page 1</p> <p>regulations governing resident conduct and responsibilities during his or her stay in the facility.</p> <p>§483.10(g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay.</p> <p>(i) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.</p> <p>(ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any.</p> <p>(iii) Receipt of such information, and any amendments to it, must be acknowledged in writing;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to provide a notice of rights and services to 2 of 3 residents (R1 and R4) reviewed for rights prior to or upon admission.</p> <p>Findings include:</p> <p>The facilities MN Admission Packet undated, included: Admission Agreement, Rate and Special Services Sheet, Personal Belongings Inventory, Explanation of Arbitration Agreement Language to Family and Resident/Patient, Arbitration Agreement, Electronic Monitoring Requirements in Minnesota, Photograph and Video Release Form, Leave of Absence and Discharging Against Medical Advice Progress, Acknowledgement Form and Notice of Privacy Practices. The admission packet policies included the facility Substance Use and Resident</p>	F 572	<p>IMMEDIATE CORRECTIVE ACTION:</p> <p>R1 discharged from the facility 11/30/2023.</p> <p>R4 received written notice of his rights and completed the admission agreement on 12/12/23.</p> <p>CORRECTIVE ACTION AS IT APPLIES TO OTHERS:</p> <p>A full house audit was completed to ensure that all other residents have been given and/or explained their rights. All residents were further offered a written copy.</p> <p>Staff educated on Notification of Bill of</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/12/2023	
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F 572	<p>Continued From page 2</p> <p>Smoking.</p> <p>R1's admission Minimum Data Set (MDS) dated 11/30/23 was not completed as R1 discharged from the facility the same day as he was admitted.</p> <p>R1's progress notes dated 12/1/23 at 1:12 a.m. indicted R1 was admitted to the facility on 11/30/23 at approximately 6:00 p.m. R1's family called 911 and R1 left the facility against medical advice at 11:50 p.m.</p> <p>R4's admission Minimum Data Set (MDS) dated 12/3/23, indicated R4 had a Brief Inventory of Mental Status (BIMs) score of 15 indicating he was cognitively intact. His diagnosis was fusion of the spin, lumbar region (lower back).</p> <p>R4's admission progress note dated 11/27/23 at 11:14 p.m. indicated he was admitted to the facility and was alert and oriented and able to make his needs know.</p> <p>R4's progress note dated 11/29/23 at 3:32 p.m. indicated R4 met with the Social Service department to complete his admission MDS assessment. The note did not indicate any education on R4's resident rights or include any admission forms R4 had signed.</p> <p>Upon review progress notes dated 11/27/23 -12/11/23 there was no progress notes to indicate R4 had signed any forms on his rights or had his rights explained to him.</p> <p>Upon interview on 12/11/23 at 11:12 a.m. Social Worker (SW)-A stated the Social Services Department completes all the admission</p>	F 572	<p>Rights related to, "Prior or upon admission, the resident or resident representative will be given a written copy of resident rights and responsibilities, including facility rules, regulations, and policies governing the resident's conduct and responsibilities during his/her stay in the facility".</p> <p>A printed copy of the Bill of Rights will be in all new admission resident welcome bags in resident room upon admission. Staff educated on where facility Bill of Rights poster is located.</p> <p>RECURRENCE WILL BE PREVENTED BY:</p> <p>Audit to ensure all new admissions receive a copy of their Bill of Rights in their welcome bag and their rights are further explained within 48 hours of admission through the admission agreement is to be completed weekly x 4 weeks then monthly x 2 months. The results of these audits will be shared with the facility QAPI Committee to either increase, decrease, or discontinue the audits.</p> <p>CORRECTIONS WILL BE MONITORED BY:</p> <p>Social Services or Designee</p>	

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F 572	<p>Continued From page 3</p> <p>paperwork and this is "usually" completed within forty-eight hours following admissions. She stated in some instances the process has taken up to five days to get completed. SW-A verified the residents rights were included in the social services admission package and the Social Worker was responsible for obtaining a signature and explaining the residents' rights. The admission paperwork was not kept in the regular medical electronic chart. The social worker uses a different software system.</p> <p>Upon interview on 12/11/23 at 1:45 p.m. Registered Nurse (RN)-B stated upon admission the nursing staff are responsible for education and obtaining signatures for the resident's immunization status, the psychotropic medication assessment, and the Physician Order for Sustaining Treatment (POLST) form. RN-B stated the social worker completes the resident's rights within a few days of admission.</p> <p>Upon interview on 12/11/23 at 5:59 p.m. RN-D stated she was the admitting nurse for R1 on 11/30/21. She stated she had the daughter sign the immunization form and the POLST form, but the family refused to sign the psychotropic medication form. She stated she has never educated residents/families on their rights and was unaware if the facility provided residents rights prior to admission. "This family had a lot of miscommunications, and they could have benefited from knowing patient rights prior to the admission."</p> <p>Upon request of admission forms for R1 and R4 including the residents' rights on 12/11/23 at 3:44 p.m. the Social Service Depart indicated they did not have any signed forms from R1 or R4's</p>	F 572		

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F 572	<p>Continued From page 4 admission.</p> <p>Upon interview on 12/12/23 at 10:39 a.m. the director of nursing (DON) stated the nursing staff does not complete any education on residents right that it is the responsibility of the Social Work Department, and they have a goal to complete it within forty-eights when they complete their MDS assessments.</p> <p>Upon interview on 12/12/23 at 11:08 a.m. the Administrator stated the assignments for admissions are broken down into specific days. She stated on day one the nurses obtain vital signs, assess elopement risks, and complete the nursing admission assessment. She stated that the social worker "usually" has the resident rights form signed within forty-eight hours. She stated the entire admission process is one week. The administrator stated the facility hospital liaison "may" go over residents' rights prior to the resident admitting to the facility.</p> <p>Upon interview on 12/13/23 at 11:39 a.m. R4 stated he was admitted on 11/27/23 and recalled signing a "DNR" (POLST) form, his vaccinations and "something about medications." He stated he does not believe he signed any forms with the Social Worker. He stated he believed that to be true because he "always" asks for a copy of anything he signs and did not have any documentation of his rights.</p> <p>In an email dated 12/12/23 at 12:35 p.m. the Administrator clarified, "At the facility we offer a copy of bill of rights, bill of rights is included in admission agreements, and also posted in the main lobby for all residents, families, visitors, and staff to view. Clarifying, it would not be provided</p>	F 572		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2023
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F 572	Continued From page 5 through the patient transition liaison centralized admissions process." Upon interview on 12/12/23 at 11:59 a.m. the facility hospital liaison stated she did not have anything to do with patient rights. She stated she does not have many interactions with the patients prior to discharging from the hospital. The facility Admission policy dated 11/23 did not indicate any documentation when the resident's rights are to be completed.	F 572		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her	F 609		1/3/24

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F 609	<p>Continued From page 6</p> <p>designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse immediately but not later than 2 hours after the allegation was made to the State Agency (SA) and administrator for one of one resident (R3) reviewed abuse. Staff received an abuse allegation from R3 and did not report the allegation to the administrator or SA.</p> <p>Findings include:</p> <p>R3 ' s admission care plan date 7/8/22, indicated a focus for being vulnerable adult and is at risk for abuse with a goal to remain free from abuse that was revised on 10/3/23 with an intervention initiated on 7/19/22 for all staff to be aware of statements or signs/symptoms of abuse, staff will continue to follow the facility ' s policy vulnerable adult & abuse reporting policy.</p> <p>R3 ' s progress notes dated 12/4/23 to 12/7/23 did not indicate an allegation of abuse between R3 and staff.</p> <p>R3 ' s medical record did not indicate progress notes from 12/8/23 to 12/10/23.</p> <p>During an interview with R3 on 12/11/23 at 12:30 p.m., R3 stated that registered nurse (RN)-F verbally threatened her on 12/8/23 during the evening shift when RN-F told R3 that she was going to "whoop her ass". R3 stated she reported</p>	F 609	<p>IMMEDIATE CORRECTIVE ACTION:</p> <p>Staff was suspended pending investigation on 12/12/23 related to not reporting incident to supervisor. Staff member was educated on the policy and corrective action provided upon returning from suspension.</p> <p>CORRECTIVE ACTION AS IT APPLIES TO OTHERS:</p> <p>The Abuse Prevention Policy and Procedure was reviewed and remains current.</p> <p>Staff educated on Abuse Prevention Policy and Procedure related to timely reporting and types of abuse including emotional abuse.</p> <p>RECURRENCE WILL BE PREVENTED BY:</p> <p>Audit to ensure allegations of abuse and reportable events are reported to MN Department of Health within 2 hours is to be completed weekly x 4 weeks then monthly x 2 months. The results of these audits will be shared with the facility QAPI Committee to either increase, decrease,</p>	

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F 609	<p>Continued From page 7</p> <p>the incident two times to RN-B. Once on 12/8/23 and again on 12/9/23.</p> <p>During an interview with RN-B on 12/11/23 at 1:45 p.m., RN-B stated R3 told her about the alleged abuse on 12/8/23. RN-B stated on 12/9/23 she told R3 she should wait to talk to the Director of Nursing (DON) the following day. R3 told RN-B she was going to call the police because R3 feared RN-F. R3 called the police department. RN-B states that the DON was aware of the allegation on 12/9/23.</p> <p>During an interview with DON on 12/12/23 at 10:39 a.m., the DON stated he would expect staff to report any abuse allegations to him immediately.</p> <p>The facility ' s Abuse Policy revised on 7/5/19, indicated suspected abuse shall be reported to the Office of Health Facility Complaints online reporting process not later than 2 hours after forming the suspicion of abuse.</p>	F 609	<p>or discontinue the audits.</p> <p>CORRECTIONS WILL BE MONITORED BY:</p> <p>Administrator or Designee</p>	

Minnesota Department of Health

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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 12/11/23 - 12/12/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

12/29/23

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed with no licensing order issued. H53247714C MN99026 H53247962C MN99151</p> <p>The following complaints were reviewed. H53247579C MN98955 with a licensing order issued at ST1800</p> <p>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.</p> <p>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 https://www.health.state.mn.us/facilities/regulation/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</p>	2 000		

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2 000	Continued From page 2 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. 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.	2 000		
21800	MN St. Statute 144.651 Subd. 4 Patients & Residents of HC Fac. Bill of Rights Subd. 4. Information about rights. Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section 253C.01, the written statement shall also describe the right of a person 16 years old or older to request release as provided in section 253B.04, subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their	21800		1/3/24

Minnesota Department of Health

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21800	<p>Continued From page 3</p> <p>chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to provide a notice of rights and services to 2 of 3 residents (R1 and R4) reviewed for rights prior to or upon admission.</p> <p>Findings include:</p> <p>The facilities MN Admission Packet undated, included: Admission Agreement, Rate and Special Services Sheet, Personal Belongings Inventory, Explanation of Arbitration Agreement Language to Family and Resident/Patient, Arbitration Agreement, Electronic Monitoring Requirements in Minnesota, Photograph and Video Release Form, Leave of Absence and Discharging Against Medical Advice Progress, Acknowledgement Form and Notice of Privacy Practices. The admission packet policies included the facility Substance Use and Resident Smoking.</p> <p>R1's admission Minimum Data Set (MDS) dated 11/30/23 was not completed as R1 discharged from the facility the same day as he was admitted.</p> <p>R1's progress notes dated 12/1/23 at 1:12 a.m. indicted R1 was admitted to the facility on 11/30/23 at approximately 6:00 p.m. R1's family called 911 and R1 left the facility against medical</p>	21800	Corrected	

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21800	<p>Continued From page 4</p> <p>advice at 11:50 p.m.</p> <p>R4's admission Minimum Data Set (MDS) dated 12/3/23, indicated R4 had a Brief Inventory of Mental Status (BIMs) score of 15 indicating he was cognitively intact. His diagnosis was fusion of the spin, lumbar region (lower back).</p> <p>R4's admission progress note dated 11/27/23 at 11:14 p.m. indicated he was admitted to the facility and was alert and oriented and able to make his needs know.</p> <p>R4's progress note dated 11/29/23 at 3:32 p.m. indicated R4 met with the Social Service department to complete his admission MDS assessment. The note did not indicate any education on R4's resident rights or include any admission forms R4 had signed.</p> <p>Upon review progress notes dated 11/27/23 -12/11/23 there was no progress notes to indicate R4 had signed any forms on his rights or had his rights explained to him.</p> <p>Upon interview on 12/11/23 at 11:12 a.m. Social Worker (SW)-A stated the Social Services Department completes all the admission paperwork and this is "usually" completed within forty-eight hours following admissions. She stated in some instances the process has taken up to five days to get completed. SW-A verified the residents rights were included in the social services admission package and the Social Worker was responsible for obtaining a signature and explaining the residents' rights. The admission paperwork was not kept in the regular medical electronic chart. The social worker uses a different software system.</p>	21800		

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21800	<p>Continued From page 5</p> <p>Upon interview on 12/11/23 at 1:45 p.m. Registered Nurse (RN)-B stated upon admission the nursing staff are responsible for education and obtaining signatures for the resident's immunization status, the psychotropic medication assessment, and the Physician Order for Sustaining Treatment (POLST) form. RN-B stated the social worker completes the resident's rights within a few days of admission.</p> <p>Upon interview on 12/11/23 at 5:59 p.m. RN-D stated she was the admitting nurse for R1 on 11/30/21. She stated she had the daughter sign the immunization form and the POLST form, but the family refused to sign the psychotropic medication form. She stated she has never educated residents/families on their rights and was unaware if the facility provided residents rights prior to admission. "This family had a lot of miscommunications, and they could have benefited from knowing patient rights prior to the admission."</p> <p>Upon request of admission forms for R1 and R4 including the residents' rights on 12/11/23 at 3:44 p.m. the Social Service Depart indicated they did not have any signed forms from R1 or R4's admission.</p> <p>Upon interview on 12/12/23 at 10:39 a.m. the director of nursing (DON) stated the nursing staff does not complete any education on residents right that it is the responsibility of the Social Work Department, and they have a goal to complete it within forty-eights when they complete their MDS assessments.</p> <p>Upon interview on 12/12/23 at 11:08 a.m. the Administrator stated the assignments for admissions are broken down into specific days.</p>	21800		

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21800	<p>Continued From page 6</p> <p>She stated on day one the nurses obtain vital signs, assess elopement risks, and complete the nursing admission assessment. She stated that the social worker "usually" has the resident rights form signed within forty-eight hours. She stated the entire admission process is one week. The administrator stated the facility hospital liaison "may" go over residents' rights prior to the resident admitting to the facility.</p> <p>Upon interview on 12/13/23 at 11:39 a.m. R4 stated he was admitted on 11/27/23 and recalled signing a "DNR" (POLST) form, his vaccinations and "something about medications." He stated he does not believe he signed any forms with the Social Worker. He stated he believed that to be true because he "always" asks for a copy of anything he signs and did not have any documentation of his rights.</p> <p>In an email dated 12/12/23 at 12:35 p.m. the Administrator clarified, "At the facility we offer a copy of bill of rights, bill of rights is included in admission agreements, and also posted in the main lobby for all residents, families, visitors, and staff to view. Clarifying, it would not be provided through the patient transition liaison centralized admissions process."</p> <p>Upon interview on 12/12/23 at 11:59 a.m. the facility hospital liaison stated she did not have anything to do with patient rights. She stated she does not have many interactions with the patients prior to discharging from the hospital.</p> <p>The facility Admission policy dated 11/23 did not indicate any documentation when the resident's rights are to be completed.</p>	21800		