



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
May 28, 2026

Administrator
THE VILLAS AT ST PAUL
445 GALTIER AVENUE
SAINT PAUL, MN 55103

RE: CCN: 245340

Cycle Start Date: April 1, 2026

Dear Administrator:

On May 14, 2026, 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.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



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May 28, 2026

Administrator
THE VILLAS AT ST PAUL
445 GALTIER AVENUE
SAINT PAUL, MN 55103

Re: Reinspection Results
Event ID: 22C938-H2

Dear Administrator:

On May 14, 2026 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 April 1, 2026. 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, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
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April 14, 2026

Administrator

THE VILLAS AT ST PAUL
445 GALTIER AVENUE
SAINT PAUL, MN 55103

RE: CCN:245340

Cycle Start Date: April 1, 2026

Dear Administrator:

On April 1, 2026, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted 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.

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 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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 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 July 1, 2026 (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 October 1, 2026 (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)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
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April 14, 2026

Administrator

THE VILLAS AT ST PAUL

445 GALTIER AVENUE

SAINT PAUL, MN 55103

Re: State Nursing Home Licensing Orders

Event ID: 22C938-H1

Dear Administrator:

The above facility survey was completed on April 1, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted 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.

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:

**Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728**

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.



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245340	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT ST PAUL			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE , SAINT PAUL, Minnesota, 55103	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>On 3/31/26 through 4/1/26, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H53408400C (2800859) and H53407900C (2794992) with citations at F755, F760, and F697.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		05/12/2026
F0697 SS = D	<p>Pain Management</p> <p>CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management.</p> <p>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review the facility failed to identify the indication for the administration of narcotic medications and failed to ensure non-pharmacological interventions were attempted/offered and documented prior to the administration of as needed (PRN) narcotic</p>	F0697	<p>F-Tag 0697: Pain Management</p> <p>R3 currently resides at The Villas at Saint Paul and has received a pain assessment, care plan review, and evaluation. Non-pharmacological pain intervention orders were reviewed and updated as needed.</p> <p>Residents with physician orders for narcotic medications have the potential to be affected by this practice. Residents have undergone care plan reviews to ensure updates accurately reflect their current plan of care, including pain assessments and physician orders. Non-pharmacological pain interventions were reviewed and updated as needed, including an option if the resident refused interventions prior to pain medication administration.</p>	05/12/2026

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0697 SS = D	<p>Continued from page 1 medications for 1 of 3 residents (R3) reviewed for pain.</p> <p>Findings include:</p> <p>R3's admission Minimum Data Set (MDS) dated 3/24/26 indicated intact cognition.</p> <p>R3's diagnoses list dated 3/31/26 included retroperitoneal abscess (collection of pus behind the abdominal cavity lining), acidosis (excess acid buildup in body fluids), malnutrition, acute kidney failure, and sepsis.</p> <p>R3's care plan dated 3/19/26 included a focus of alteration in comfort related to pain with interventions including but not limited to provide non-medical forms of pain relief such as positioning, rest, massage etcetera.</p> <p>R3's provider order dated 3/18/26 instructed Oxycodone (a narcotic pain relieving medication) Give 5 milligrams (mg) by mouth every six hours as needed for pain with no further indication identified.</p> <p>R3's medication administration record (MAR) for March 2026 identified R3 received Oxycodone the following three times:</p> <p>-3/23/26 at 11:56 a.m. R3 received PRN Oxycodone which was recorded as "E [effective]." There was no corresponding progress note dated 3/23/26 to identify the medication was administered, any recorded symptoms R3 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided.</p> <p>-3/23/26 at 7:37 p.m. R3 received PRN Oxycodone which was recorded as "E." There was no corresponding progress note dated 3/23/26 to identify the medication was administered, any recorded symptoms R3 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided.</p> <p>-3/24/26 at 10:21 a.m. R3 received PRN Oxycodone which was recorded as "U [unknown]." There was no corresponding progress note dated 3/23/26 to identify the medication was administered, any recorded symptoms R3 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the narcotic being provided.</p>	F0697	<p>Continued from page 1</p> <p>All licensed nurses and nurse managers have been educated on following the physician's plan of care as it relates to pain management. Non-pharmacological interventions must be offered or attempted prior to the administration of any PRN narcotic medication. If these interventions are ineffective, PRN pain medication may be administered. Staff must document the medication given, time of administration, and the location and characteristics of the pain.</p> <p>The Director of Nursing (DON) or designee will conduct audits three times per week for three weeks, followed by three times per month for three months. Audit results will be forwarded to the QAPI committee to identify and address ongoing opportunities for quality improvement.</p> <p>Date of Completion - 05/12/2026</p>	05/12/2026

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F0697 SS = D	<p>Continued from page 2</p> <p>During an interview on 3/31/2026 at 2:31 p.m., licensed practical nurse (LPN)-A stated a resident complaining of pain would be assessed for pain location and asked to rate their pain on a scale of 0 (no pain) to 10 (worst pain ever). The resident would be offered a non-pharmacological pain intervention prior to offering PRN pain medication. Non-pharmacological interventions included repositioning, ice, food and beverages. After administering narcotic pain-relieving medication, the nurse should document the time the medication was administered and the resident's stated pain scale rating. The nurse would return to the resident later to assess the effectiveness of the medication and obtain a new pain scale rating. LPN-A stated non-pharmacological interventions were documented once a shift.</p> <p>During an interview on 3/31/2026 at 3:54 p.m., registered nurse (RN)-A stated a resident in pain would be assessed for pain location, characteristics of pain, pain rating on scale of 0-10 then offered a non-pharmacological intervention like repositioning or ice. If the non-pharmaceutical intervention was not effective or the resident refused, a PRN pain medication would be administered based on provider order. After administering a narcotic medication, the nurse should document administration time and the resident's stated pain level. Any non-pharmacological intervention offered should be documented in a progress note.</p> <p>During an interview on 4/1/2026 at 4:04 p.m., nurse practitioner (NP)-A stated non-pharmaceutical pain interventions should be offered prior to PRN medication administration. Non-pharmaceutical pain interventions included repositioning, ice, heat, food, distraction and anything the resident stated helped with pain relief. After non-pharmaceutical pain interventions had been offered and refused or attempted and were not effective, a PRN pain relieving medication could be administered. The nurse should document medication administered, time of administered, location and characteristics of the pain, any non-pharmaceutical interventions attempted and the resident's stated pain rating.</p> <p>During an interview on 4/1/2026 at 2:32 p.m., director of nursing (DON) stated when a resident was having pain, the nurse should assess the resident, ask the resident pain level and location. Based on the information obtained, the nurse should offer non-pharmaceutical interventions. If the non-pharmaceutical intervention was refused or attempted and not effective, the nurse could offer PRN pain medication. The nurse should document</p>	F0697		05/12/2026

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F0697 SS = D	Continued from page 3 the medication administered, time of administration, non-pharmacological interventions offered or attempted, location of pain and resident's stated pain rating. DON confirmed R3's EMR documentation with Oxycodone administration did not identify the location of the pain or any non-pharmaceutical interventions offered or attempted. The Medication Administration policy dated January 2026 instructed when PRN medications are administered the following documentation is provided: date and time of administration, dose, route of administration, complaints or symptoms for which the medication was given, results achieved from giving the dose, and the time results were noted.	F0697		05/12/2026
F0755 SS = D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is	F0755	F0755 Pharmacy Services / Procedures / Pharmacist / Records R1 is no longer residing at the facility. Residents residing at The Villas at Saint Paul who have over-the-counter medication orders have the potential to be affected by this practice. All residents with current OTC medication orders have now had their medications reviewed and updated as needed. All licensed nurses and nurse managers have been educated on the proper procedure to follow when a resident is missing an over-the-counter medication or supplement. This includes Requesting the medication from the pharmacy by completing a house stock request form and faxing it to the pharmacy. Notifying the provider if the pharmacy is unable to supply the ordered medication, so that the order can be changed or placed on hold until the medication is received. The Director of Nursing (DON), or designee, will conduct audits of over-the-counter medications three times per week for three weeks, followed by three times per month for three months. Audit results will be submitted to the QAPI Committee to identify and address any ongoing opportunities for quality improvement. Date of completion 5/12/2026	05/12/2026

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F0755 SS = D	<p>Continued from page 4 maintained and periodically reconciled.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to obtain and administrator routine medications according to the physician orders for 1 of 3 (R1) residents reviewed for medication administration.</p> <p>Findings include:</p> <p>R1's diagnoses list dated 2/13/26 included thoracic aortic aneurysm (a dangerous, often silent, weakening and ballooning of the aorta in the chest), neurogenic bowel (loss of normal bowel function due to nerve damage, causing constipation, incontinence, and abdominal pain and bloating), and neuropathic bladder (nerve damage interrupts signals between the brain, spinal cord, and bladder, causing urinary incontinence or retention).</p> <p>R1's admission Minimum Data Set (MDS) dated 2/19/26 indicated intact cognition.</p> <p>R1's provider order dated 2/13/26 instructed Cranberry oral capsule, give 250 milligrams (mg) by mouth one time a day for urinary tract infection prophylaxis (prevent or reduce the risk).</p> <p>R1's medication administration record (MAR) for February 2026 indicated R1 did not receive cranberry on 2/14/26 through 2/18/26, 2/20/26, 2/22/26, and 2/23/26 with a chart code of "9" which indicated see nursing note, for a total of 8 missed doses.</p> <p>R1's nursing notes dated 2/14/26 through 2/23/26 identify the cranberry capsules were "on order", "med not here", "not available. Pharmacy call", "waiting for delivery", and "awaiting house stock delivery".</p> <p>R1's provider order dated 2/14/25 instructed lactobacillus (probiotic), give one capsule one time a day for diarrhea.</p> <p>R1's MAR for February 2026 and March 2026 indicated R1 did not receive lactobacillus on 2/14/26, 2/16/26, 2/17/26, 2/18/26, 2/20/26 through 2/28/26, and 3/2/26 through 3/8/26 with a chart code of "9" for a total of 20 missed doses.</p> <p>R1's nursing notes dated 2/14/26 through 3/8/26 identify the lactobacillus capsules were "on order", "awaiting medication from pharmacy pending delivery", "awaiting medication from pharmacy", and</p>	F0755		05/12/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245340	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT ST PAUL			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE , SAINT PAUL, Minnesota, 55103	
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F0755 SS = D	<p>Continued from page 5 "awaiting delivery".</p> <p>During an interview on 3/31/2026 at 2:31 p.m., licensed practical nurse (LPN)-A stated when a medication was unavailable, it would be charted as "9" with a nursing note explaining why the medication was not administered. LPN-A would look back to see if the medication had been re-ordered. If it had already been re-ordered, he would call the pharmacy to find out when it would be delivered. Over the counter (OTC) medications and supplements were stocked in the facility. A nurse needed to confirm the ordered dose could be obtained with the stocked medication or supplement. If the order was different, the nurse would fill out a house stock OTC medication form to request the appropriate dose. The resident's provider would be contacted if the resident missed doses or if the pharmacy could not fill the prescription.</p> <p>During an interview on 4/1/2026 at 4:04 p.m., nurse practitioner (NP)-A stated when a resident missed medications, she should be contacted for new orders. NP-A confirmed she had not been contacted about the missing cranberry and lactobacillus doses. NP-A did not consider the missing doses a significant medication error but would have wanted to be contacted so the order could be changed or placed on hold.</p> <p>During an interview on 4/1/2026 at 2:32 a.m., director of nursing (DON) stated any OTC medication or supplement could be requested from the pharmacy by filling out the house stock request form and faxing it to the pharmacy. The provider should be contacted if the pharmacy cannot provide the ordered medication. DON further stated a medication error was when a medication was not administered as prescribed. When an error occurred, a nurse should fill out the medication error form if they made the error or would report the error to the nurse manager or DON if a different nurse made the error.</p> <p>The Medication Administration policy dated January 2026 instructed medications are administered in accordance with written orders of the prescriber.</p>	F0755		05/12/2026
F0760 SS = D	<p>Residents are Free of Significant Med Errors</p> <p>CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its-</p> <p>§483.45(f)(2) Residents are free of any significant medication errors.</p>	F0760	<p>F0760 – Residents Are Free of Significant Medication Errors</p> <p>R3 currently resides at The Villas at Saint Paul and has undergone a medication administration record review in accordance with physician orders to ensure no medication errors have occurred.</p>	05/12/2026

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245340</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</p>	<p>(X3) DATE SURVEY COMPLETED 04/01/2026</p>	
<p>NAME OF PROVIDER OR SUPPLIER THE VILLAS AT ST PAUL</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE , SAINT PAUL, Minnesota, 55103</p>		
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<p>F0760 SS = D</p>	<p>Continued from page 6</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure that a resident was free from a significant medication error for 1 of 3 residents (R3) reviewed for medication errors.</p> <p>Findings include:</p> <p>R3's diagnoses list dated 3/31/26 included retroperitoneal abscess, acidosis, malnutrition, acute kidney failure, and sepsis.</p> <p>R3's admission Minimum Data Set (MDS) dated 3/24/26 indicated R3 did not have cognitive impairment</p> <p>R3's hospital discharge summary dated 3/18/26 included a diagnosis of hypomagnesemia. R3's magnesium laboratory (lab) result on 3/18/26 was low at 1.3. with instructions to monitor and treat accordingly. Magnesium replacement was ordered. The following order was included in the "Start taking these medications" list: Magnesium, take 250 milligrams(mg) by mouth daily for hypomagnesemia.</p> <p>R3's provider order dated 3/19/26 instructed Magnesium, take 250 milligrams(mg) by mouth one time a day for hypomagnesemia with a start date of 3/19/26.</p> <p>R3's medication administration record (MAR) for March 2026 indicated R3 did not receive magnesium on 3/19, 3/20, 3/21, 3/22, or 3/23 with a chart code of "9" which indicated see nurse note.</p> <p>R3's nursing note dated 3/19/26 at 2:31 p.m., documented the magnesium was "on order".</p> <p>R3's nursing note dated 3/20/26 at 8:22 a.m., documented the magnesium was "awaiting medication from pharmacy".</p> <p>R3's nursing note dated 3/21/26 at 8:18 a.m., documented the magnesium was "awaiting medication from pharmacy".</p> <p>R3's nursing note dated 3/22/23 at 8:11 a.m., documented the magnesium was "awaiting medication from pharmacy".</p> <p>R3's nursing note dated 3/23/26 at 7:48 a.m., documented the magnesium was "awaiting medication from pharmacy".</p>	<p>F0760</p>	<p>Continued from page 6</p> <p>Residents at The Villas at Saint Paul who have over-the-counter medication orders have the potential to be affected by this practice. All residents with current OTC medication orders have now had their medications reviewed and updated to ensure they are free from any significant medication errors. Any errors that have been identified have been documented per the facility medication error policy and procedure.</p> <p>All licensed nurses and nurse managers have been educated on the proper procedures for addressing unavailable medications. This education includes, requesting medications from the pharmacy by completing a house stock request form and submitting it to the pharmacy, notification to the provider if the pharmacy is unable to supply the ordered medication so the order can be modified or placed on hold until the medication is available, and communicating with the pharmacy to ensure timely delivery and availability of medications to prevent significant medication errors.</p> <p>The Director of Nursing (DON), or designee, will conduct audits three times per week for three weeks, followed by three times per month for three months. Audit results will be reported to the QAPI Committee monthly for three months to identify trends and address any ongoing opportunities for quality improvement.</p> <p>Date of completion 5/12/26</p>	<p>05/12/2026</p>

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F0760 SS = D	<p>Continued from page 7</p> <p>R3's nurse practitioner (NP)-B note dated 3/23/26 at 3:41 p.m., included R3's 3/20/26 magnesium lab result was 1.2 and "I do not see this was replaced." An order was written to add magnesium to R3's next lab draw on 3/24/26.</p> <p>R3's social services note dated 3/23/26 at 3:46 p.m. identified during a care conference therapy expressed concerns R3 had made little progress in therapy due to complaints of tiredness. The care conference team also expressed concerns related to R3 not eating well due to nausea and dry heaves.</p> <p>R3's social services note dated 3/24/26 at 11:45 a.m., identified R3's family member (FM)-A talked with social services and the nurse manager. FM-A was concerned about R3's lethargy with being difficult to arouse and with R3's lack of eating.</p> <p>R3's MAR for March 2026 indicated R3 received Oxycodone 5mg at 10:21 a.m. for pain rated 8/10. There was no corresponding progress note dated 3/23/26 to identify the medication was administered, nor any recorded symptoms R3 was experiencing, and where the pain was located.</p> <p>R3's electronic MAR (eMAR) note dated 3/24/26 at 12:27 p.m. indicated R3 had received Tylenol 500 mg. The note did not identify any recorded symptoms R3 was experiencing, or where the pain was located.</p> <p>R3's nursing note dated 3/24/26 at 12:31 p.m., identified the facility had received a call from the lab of a critical low lab value of magnesium 1.0 mg/dL (deciliter). The provider was notified, and the facility was waiting to hear back with instructions.</p> <p>R3's telephone encounter NP-C note dated 3/24/26 at 12:44 p.m., identified R3's magnesium level was down to 1.0. R3 was on magnesium supplement 250 mg daily, but nurse at the facility had not started it yet because they only have 400 mg tablets at the facility and the pharmacy has not delivered the 250 mg tablets yet. NP-B suspected R3's "nausea, poor intake, and significant weakness could be at least partially related to her low magnesium". R3 also had a temperature of 100 degrees Fahrenheit (F) and body wide pain that was 10/10 in her legs.</p> <p>R3's nursing note dated 3/24/26 at 1:32 p.m., identified R3 was sent to the hospital for a temperature of 100.0 degrees F, lethargy, and critical lab of magnesium 1.0 mL/dL. When emergency personnel arrived R3's blood pressure was 78/53.</p>	F0760		05/12/2026

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<p>F0760 SS = D</p>	<p>Continued from page 8 R3's hospital discharge summary dated 3/31/26 indicated R3 had been admitted to the hospital for possible sepsis and had received magnesium supplementation during her stay.</p> <p>During an interview on 3/31/2026 at 3:38 p.m., FM-A stated she was concerned because R3 had been sleeping more, eating less due to nausea, and had new pain in her legs. R3 had chronic back pain as well as abdominal pain from the current illness. A nurse told her they would talk to the provider about making medication changes. FM-A was not informed R3 was not receiving her magnesium supplement.</p> <p>During an interview on 3/31/2026 at 2:31 p.m., licensed practical nurse (LPN)-A stated when a medication was unavailable, it would be charted as "9" with a nursing note explaining why the medication was not administered. LPN-A would look back to see if the medication had been re-ordered. If it had already been re-ordered, he would call the pharmacy to find out when it would be delivered. Over the counter (OTC) medications and supplements were stocked in the facility. Magnesium was an OTC supplement that was stocked in the facility. A nurse needed to confirm the ordered dose could be obtained with the stocked medication or supplement. If the order was different, the nurse would fill out a house stock OTC medication form to request the appropriate dose. The resident's provider should be contacted if the resident missed doses or if the pharmacy could not fill the prescription.</p> <p>During an interview on 4/1/2026 at 9:41 a.m., medical doctor (MD) stated with a magnesium lab result of 1.2, he would have doubled R3's magnesium dose if she was at her baseline or would have sent her to the hospital for intravenous replacement if she had symptoms of low magnesium. Symptoms of low magnesium included weakness, tiredness, and nausea. When the pharmacy cannot provide a medication or supplement, the nurse should reach out to the provider for a new order.</p> <p>On 4/1/2026 at 1:40 p.m., a message was left for NP-B with no return phone call.</p> <p>During an interview on 4/1/2026 at 4:04 p.m., NP-A stated when a resident missed medications, she should be contacted for new orders. NP-A confirmed she had not been contacted about the missing magnesium doses.</p> <p>During an interview on 4/1/2026 at 11:38 a.m.,</p>	<p>F0760</p>		<p>05/12/2026</p>

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<p>F0760 SS = D</p>	<p>Continued from page 9 Doctor of Pharmacology (Pharm-D) stated signs and symptoms of low magnesium included leg cramps, fatigue, nausea, and weakness. Due to R3's pain to legs, fatigue, and not eating due to nausea, Pharm-D would consider missing five doses of magnesium a significant medication error. Pharm-D confirmed magnesium had not been sent for R3 because it was an OTC medication that was stocked at the facility. The pharmacy had not received a request for Magnesium 250mg.</p> <p>During an interview on 4/1/2026 at 2:32 a.m., director of nursing (DON) stated magnesium was an OTC supplement stocked in the facility, but the strength was not 250mg. Any OTC medication or supplement could be requested from the pharmacy by filling out the house stock request form and faxing it to the pharmacy. The provider should be contacted if the pharmacy cannot provide the ordered medication. DON further stated a medication error was when a medication was not administered as prescribed. When an error occurred, a nurse should fill out the medication error form if they made the error or would report the error to the nurse manager or DON if a different nurse made the error. DON confirmed she was not notified about the missing magnesium doses for R3 and only discovered the error during review of R3's chart on 4/1/26.</p> <p>The Medication Administration policy dated January 2026 instructed medications are administered in accordance with written orders of the prescriber.</p>	<p>F0760</p>		<p>05/12/2026</p>

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20000	<p>Continued from page 1 orders issued at 21545.</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 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.</p> <p>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.</p>	20000		05/12/2026
21545	<p>Medication Errors</p> <p>CFR(s): MN Rule 4658.1320 A.B.C</p> <p>A nursing home must ensure that:</p> <p>A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual,</p>	21545	<p>Facility acknowledges deficient observation. Facility POC listed in F0760.</p> <p>Date of completion 5/12/26</p>	05/12/2026

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21545	<p>Continued from page 2 Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means:</p> <p>(1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or</p> <p>(2) the administration of expired medications.</p> <p>B. It is free of any significant medication error. A significant medication error is:</p> <p>(1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or</p> <p>(2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p> <p>C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure that a resident was free from a significant medication error for 1 of 3 residents (R3) reviewed for medication errors. In addition, based on interview and document review, the facility failed to obtain and administrator routine medications according to the physician orders for 1 of 3 (R1) residents reviewed for medication administration.</p> <p>Findings include:</p>	21545		05/12/2026

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21545	<p>Continued from page 3</p> <p>R1's diagnoses list dated 2/13/26 included thoracic aortic aneurysm (a dangerous, often silent, weakening and ballooning of the aorta in the chest), neurogenic bowel (loss of normal bowel function due to nerve damage, causing constipation, incontinence, and abdominal pain and bloating), and neuropathic bladder (nerve damage interrupts signals between the brain, spinal cord, and bladder, causing urinary incontinence or retention).</p> <p>R1's admission Minimum Data Set (MDS) dated 2/19/26 indicated intact cognition.</p> <p>R1's provider order dated 2/13/26 instructed Cranberry oral capsule, give 250 milligrams (mg) by mouth one time a day for urinary tract infection prophylaxis (prevent or reduce the risk).</p> <p>R1's medication administration record (MAR) for February 2026 indicated R1 did not receive cranberry on 2/14/26 through 2/18/26, 2/20/26, 2/22/26, and 2/23/26 with a chart code of "9" which indicated see nursing note, for a total of 8 missed doses.</p> <p>R1's nursing notes dated 2/14/26 through 2/23/26 identify the cranberry capsules were "on order", "med not here", "not available. Pharmacy call", "waiting for delivery", and "awaiting house stock delivery".</p> <p>R1's provider order dated 2/14/25 instructed lactobacillus (probiotic), give one capsule one time a day for diarrhea.</p> <p>R1's MAR for February 2026 and March 2026 indicated R1 did not receive lactobacillus on 2/14/26, 2/16/26, 2/17/26, 2/18/26, 2/20/26 through 2/28/26, and 3/2/26 through 3/8/26 with a chart code of "9" for a total of 20 missed doses.</p> <p>R1's nursing notes dated 2/14/26 through 3/8/26 identify the lactobacillus capsules were "on order", "awaiting medication from pharmacy pending delivery", "awaiting medication from pharmacy", and "awaiting delivery".</p> <p>During an interview on 3/31/2026 at 2:31 p.m., licensed practical nurse (LPN)-A stated when a medication was unavailable, it would be charted as "9" with a nursing note explaining why the medication was not administered. LPN-A would look back to see if the medication had been re-ordered. If it had already been re-ordered, he would call the pharmacy to find out when it would be delivered. Over the counter (OTC) medications and supplements were stocked in the facility. A nurse</p>	21545		05/12/2026

