



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
August 30, 2023

Administrator  
The Estates At Greeley LLC  
313 South Greeley Street  
Stillwater, MN 55082

RE: CCN: 245342  
Cycle Start Date: July 12, 2023

Dear Administrator:

On August 2, 2023, we notified you a remedy was imposed. On August 23, 2023 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 August 18, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective October 12, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of July 25, 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 October 12, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 18, 2023, 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 Therefore, the NATCEP prohibition is rescinded.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, 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](mailto:Melissa.Poepping@state.mn.us)



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

August 2, 2023

Administrator  
The Estates At Greeley LLC  
313 South Greeley Street  
Stillwater, MN 55082

RE: CCN: 245342  
Cycle Start Date: July 12, 2023

Dear Administrator:

On July 25, 2023, we informed you that we may impose enforcement remedies.

On July 25, 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 October 12, 2023

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective October 12, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 12, 2023.

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 October 12, 2023, 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 Greeley Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from October 12, 2023. 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 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](mailto: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 January 12, 2024 (six months after the 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](mailto: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](mailto:Steven.Delich@cms.hhs.gov).

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

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

The Estates At Greeley LLC

August 2, 2023

Page 5

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [https://mdhprovidercontent.web.health.state.mn.us/ltr\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltr_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](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,



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](mailto:Melissa.Poepping@state.mn.us)

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

PRINTED: 08/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT GREELEY LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>313 SOUTH GREELEY STREET</b> <b>STILLWATER, MN 55082</b>
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(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 7/24/23 - 7/25/23, 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 complaints were reviewed with no deficiencies issued. H53423905C (MN87597), H53423904C (MN83344), H53423903C (MN83219).</p> <p>The following complaint was reviewed: H53423755C (MN95339) with a Federal deficiency issued at F609.</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 609 SS=D	<p><b>Reporting of Alleged Violations</b> CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown</p>	F 609		8/10/23

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

TITLE

(X6) DATE

Electronically Signed

08/10/2023

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

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F 609	<p>Continued From page 1</p> <p>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.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her 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 ensure an allegation of physical abuse was reported to the State Agency (SA) no later than two hours following the allegation for 1 of 3 residents (R1) reviewed for abuse. R1 made an allegation of abuse to a nursing assistant (NA) on 7/15/23 and the allegation was reported to the SA on 7/17/23.</p> <p>R1 admission Minimum Data Set (MDS) dated 5/23/23 indicated R1 had a Brief Inventory of Mental Status (BIMS) score of 13 indicate R1 was cognitively stable. R1 required extensive assistance of one staff member for dressing, bathing, and transferring.</p>	F 609	<p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>On 7/17, the Director of Nursing and Administrator met with the R1 immediately after being notified of the incident. Registered Nurse performed skin audit on R1; no abnormalities or injuries were found. The incident was reported to the Minnesota Department of Health shortly after. Resident discharged from facility on 7/18.</p>	

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F 609	<p>Continued From page 2</p> <p>R1's care plan (CP) dated 5/29/23 indicated R1 was a vulnerable adult who was at risk for decreased cognitive and physical abilities related to diagnosis including: adult failure to thrive, chronic obstructive pulmonary disease and dementia. The staff were to be aware of statements of signs/symptoms of abuse, if they are present, update the Medical Doctor (M.D.), the director of nursing (DON) and the Administrator immediately.</p> <p>Upon interview 7/24/23 at 9:33 a.m. R1's family member (FM)-A stated he visited R1 on the morning of 7/17/23 and R1 stated that a tall male came into her room over the weekend when R1 was supposed to receive a shower. R1 stated the man grabbed her arms, shook her, and threw her down in a chair. FM-A found the Nurse Practitioner, (NP) who was making facility rounds on 6/17/23 at 9:00 a.m. and R1 told the NP the same story. The NP told FM-A that she would be reporting the allegations to the facility.</p> <p>Upon interview on 7/24/23 at 10:10 a.m. the NP stated on 7/17/23 at approximately 9:00 a.m. R1's family member asked her if she knew anything about an altercation that R1 had with staff. The NP stated she hadn't heard anything, so she interviewed R1. R1 told the NP that a tall man held her upper arms and shook her, he then grabbed her around the waist and forced her into a chair. The NP stated she reported the incident to registered nursing (RN)-A immediately after R1's report.</p> <p>Upon interview on 7/24/23 at 11:35 a.m. RN-A stated in the morning of 7/17/23 the NP reported R1 had allegations of abuse that happened on 7/15/23 at the facility. RN-A stated she spoke</p>	F 609	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents in this home have the potential to be affected. Social Services and the Administrator conducted interviews with residents regarding the care and services that they receive. The administrator interviewed staff to see if they were aware of any alleged incidents that may have required immediate reporting. There were no other allegations of abuse or improper care made in those interviews.</p> <p>What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.</p> <p>Training and Education was provided to all staff on the following topics:</p> <p>Education on reporting timeframes: Must be reported immediately to direct supervisor. The facility is required to report all alleged claims of abuse and neglect to the Minnesota Department of Health within two hours of the accusation.</p> <p>How to identify different types of abuse and immediately stop the abuse and implement interventions to prevent re-occurrence. The training and education</p>	

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F 609	<p>Continued From page 3</p> <p>with R1 and R1 stated that a tall man grabbed her arms and waist roughly on the night she was supposed to getting her shower. RN-A stated she immediately reported the allegations to the DON and the Administrator on 7/17/23 before 10:00 a.m.</p> <p>Upon interview on 7/24/23 at 1:01 p.m. nursing assistant (NA)-A stated she worked the day of the allegations but was not told about the allegations until days later. NA-A stated if she would have heard of the allegations about a resident having their arms grabbed, shaken, and roughly pushed into a chair. She would follow-up with the staff member accused. NA-A was not aware of the facility policy to report abuse with two hours.</p> <p>Upon interview on 7/24/23 at 3:29 p.m. NA-B stated she worked with R1 the evening of 7/15/23. She stated she told R1 she was going to give her a shower and would come and get her shortly after she prepared the shower room. When NA-B got back to R1's room R1 was "really upset". R1 told NA-B there was a tall man just in her room and he shook her and slammed her into her chair. NA-B stated she told R1 that the male nurse did not know that R1 was able to walk on her own and he just trying to help and make sure she was safe. R1 told NA-B she wanted to call her son. NA-B stated she left R1 alone so she would calm herself down. NA-B stated she didn't tell another nurse on duty about the allegation. NA-B stated, "I didn't think it was abuse."</p> <p>Upon interview on 7/25/23 at 9:33 a.m. R1 stated on her shower night NA-B, her good friend, came in to tell her she had a shower that evening and then she left. R1 stated then a tall guy came into her room, who really annoyed her. She stated</p>	F 609	<p>include how to identify and implement appropriate interventions for the care of a cognitively impaired resident.</p> <p>If abuse or neglect occurs, staff must report it to the Administrator via the chain of command, and the appropriate state agency as required. Additional education and training was completed with IDT team who have access to make online reports via the MDH nursing home incident report website.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</p> <p>The facility designee will perform abuse/neglect mock drills weekly during various shifts to ensure staff are following the facility's policies and procedures to comply with state regulations. After each drill, the Administrator will review the results and evaluate the need for additional training. After one month of mock drills, the IDT Team will review the results and determine the need for frequency and continuation.</p> <p>Reportable events investigations, including allegations of abuse and/or neglect, will be reviewed by the Administrator monthly to ensure compliance with timely reporting as required by regulations. The Administrator</p>	

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F 609	<p>Continued From page 4</p> <p>she didn't know what he was trying to do. R1 stated her and the guy were yelling at each other, then he grabbed her arms, shook her, then grabbed her waist, and pushed her down into a chair. She stated she was so mad and scared that she tried to lock her door and then her roommate started screaming too. R1 stated she did not feel safe, and she did tell her friend, NA-B, who came back to shower her what happened. R1 stated her son is aware of the incident.</p> <p>Upon interview on 7/25/23 at 1:30 p.m. the DON stated R1's allegations came up when talking to her son. RN-A reported the allegations to the DON on 7/17/23 in the morning. The DON stated she interviewed the son. She stated the son told her that a male nurse picked R1 up by arms and her waist and put her in a chair roughly. The DON continued to investigate the allegation, interviewed R1 and at first R1 denied the allegations and the upon further interview R1 stated she was grabbed by the arms and put in chair before her shower. The nursed stated he saw R1's oxygen tubing was tangled between her legs and tried to untangle the tubing. The nursing assistant believed R1 thought the nurse was trying to keep her from a shower and did not see it as reporting. The DON stated after the interviews her, and the Administrator reported the allegation to the SA on 7/17/23.</p> <p>A facility policy titled Abuse Prohibition/Vulnerable Adult Plan 2/2/23 indicated all staff was responsible for reporting any situation that is considered abuse or neglect. The immediate supervisor was to be notified immediately. The facility Administrator was to be notified immediately of any incidents of residents suspected abuse. Suspected abuse shall be</p>	F 609	<p>or designee will report the outcome of the monthly review of reportable events and report findings at the quarterly QA meetings for action as appropriate for 6 Months.</p> <p>The date that each deficiency will be corrected. 8/18/2023</p>	

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

PRINTED: 08/14/2023  
FORM APPROVED  
OMB NO. 0938-0391

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F 609	Continued From page 5 reported to the Office of Health Facility Complaints (OHFC) no later than two hours after the suspicion of abuse.	F 609			



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

August 2, 2023

Administrator  
The Estates At Greeley LLC  
313 South Greeley Street  
Stillwater, MN 55082

Re: Event ID: 7KTN11

Dear Administrator:

The above facility survey was completed on July 25, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

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](mailto:Melissa.Poepping@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00947</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT GREELEY LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>313 SOUTH GREELEY STREET STILLWATER, MN 55082</b>
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(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) COMPLETE DATE
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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 7/24/23 - 7/25/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed with no</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

08/10/23

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00947</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>07/25/2023</b>
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2 000	<p>Continued From page 1</p> <p>licensing orders issued: H53423905C (MN87597), H53423904C (MN83344), H53423903C (MN83219), H53423755C (MN95339).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		