DEPARTMENT OF HEALTH

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

Electronically delivered
June 30, 2022

Administrator
The Estates At Lynnhurst LLC
471 Lynnhurst Avenue West
Saint Paul, MN 55104

RE: CCN: 245394
Cycle Start Date: May 10, 2022

Dear Administrator:

On June 17, 2022, we notified you a remedy was imposed. On June 28, 2022 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 June 27, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective July 2, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of May 24, 2022, 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 July 2, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on June 27, 2022, 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 Therefore, the NATCEP prohibition is rescinded.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,

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

Electronically delivered
May 24, 2022

Administrator
The Estates At Lynnhurst LLC
471 Lynnhurst Avenue West
Saint Paul, MN  55104

RE: CCN: 245394
Cycle Start Date: May 10, 2022

Dear Administrator:

On May 10, 2022, a survey was completed at your facility by the Minnesota Departments 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:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or 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 August 10, 2022 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by November 10, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,

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

DEPARTMENT OF HEALTH

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Electronically delivered
May 24, 2022

Administrator
The Estates At Lynnhurst LLC
471 Lynnhurst Avenue West
Saint Paul, MN 55104

Re: Event ID: SJ5W11

Dear Administrator:

The above facility survey was completed on May 10, 2022 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,

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 CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245394 | A. BUILDING _____ B. WING _____ | C 05/10/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ESTATES AT LYNNHURST LLC | 471 LYNNHURST AVENUE WEST SAINT PAUL, MN 55104 |

| (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 | INITIAL COMMENTS<br><br>On May 9th and 10th, 2022, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.<br><br>The following complaint was found to be SUBSTANTIATED: H5394152C (MN82764) and H53941121C (MN83133) with a licensing order issued at F744.<br><br>The following complaint was found to be UNSUBSTANTIATED: H53941202C (MN83214).<br><br>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.<br><br>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. | F 000 | | |
| F 744 SS=D | Treatment/Service for Dementia<br>CFR(s): 483.40(b)(3)<br><br>§483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review and | F 744 | R4 has an individualized, | 6/17/22 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/03/2022

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 744 | Continued From page 1<br>interview, the facility failed to develop an individualized, person centered care plan to support 1 of 1 residents (R4) reviewed for dementia care. R4's care plan lacked individualized interventions or revisions for ineffective interventions related to R4's symptomology.<br><br>Findings include:<br><br>R4's Admission record dated 11/23/2021 included the following diagnoses "Unspecified intracranial injury with loss of consciousness of unspecified duration, Manic episodes, Unspecified dementia with behavioral disturbances, Unspecified psychosis not due to a substance or known physiological condition."<br><br>R4's care plan dated 3/24/2022 indicated R4 was at risk for abuse and/or neglect related to his diagnosis of unspecified dementia with behavioral disturbances, manic episodes and unspecified psychosis. Resident involved in multiple resident to resident altercations when R4 wanders near residents then grabs/touches their belongings, and spitting. Interventions include separating R4 from other resident in the dining room and/or other activities, safety monitoring 15 minutes checks on R4, administer medication and monitor effectiveness, monitor for mood and behavior changes, be kind, redirect, use calm voice, make eye contact, use therapeutic approach, removed from area when agitated, validate feelings, monitor for target behaviors, provide emotional support, invite to group activities, offer hand massage, aromatherapy, healing touch, offer television, staff will utilize stop signs to prevent entering rooms, arrange therapy appointments. | F 744 | person-centered care plan to reflect individualized interventions and revisions for effective interventions related to R4's symptomology. R4 remains on the secured unit on increased monitoring. R4 remains on all appropriate interventions put into place by the facility including provider recommendations.<br><br>Residents who reside on the secured unit have individualized, person-centered care plans to reflect individualized interventions and revisions for effective interventions for any specific symptomology.<br><br>Staff education initiated to develop and revise care plans to be individualized, person-centered to ensure appropriate interventions are in place. Staff education initiated to ensure staff are following resident(s) individualized, person-centered interventions.<br><br>Audits will be conducted weekly for 4 weeks, monthly for 2 months and PRN specific to 3 residents care plans to ensure they have individualized, person-centered interventions in place. Findings will be reported to QA team to determine continuation and frequency of audits.<br><br>Administrator and/or designee will be responsible party | |

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| F 744 | Continued From page 2<br>R4's Psychology note dated 4/21/22 acknowledges two recent resident to resident altercations and that R4 has some predictable and impulsive behaviors. The provider stated in the treatment plan that R4's behavior management would need to be observational and empirical.<br><br>R4's MDS dated 4/23/2022 reflected R4 was assessed to have impaired mental status, poor decisions, cues/supervision required but was independent with most activities of daily living. R4 needed assistance of one person for dressing and personal hygiene.<br><br>R4's progress notes indicated on:<br>4/25/2022 R4 continues to spit in hallways. Will continue to monitor.<br>4/27/2022 R4 seen urinating by the window. Will continue to monitor and redirect.<br>4/27/2022 R4 pacing hallway and other resident room. Will monitor and redirect.<br>4/29/2022 another resident yelled at R4 to "stop it" and when staff turned to the other resident threw coffee at R4. R4 was assessed with no injury. Will continue to monitor.<br>5/2/2022 R4 continues 15 minute checks, continues to attempt to take other residents foods, was spotted urinating, spitting, and blowing nostrils on the floor. Will continue to monitor and redirect.<br>5/4/2022 recreational therapy offered R4 aromatherapy by demonstrating rubbing it on hands, R4 did not respond.<br>5/5/2022 R4 continues 15 minute checks, goes into other resident rooms attempting to take things, consistent redirection. Will continue to monitor and redirect.<br>5/6/2022 R4 paces hallway and into other | F 744 | | |

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| F 744 | Continued From page 3 | F 744 | | |

resident rooms, attempted to redirect R4 who got aggressive by swinging his hands. Continues to spit on floor, offered tissue - R4 put the tissue in his pocket. Will continue to monitor and redirect.

On 5/9/2022 at 10:03 a.m., R4 was observed sitting in a chair at the end of the hallway, out side his room. R4 spit on the floor several times. LPN-A and CNA-A were in rooms assisting other residents.

On 5/9/2022, at 10:08 a.m. R4 got up from his chair and walked the length of the hallway, navigating through the housekeepers floor sweepings, medication carts, and other residents sitting in their wheelchairs in the hallway. R4 settled in a chair outside of the dining area where three other residents where sitting and spit on the floor. No staff were noted in the hallway at this time.

On 5/9/2022 at 10:14 a.m. R4 got up from his dining chair and navigated his way back to the chair outside of his room, navigating around other residents in the hallway. As R4 walked, he spit on the floor not aware of other residents around. One resident who saw this was upset, yelled "Jesus Christ" and walked away. No staff around to witness this behavior or interaction.

On 5/9/2022 at 10:18 a.m. another resident walked over to where R4 was seated and stood next to him. This resident was talking to himself. Neither resident acknowledged the other. No staff were noted in hallway at this time.

On 5/9/2022 at 12:29 p.m. R4 was walking towards the dining room when he came to the dining cart. R4 closed the door on the dining cart

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| F 744 | Continued From page 4<br>then proceeded down the hall when he came across another food cart that did not have doors on it. R4 took out a plate and picked up a fork to pick up food and was attempting to raise it to his mouth when the Director of Nursing (DON) saw him and said "no no don't eat that, that is no good" she motioned no to him and he put the fork down and continued on to the chair outside of dining area.<br><br>On 5/10/2022 at 09:01 a.m. R4 was sitting in chair close to dining area where eight residents were eating. R4 sniffed loudly and cleared his throat and spit on the floor. No staff were present. R4 then got up to walk back to the chair outside of his room, navigating the hall.<br><br>During an interview on 5/9/2022 at 1:15 p.m., LPN-A stated that R4 doesn't speak much English and he doesn't interact with other residents. LPN-A stated the staff communicate with R4 by using hand motions. LPN-A also stated that the facility has used an interpreter service a few times in the past but R4 gets very agitated when an interpreter is used, even if R4 son's acts as the interpreter. LPN-A stated that R4 yells out at his son and refuses to talk sometimes when his son is present. LPN-A stated R4 is on 15 minute checks to ensure he is not getting into things he shouldn't. LPN-A also stated that R4 is very quick and often takes something from others but you may not even see it because he is so quick.<br><br>During an interview on 5/10/2022 at 12:10 p.m. The Director of Nursing (DON) stated R4 is not violent but sometimes his actions upset other residents and cause them to act out. The DON also stated R4 has no boundaries and this upsets | F 744 | | |

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| F 744 | Continued From page 5<br>other residents. The DON acknowledges that R4 needs a different setting for his own safety, which they currently are working on. The DON also stated they have R4 on 15 minute checks but acknowledged that R4 should have a 1:1 to ensure his safety. The DON said they cannot find staff to give R4 one to one care. The DON also stated they don't have any other options to ensure R4 does not get into an altercation with other residents.<br><br>The Facility's Dementia Training Policy Dated 5/10/2022, states "The philosophy of Monarch Healthcare Management Health Care Centers is to provide quality long term care in a loving, caring and safe environment. | F 744 | | |

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|---|---|---|---|
| | 00945 | A. BUILDING: _____ B. WING _____ | C 05/10/2022 |

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| THE ESTATES AT LYNNHURST LLC | 471 LYNNHURST AVENUE WEST SAINT PAUL, MN 55104 |

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| 2 000 | Initial Comments<br><br>*****ATTENTION******<br><br>NH LICENSING CORRECTION ORDER<br><br>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.<br><br>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.<br><br>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.<br><br>INITIAL COMMENTS:<br>On May 9th and 10th 2022, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.<br><br>The following complaint was found to be | 2 000 | | |

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| 2 000 | Continued From page 1<br>SUBSTANTIATED: H5394152C (MN82764) and H53941121C (MN83133); however, no licensing orders are issued.<br><br>The following complaint was found to be UNSUBSTANTIATED: H53941202C (MN83214).<br><br>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.<br>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents. | 2 000 | | |