



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

Electronically Delivered  
August 3, 2023

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

RE: CCN: 245394  
Cycle Start Date: July 7, 2023

Dear Administrator:

On August 2, 2023, 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](mailto:Melissa.Poepping@state.mn.us)



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

Electronically delivered  
July 17, 2023

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

RE: CCN: 245394  
Cycle Start Date: July 7, 2023

Dear Administrator:

On July 7, 2023, 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:

The Estates At Lynnhurst LLC

July 17, 2023

Page 2

- 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](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, 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 October 7, 2023 (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).

The Estates At Lynnhurst LLC

July 17, 2023

Page 3

In addition, if substantial compliance with the regulations is not verified by January 7, 2024 (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/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: 07/27/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245394</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/07/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT LYNNHURST LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>471 LYNNHURST AVENUE WEST</b> <b>SAINT PAUL, MN 55104</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  On 7/5-7/2023, 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.  The following complaints were reviewed. H53943413C (MN00094286) and H53943414C (MN00094309) The following complaints were reviewed. H53943311C (MN00094817) with a deficiency issued at F603 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.  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 603 SS=D	Free from Involuntary Seclusion CFR(s): 483.12(a)(1)  §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-	F 603		7/27/23	

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

TITLE

(X6) DATE

Electronically Signed

07/26/2023

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 603	<p>Continued From page 1</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to comprehensively assess a resident placement on a secured unit for 1 of 1 resident (R1) who resided in the locked memory care unit resulting in involuntary seclusion from activities of interest.</p> <p>Findings include:</p> <p>R1's medical diagnoses on admission 5/19/2023 included schizophrenia, unspecified, unspecified psychosis not due to a substance of known psychological condition, unspecified dementia of unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>On 5/19/2023, an Elopement Risk Evaluation was done by Registered Nurse (RN)-A indicated R1 had a score of 3 of 8 which indicated R1 was not at potential risk of elopement. On 6/6/2023, an Elopement Risk Evaluation was done by RN-B indicated R1 had a score of 4 of 8 which indicated R1 was at potential risk of elopement.</p> <p>R1's interdisciplinary team (IDT) care conference dated 5/30/2023 indicated R1's behaviors have improved since admission as he was not hitting or yelling at staff, comes out of his room and spends time with other residents. R1 requests to go on walks in the community and is outside on the patio.</p>	F 603	<p>F603: Free from Involuntary Seclusion</p> <p>Immediate Corrective Action:</p> <p>Facility got MD order for R1 to be on locked unit.</p> <p>Facility reviewed secured unit policy with IDT.</p> <p>Corrective Actions as it applies to others:</p> <p>Secured unit policy was reviewed with all staff members.</p> <p>Completed full house audit of all residents on the secured unit and entered orders for residents to reside on secured unit.</p> <p>Added the MD order to standing house orders.</p> <p>Recurrence will be prevented by:</p> <p>Audits will be completed regarding new admissions for the secured unit for next 3 months.</p> <p>The results of these audits will be shared with QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p>	

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F 603	<p>Continued From page 2</p> <p>R1's progress note on 6/6/2023 indicated R1 left the facility and was found by neighbors a few blocks away from the facility. Staff described the R1 as confused but unharmed. Staff called paramedics who took R1 to the hospital for assessment.</p> <p>R1's progress note on 6/7/2023 indicated R1 was walking around the neighborhood after dinner and could not make his way back to the facility. R1's cognitive test The Saint Louis University Mental Status (SLUMS) with a score of 24 of 30 indicating mild neurocognitive disorder.</p> <p>On 6/9/2023, an Elopement Risk Evaluation was completed by the Director of Nursing (DON) indicating R1 had a risk score of 6 after an attempt to elope was made on 6/6/2023. Further, the facility's Interdisciplinary Team reviewed the incident and a Wanderguard was placed.</p> <p>R1's care plan initiated on 6/9/2023, identified R1 as an elopement risk/wanderer due to impaired memory and R1's failure to remember to follow the leave of absence protocol. The care plan indicated a Wanderguard was in place, staff were directed to monitor for proper functioning of the Wanderguard, answer door alarms promptly, keep family informed, and invite R1 to activities and gatherings.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 6/13/23, was not completed. A progress note in R1's medical record note dated 6/13/23, 1:24 p.m., written by Social Worker (SW)-A indicated R1 did not want to speak with SW-A and refused all evaluations.</p> <p>R1's progress not on 6/18/2023 indicated R1 left</p>	F 603	<p>Correction Date:</p> <p>7/27/2023</p>	

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F 603	<p>Continued From page 3</p> <p>the building, the police were notified and was brought back by a police officer who wanted to why R1 could not leave the building. Staff informed the officer that R1 was a vulnerable adult and wore a wanderguard. R1 was placed on a new unit, a secured unit on the 2nd floor.</p> <p>R1's physician order sheet contained an order written by medical doctor (MD)-A on 7/6/2023, "admit to secure unit," no start date, re-evaluation timeline, or end date was listed.</p> <p>Email correspondence sent on 7/6/2023 at 4:00 p.m. to facility administrator (FA)-A requesting the criteria for admission to the locked unit. Response received at 4:22 p.m. indicated, "Our criteria is mainly that they have to have an active guardian or POA/HCD. Also, if they are an active elopement risk but not everyone on that unit is an elopement risk. Our secured unit is more of a mental health unit than a memory care unit. We don't have like a policy or anything stating criteria it is more case by case basis. Administrator and DON review the referrals for 2nd floor."</p> <p>Email correspondence sent from the FA-A was received on 7/7/2023, 7:52 a.m. This email revealed, "I was able to talk to the RDO/Nurse Consultant/Old Administrator and we found our policy. We reviewed it this morning. Please see attached."</p> <p>During an interview with Licensed Practical Nurse (LPN)-A on 7/6/2023, at 11:50 a.m., LPN-A stated R1 went outside the building at approximately 11:16 on 6/18/2023. LPN-A stated the R1 pushed another resident out of the way in order to get outside. The Wanderguard alarm sounded as the door opened. LPN-A followed R1 outside and</p>	F 603		

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F 603	<p>Continued From page 4</p> <p>stopped R1 on the sidewalk. LPN-A stated she tried to redirect R1 back to the building but R1 grabbed her forearm and twisted her hand. LPA-A summoned another staff to stay with R1 while she summoned the police. Officers arrived and talked R1 into returning to the building. LPN-A stated the facility administrator (FA)-A and DON were notified and decided R1 would be admitted to the locked unit. R1 was escorted to a room on the 2nd floor secure unit. on the facility's locked unit. LPN-A stated R1's legal guardian (LG)-A was notified at 11:52 a.m. was notified of the circumstances and the move into the locked unit. The LG-A responded by thanking her and stated LG-A would "check back."</p> <p>During an interview on 7/6/2023 at 1:39 p.m., Hennepin County Case Worker (HCCW)-A stated she was not informed of R1's placement in the locked unit. Stated was working with LG-A and R1's family seeking new placement sites for R1. Stated they are limited because of R1's civil commitment and history of elopements. Also stated R1's mood changes from aggressive to withdrawn. Stated, "R1 goes from being chatty and able to care for self to silent and refusing all attempts at cares."</p> <p>During an interview on 7/7/2023 at 8:45 a.m., LG-A stated there was no discussion about R1 moving to a locked unit, she was informed. Stated during a subsequent care conference, residency in the locked unit was not discussed. LG-A stated she was not opposed to R1 being housed in the locked unit and did not disagree with the decision.</p> <p>During an interview on 7/7/2023 at 9:10 a.m., FA-A stated R1's physician wrote an order to</p>	F 603		

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F 603	<p>Continued From page 5</p> <p>admit to secured unit. The policy written 7/29/19 and was reviewed by members of the interdisciplinary team on the morning of 7/7/2023 and will be disseminated to staff members. Also stated the physician wrote orders for all residents who did not have an existing order for the secure unit.</p> <p>Policy entitled "Specialty Care Unit/Secure Unit," dated 7/29/19, revised on 7/7/2023, and signed by "Lynnhurst IDT," was received via email and reviewed. Listed policy guidelines included:</p> <ol style="list-style-type: none"> <li>1. Upon admission each resident will be assessed for appropriate diagnoses for placement.</li> <li>2. Resident must have guardian or POA/HCA to admit to secure unit.</li> <li>3. Resident must have MD orders to be placed on secure unit.</li> <li>4. Offer in house psych services and neuropsych testing to resident</li> <li>5. Elopement Risk Evaluation and Care plan will reflect resident's risk of elopement and appropriate placement on the special care unit</li> <li>6. Resident's will be reviewed upon admission and re assessed in 7 days of admission for appropriateness of placement</li> <li>7. All resident's will be assessed for appropriateness of unit quarterly, annually and as needed.</li> <li>8. Resident's can still leave the unit, with appropriate LOA orders, and responsible party signing them in and out. Resident's can go off the unit with TR as appropriate.</li> <li>9. Resident and/or responsible party are educated upon admission in regards to LOA/AMA/Elopement procedure.</li> </ol>	F 603		



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

Electronically delivered

July 17, 2023

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

Re: Event ID: VLJE11

Dear Administrator:

The above facility survey was completed on July 7, 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>00945</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/07/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT LYNNHURST LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>471 LYNNHURST AVENUE WEST SAINT PAUL, MN 55104</b>
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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 7/5-7/2023, 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.</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

07/26/23

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00945</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/07/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ESTATES AT LYNNHURST LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>471 LYNNHURST AVENUE WEST</b> <b>SAINT PAUL, MN 55104</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
2 000	<p>Continued From page 1</p> <p>H53943413C (MN00094286), H53943414C (MN00094309), H53943311C (MN00094817)</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. a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	2 000		