



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 28, 2026

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

RE: CCN: 245394

Cycle Start Date: August 17, 2026

Dear Administrator:

On September 9, 2026, we notified you a remedy was imposed. On September 24, 2026, 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 September 22, 2026.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective September 24, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter of September 9, 2026, 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 September 24, 2026 due to denial of payment for new admissions. Since your facility attained substantial compliance on September 22, 2026, 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 Therefore, the NATCEP prohibition is rescinded.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.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. 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)



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September 28, 2026

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

Re: Reinspection Results  
Event ID: 31C396-H2

Dear Administrator:

On September 24, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 17, 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 'M. Poepping', with a stylized, cursive script.

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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September 9, 2026

Administrator

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

RE: CCN: 245394

Cycle Start Date: August 17, 2026

Dear Administrator:

On August 17, 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 actual harm that was not immediate jeopardy (Level G). The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

This survey also found other deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), 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)).

## **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 location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 24, 2026.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 24, 2026. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 24, 2026.

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.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

- 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 \$13,343; 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.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective September 24, 2026. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

## **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, Regional Operations Supervisor, Rapid Response**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**625 Robert Street N**  
**P.O. Box 64975**  
**Saint Paul, Minnesota 55164-0975**  
**Email: [annette.m.winters@state.mn.us](mailto:annette.m.winters@state.mn.us)**  
**Mobile: (651) 558-7558**

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.

## **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 February 17, 2027 (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 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.

### **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:

tamika.brown@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 Tamika Brown at (312) 353-1502. Information may also be emailed to [tamika.brown@cms.hhs.gov](mailto:tamika.brown@cms.hhs.gov).

### **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](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.

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,

A handwritten signature in black ink, appearing to read 'M. Poepping', with a stylized, cursive script.

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)



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September 9, 2026

Administrator

THE ESTATES AT LYNNHURST LLC

471 LYNNHURST AVENUE WEST

SAINT PAUL, MN 55104

Re: State Nursing Home Licensing Orders

Event ID: 31C396-H1

Dear Administrator:

The above facility survey was completed on August 17, 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](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:

**Annette Winters, Regional Operations Supervisor, Rapid Response  
Health Regulation Division  
Minnesota Department of Health  
625 Robert Street N  
P.O. Box 64975  
Saint Paul, Minnesota 55164-0975  
Email: [annette.m.winters@state.mn.us](mailto:annette.m.winters@state.mn.us)  
Mobile: (651) 558-7558**

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



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)

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|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>245394 |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X3) DATE SURVEY COMPLETED<br><br>08/17/2026 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>THE ESTATES AT LYNNHURST LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104 |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                            |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |  | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY)                                                                                                                                                                                                                                                                                                                               |                                              | (X5)<br>COMPLETION<br>DATE |
| F0000                                                            | INITIAL COMMENTS<br><br>On 8/12/26 – 8/17/26 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.<br><br>The following complaint was Reviewed H53943615C/intake#3133690) and a deficiency was issued at F689 at PAST NON-COMPLIANCE. The provider implemented corrective action prior to survey, no plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.<br><br>The following complaints were reviewed: H53943547C / MN3120916 & 3117986, H53943548C / MN3117757, H53943659C / MN3136082, H53943710C / MN3156930, with deficiencies issued at F584, F600, F656, F684, F838 and R842. 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. |                                                                  |  | F0000                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | 09/22/2026                 |
| F0600<br>SS = G                                                  | Free from Abuse and Neglect<br><br>CFR(s): 483.12(a)(1)<br><br>§483.12 Freedom from Abuse, Neglect, and Exploitation<br><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |  | F0600                                                                                                 | Immediate Corrective Action:<br><br>R2 discharged from the facility on 07/26/2026.<br><br>R3 reassessed, care plan, and orders were reviewed and updated as applicable. Remains on hourly safety checks, IDT reviewing daily and will titrate appropriately. R3 continues to be followed by psychiatry. R3 was offered and agreed to a room change within facility, upon initiation of room change, R3 then refused, stating “R9 does not bother her.” |                                              | 09/22/2026                 |

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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>245394 |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br>08/17/2026 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>THE ESTATES AT LYNNHURST LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                            |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |  | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | (X5)<br>COMPLETION<br>DATE |
| F0600<br>SS = G                                                  | <p>Continued from page 1<br/>resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure residents were free from abuse for 2 of 5 residents (R2, R3) when another resident (R9) who when intoxicated made sexually inappropriate comments toward the residents, touched their arms, legs and attempted to touch their breasts. R9 was intoxicated nearly every day and had care planned interventions for alcohol use but did not have interventions for sexually abusing residents. Even though the facility notified the police and educated staff on abuse, residents continue to fear R9's sexual abusive behaviors.</p> <p>Findings include:</p> <p>R2's nursing progress note dated 7/25/26 at 8:03 p.m. indicated R2 arrived at the facility at approximately 11:30 a.m. R2 understood her wound management and neck mobility restrictions. She had limited assistance with ambulation and toileting. She was able to make needs known.</p> <p>R2's nursing progress note dated 7/26/26 at 8:55 p.m. indicated R2 was sent to the hospital. R2 did not return to the facility.</p> <p>R2 did not have an admission Minimum Data Set (MDS) as she was only at the facility for less than two days.</p> <p>Upon interview on 8/12/26 at 12:31 p.m. R2 stated she arrived at the facility 7/25/26 in the late morning. That afternoon, R2 went to activities and R9 approached her commenting about how sexy she was. He was intoxicated reeking of alcohol. R9 asked R2 if she wanted to go to his room for drinks and a "good time." R2 ignored R9 and then he started touching her arm and tried to touch her breasts. R2 stated she reported the incident to staff but could not remember who. She was new to the facility and</p> |                                                                  |  | F0600                                                                                                 | <p>Continued from page 1<br/>Re-education completed with R9 on Substance Use Policy. Social Services met with R9 regarding their consumption of alcohol and motivation for chemical dependency treatment services and/or abstinence in which R9 declined and was not interested. R9 is actively followed by ACP. Review and revision of care plan, physician/nursing orders, target behaviors including identified triggers completed to address sexually inappropriate behavior toward other residents when intoxicated.</p> <p>Corrective Action as it applies to others:</p> <p>All like-residents with ETOH diagnosis have the potential to be affected. Like-Residents have been identified, reviewed, and updates made to reflect implemented interventions within care plans, physician orders, and assessments.</p> <p>MN Abuse Prevention Policy was reviewed and no changes were made.</p> <p>Education completed with all staff regarding how to properly manage intoxicated residents through proper redirection to mitigate sexually inappropriate behaviors and ensure the safety of other residents.</p> <p>Reoccurrence will be prevented by:</p> <p>Director of Nursing or Designee will audit 5 like-residents who have ETOH diagnosis weekly x4 weeks to ensure assessments, care plans and orders are accurate. Audit results will be brought to the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p> <p>Corrections will be monitored by: Director of Nursing or designee</p> <p>Completion Date: 09/22/2026</p> |                                              | 09/22/2026                 |

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| F0600<br>SS = G                                                  | <p>Continued from page 2</p> <p>did not know anyone yet. On 8/26/26 R2 was sent to the hospital for a fall and refused to go back to the facility after being “sexually traumatized” and falling.</p> <p>R3’s quarterly MDS dated 6/25/26 indicated R3’s Brief Inventory of Mental Status (BIMS) score was a 10 indicating she was cognitively impaired. R3 did not have any behaviors. R3’s patient health questionnaire (PHQ-9) indicated R3 had a score of 22 indicating she had severe depression. She was dependent upon staff for toileting hygiene and showering; she required maximum assistance with dressing and moderate assistance with transferring. She was always incontinent of bowel and bladder. Her pertinent diagnoses were non-traumatic brain dysfunction, anoxic brain damage, and substance abuse.</p> <p>A facility incident note dated 7/26/26 indicated R3 reported feelings of sexual harassment by a male resident who she believed was flirtatious and making her uncomfortable. She was placed on safety checks and advised to stay away from the perpetrator. The administrator was informed.</p> <p>R3’s providers note dated 7/28/26 indicated R3 presented acutely following a sexual harassment event where another resident was saying appropriate comments and touched her arm without her consent. R3 reported she was doing o.k. and was being followed by psychiatry.</p> <p>Upon observation and interview on 8/13/26 at 1:45 p.m. R3 was lying in her bed watching television. She attempted to sit up to have a conversation but struggled and needed staff assistance. During the interview she had difficulty expressing her words. She stated she was scared of R9. She was glad her bed was by the window so he would have to walk by her roommate to get to her. She wished R9’s room was not directly across from hers. She did not remember whether she told the staff or not that she feared him living right across from her. She stated she was in the dining room and R9 approached her telling her she was sexy and touched her leg, arm and tried to put his hand down her shirt and touch her breast. She mentioned she was sexually abused by an alcoholic in her youth, and this event has caused her depression to become worse. She did see psychiatry.</p> |                                                                  |  | F0600                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0600<br>SS = G                                                  | <p>Continued from page 3</p> <p>R9's care plan dated 4/27/26 indicated R9 had a history and diagnosis of substance use. R9's interventions were:</p> <p>4/27/26 Monitor resident for intoxication or impairment</p> <p>4/27/26 When resident is noted to have been smoking illegal substances like marijuana, cocaine, or meth etc. OR is intoxicated (unsteady gait, slurred speech, pinpoint pupils etc. Do not administer any medications. Update the provider for more directions.</p> <p>7/28/26 Monitor resident behaviors as needed.</p> <p>5/29/26 Resident is actively currently drinking alcohol.</p> <p>R9's care plan dated 4/27/26 indicated a focus R9 gets sexually inappropriate when intoxicated, uses inappropriate language towards female residents and staff, touches female residents inappropriately. There was no goal related to R9's sexual abuse and no interventions to prevent R9 from sexually abusing other residents.</p> <p>R9's nursing progress note dated 7/25/26 at 10:44 a.m. indicated R9 was heavily intoxicated and remained verbally abusive and sexually inappropriate towards female residents. Staff called the police and paramedics to have R9 sent to the hospital for detox but both refused the referral indicating R9 has freedom of speech, the facility should handle the behavior if the resident violates the facilities policies. Other residents advised to stay away from the perpetrator.</p> <p>R9's nursing orders dated 7/26/26 at 10 p.m. indicated to complete 15-minute checks for sexually inappropriate behavior.</p> <p>R9's nursing dated 7/27/26 indicated R9 met with social services to complete a BIMS assessment, PHQ-9, and a trauma questionnaire. He was cognitively intact, had no minimal signs of depression.</p> <p>R9's nursing progress note dated 7/27/26 at 8:11 p.m. indicated R9 was intoxicated making sexually</p> |                                                                     |  | F0600                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0600<br>SS = G                                                  | <p>Continued from page 4</p> <p>inappropriate comments to multiple female employees. At 8:14 asked another nurse to grab his genitals.</p> <p>R9's quarterly MDS dated 7/28/26 indicated R9's BIMS score was 15 indicating he was cognitively intact. R9 had verbal behaviors towards others (threatening, screaming, and cursing) which occurred 4-6 days, but not daily. He had other behaviors not directed at others (hitting or scratching self, packing, rummaging, public sexual acts, disrobing in public, throwing, or smearing foot or bodily wastes, screaming disruptive sounds), behavior occurred every 1-3 days. R9 was independent with dressing, hygiene and transferring. R9's pertinent diagnoses were alcohol use, housing and economic circumstances, and hip pain.</p> <p>R9's progress note dated 7/29/26 at 9:02 a.m. indicated R9 was intoxicated, raising his voice, talking inappropriately to staff and inappropriately touching staff. He was already on 15-minute safety checks.</p> <p>R9's hospital encounter note dated 7/29/26 was held at the hospital related to intoxication.</p> <p>R9's nursing progress note dated 8/8/26 at 1:38 p.m. indicated R9 was verbally inappropriate toward female residents making them uncomfortable per female resident verbalization. When the police arrived R9 was sleeping and the police decided not to take him in hoping he would wake up sober.</p> <p>R9's nursing progress note dated 8/9/26 at 8:56 a.m. indicated R9 was intoxicated, refused vital signs.</p> <p>R9's nursing progress note dated 8/9/26 at 7:45 p.m. indicated R9 was intoxicated and refused vital signs.</p> <p>R9's nursing progress note dated 8/9/26 at 7:51 p.m. indicated R9 was sitting in a chair outside, red faced and intoxicated. He did have his a.m. meds held due to intoxication and took a nap, but was intoxicated by 4:00 p.m. He refused vital signs; he becomes angrier the more intoxicated he becomes.</p> |                                                                  |  | F0600                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0600<br>SS = G                                                  | <p>Continued from page 5</p> <p>R9's nursing notes dated 8/10/26 at 10:18 a.m. indicated R9 met with social services and reviewed the Substance Use Policy and got a signature from R9. His room was searched and an empty bottle was found in the trash can.</p> <p>R9's nursing note dated 8/13/26 at 10:28 a.m. indicated R9 met with social services to review and sign the Substance Abuse Policy again.</p> <p>R9's nursing note dated 8/15/26 at 11:45 a.m. indicated R9 appeared intoxicated, his face was ruddy and speech slurred. He was encouraged to drink water. He is continued on 15-minute checks.</p> <p>R9's nursing note dated 8/15/26 at 2:43 p.m. indicated R9 was intoxicated and bothering another resident by talking too much. He was redirected to lay down.</p> <p>An undated facility document appearing to be an interview of R9 indicated "Yes, I was drunk and I touched her, but it was all innocent and didn't mean nothing by it. Resident also stated that he doesn't remember what he said."</p> <p>Upon interview on 8/13/26 at 10:14 a.m. R9 was resting in bed with a heavy alcohol scent in his clothes and room. He did not appear intoxicated. He stated he only touches and speaks about sex to women when he was intoxicated and the police had been to the facility about it. He stated the facility had offered him treatment but did not want to stop drinking. He then asked the surveyor to leave his room.</p> <p>Upon interview on 8/12/26 at 11:54 a.m. (RN)-D, nurse manager stated she did not get a chance to meet R2 because she was only at the facility from a Saturday morning until Sunday p.m. (RN)-D was briefed on her allegations of sexual harassment. R9 only had a problem with his sexual behaviors when he was intoxicated because he became agitated with staff and other residents. When the allegations of abuse occurred other residents were interviewed, but the facility did not have a plan for R9's intoxication to protect other residents other than to check on him every 15 minutes and have social services have R9 sign the substance abuse facility form. R3's</p> |                                                                  |  | F0600                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0600<br>SS = G                                                  | <p>Continued from page 6</p> <p>abuse allegations of abuse were told directly to (RN)-D. (RN)-D performed a physical assessment on R3 without any findings. R3 has a history of sexual abuse as a child. Her provider was updated on the allegations and R3 stated she felt safe at the facility.</p> <p>Upon interview on 8/12/26 at 12:23 p.m. (NA)-C stated R9 drinks almost daily and makes lude sexual comments to residents and staff often. He witnessed R3 attempting to get away from R9 in the dining room, but he did not see R9 touch R3. R3 told him she was trying to get away from him because he was trying to touch her breasts and was making sexual comments. NA-C reported the allegations immediately to the nurse manager.</p> <p>Upon interview on 8/12/26 at 1:10 p.m. (NA)-D stated R9 had a reckless mouth and hands when he was intoxicated. He was sexual and mean to both staff and residents.</p> <p>Upon interview at 8/13/26 at 9:15 a.m. R10 stated she has witnessed R9 speak sexually to multiple woman residents. When he was drunk, almost daily he would make sexually inappropriate comments to the woman, sometimes aimed at a specific resident and sometime at woman. R10 had been sober 18 years and stated she was bothered by smelling the alcohol and watching R9’s actions when he was drunk since the residents were not supposed to drink at the facility.</p> <p>Upon interview on 8/13/26 at 9:25 a.m. R11 stated she had been sexually harassed about a month ago when he was intoxicated. She did not report it, she just “blew it off.” She stated she did fear him and made an effort to stay away from him.</p> <p>Upon interview on 8/13/26 at 9:40 a.m. the social worker, (SW)-A stated she was not employed by the facility when R2 made her allegations of sexual abuse. She stated R3’s sexual allegations were witnessed by another resident who was no longer there. It happened in the dining room, when he touched her arm and leg, and she attempted to get away from him. R3 had difficulty moving and speaking so she struggled with his inappropriate encounter. The SW had been checking on R3 since the incident. She stated the facility prevented abuse by completing frequent checks on residents to see if they had been sexually assaulted. The facility lets</p> |                                                                  |  | F0600                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>THE ESTATES AT LYNNHURST LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104 |                                                                                                                          |                                              |                            |
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| F0600<br>SS = G                                                  | <p>Continued from page 7</p> <p>the resident know they all have an “open door” policy. In the situation with R9 she stated when he was intoxicated the facility reviewed and had him sign the substance abuse policy. R9 had a right to drink if he chose to and he did not want assistance with sustaining from alcohol. Residents and staff only had complaints about R9’s behaviors when he was intoxicated. She was not certain how the staff assessed him and what the plan was or if there was a plan in place when he was intoxicated to prevent abuse.</p> <p>8/13/25 at 4:19 p.m. R12 stated she feared R9 and did not feel safe at the facility. R9 had never attempted to touch her but had made sexual comments to her often when he was intoxicated. She had witnessed him touch staff, get angry and scream at staff, he got “out of control.” She denied reporting his verbal comments to staff and denied staff interviewing her about him.</p> <p>Upon interview on 8/17/26 at 2:25 p.m. the director of social services stated when R9 drank the facility would attempt to get him to eat, drink, and rest. The facility would try to redirect him away from other residents, because sexual harassment was upsetting to vulnerable residents. The facility was at a standstill as they were trying to discharge him, but he was not appropriate to be discharged yet.</p> <p>Upon interview on 8/17/26 at 4:18 p.m. (RN)-B stated he was not aware of R3's sexual abuse allegations. On 8/26/26 he was told by R2 that R9 was flirtatious and trying to touch her. He reported the allegations to the Administrator immediately and placed both R2 and R9 on safety checks.</p> <p>Upon interview on 8/17/26 at 3:32 p.m. the Administrator stated he became aware of R2’s allegations of sexual abuse on 8/26/26. He stated the therapeutic recreational aide did witness R9 trying to touch R2. He stated the facility nursing staff were re-educated on the facilities abuse policy following the incident. He denied any follow-up audits of the investigation. He stated the facility did not have a working plan in place for R9's alcohol intoxication to prevent abuse to the other residents. The staff monitors R9 and reports to the police or the administration depending on how R9’s behaviors were. R3’s allegations were substantiated by the facility as a former resident had witnessed R9 attempting to touch R3. R9 was ready for discharge,</p> |                                                                  |  | F0600                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0600<br>SS = G                                                  | <p>Continued from page 8<br/>and the facility was going to discharge him to a hotel, but R9 did not have identification to check into one. The facilities Quality Assurance and Performance Improvement (QAPI) team had not reviewed the sexual abuse allegations.</p> <p>Upon interview on 8/17/26 at 3:45 p.m. the director of nursing, DON stated the therapeutic recreational aide did not witness R2’s allegations of sexual abuse. R3’s allegations were witnessed by another resident. R9 touched R3 and then attempted to follow her out of the dining room when she tried to get away from him. When R9 was intoxicated the facility staff was to call the ambulance and have him sent to detox where sometimes they would take him and sometimes they would not. The facility did follow-up with other residents and if they did have concerns regarding R9 they offered the residents psychiatric services. She stated the facilities' hands were tied because they were not able to discharge residents to a shelter.</p> <p>Multiple attempts were made to reach out to the therapeutic recreational aid, but no response was received.</p> <p>A facility policy titled Abuse Prohibition/Vulnerable Adult Policy with a revision date of 11/2025 indicated:</p> <p>Purpose:</p> <p>To protect residents against abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends or other individuals, or self-abuse.</p> <p>To promptly report, document and investigate all incidents of alleged or suspected abuse/neglect.</p> <p>To promptly investigate, report and determine probable cause of unknown origin injuries.</p> <p>To identify and remedy any potentially abusive situations.</p> <p>Interpretation and implementation:</p> <p>If it is a resident-to-resident abuse, the abused resident will be removed to a safe environment.</p> |                                                                     |  | F0600                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0684<br>SS = G                                                  | <p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure adequate assessment and monitoring following an unwitnessed fall the 1 of 3 residents (R2) reviewed for change of condition. R2 had a fall on 7/26/26 and subsequent hospitalization.</p> <p>Findings include:</p> <p>R2 nursing incident note dated 7/25/26 at 1:59 p.m. (late entry) indicated R2 fell in the bathroom. R2 indicated she fell in the bathroom and was able to get herself back-up. There were no signs or symptoms of an injury. Vitals signs were “stable”. Range of motion completed/hit head or received blood thinners with verified as “yes.” The incident note documentation of a neurological assessment for potential injury or ongoing monitoring for delayed signs or symptoms.</p> <p>R2’s nursing progress note dated 7/25/26 at 8:03 p.m. indicated R2 arrived at the facility at approximately 11:30 a.m. R2 understood wound management and neck mobility restrictions. She had limited assistance with ambulation and toileting. She was able to make needs known.</p> <p>R2’s nursing progress note dated 7/26/25 at 9:07 p.m. indicated R2 was sent to the emergency department (ED) for a fall with a head strike and dizziness. Her blood pressure was 155/90 (normal range &gt; 120/80), pulse 66 beats per minute and regular (range 60-100 bpm). Oxygen saturation was 97% on room air (normal 92% - 100%). Pain level was 5/10 ( 0 no pain and 10 the greatest pain ever felt).</p> |                                                                  |  | F0684                                                                                                 | <p>Immediate Corrective Action:</p> <p>R2 discharged from facility on 07/26/26.</p> <p>Corrective Action as it applies to others:</p> <p>All like-residents who experienced an unwitnessed fall within the last 14 days have been reviewed ensuring post-fall assessments, initiating of neuro checks if applicable, notification to physician and review of fall care plans.</p> <p>Fall Prevention and Management Policy, Notification of Changes Policy, Abuse Prohibition/Vulnerable Adult Policy, were reviewed with no changes.</p> <p>Education completed with licensed nursing staff regarding expectations of completion post-fall of the steps that must be taken and accurately documented within medical record according to facility policy.</p> <p>Education completed with the interdisciplinary team regarding expectations for review of all fall during IDT meeting. Comprehensive fall analysis by IDT to complete review of incident details to identify root cause of fall, proper notification was completed timely, intervention that was initiated appropriate, care plan/orders are updated within medical record.</p> <p>Reoccurrence will be prevented by:</p> <p>Director of Nursing or designee auditing monthly X 3 months. Audit results will be brought to the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p> <p>Corrections will be monitored by: Administrator or designee</p> <p>Completion Date: 09/22/2026</p> |                                              | 09/22/2026                 |

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| F0684<br>SS = G                                                  | <p>Continued from page 10</p> <p>R2’s hospital discharge summary dated 7/29/26 indicated R2’s ED to hospital admission total time was three days. R2 was admitted for acute neck pain after tripping and hitting her head. She had a headache, stabbing neck pain, worsening left arm numbness and weakness since the fall. Her (computer tomography) CT scans of her head and cervical spine were without acute abnormalities or fractures.</p> <p>R2 did not have an admission Minimum Data Set (MDS) as she was only at the facility for two days.</p> <p>Upon interview on 8/13/26 at 12:31 R2 stated she was admitted to the facility in the late morning of 7/25/26. On 7/26/25 at around 3:00 a.m. she was waiting about 10 minutes for someone to assist her to the bathroom. She got herself up to the bathroom. In the bathroom she tripped and fell against the bathroom sink striking her head. She told the nurse, who was working, and was told by that the nurse to try to stay awake for a few hours. The nurse did not take any vital signs or assess her. She stated that was the last time she saw the nurse. On the 7/26/26 she had pain and numbness in her arm throughout the day. She had mentioned the pain, numbness and fall to nurse in the morning. In the early evening, on 7/26/26 she became nauseated with vomiting and dizziness. The same nurse was working. He took her vital signs and stated he would call the on-call doctor. She was sent to the hospital where she spent three days on pain medications, wearing a cervical collar and underwent multiple tests. She was discharged on 7/29/26 to a different nursing facility.</p> <p>Upon interview on 8/13/26 at 2:59 p.m. the hospital social worker indicated on 7/25/26 when R2 left the hospital to be admitted to the facility her pain was under control. When she returned to the hospital on 7/26/26 she spent three days there for pain control and testing.</p> <p>Upon interview on 8/13/26 at 4:18 p.m. registered nurse (RN)-B stated he worked the morning and evening on the day R2 allegedly fell. He stated the first he found out about it when she came to him on 8/26/26 in the early evening. He stated she mentioned a fall, he had not received report from any staff about a fall, but due to what she was telling him regarding dizziness and vomiting he called the provider and had her to the transferred to</p> |                                                                  |  | F0684                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0684<br>SS = G                                                  | <p>Continued from page 11<br/>the ED.</p> <p>Upon interview on 8/13/26 at 11:54 a.m. RN-D the nurse manager stated she worked on Monday 7/27/26 and she was the nurse who documented the late incident report on that day through hearsay of what had happened on the weekend. She stated the overnight nurse should have completed an incident report and started monitoring R2 along with notifying the staff to monitor her. Or if the nurse was unaware of the fall, she still should have still been monitoring R2 as a recent admission following surgery. RN-D was going to investigate R2's fall incident when R2 returned after her hospital stay but found out R2 was not returning.</p> <p>Upon interview on 8/17/26 at 8:24 a.m. RN-C stated she worked the night shift on 7/25/26 and she completed rounds on her residents every two hours, so she checked on R2 at 2 a.m. and 4 a.m. and R2 was asleep. She denied know anything about a fall.</p> <p>The facilities fall prevention and management policy with a revision date of 11/2025 indicated:</p> <p>When a Fall occurs:</p> <p>When a resident has fallen, or is found on the floor, nursing staff will provide comfort but not move the resident until evaluated for injury.</p> <p>The nursing staff will record vital signs (including orthostatic BP), when appropriate.</p> <p>If a bump to the head is suspected or confirmed complete neuro checks and update the provider timely. Nursing should utilize the neuro flow sheet per policy.</p> <p>If resident is noted to be on a blood thinning medication and sustains a fall there is significant risk of bleeding. This should be reported to the provider in a timely manner.</p> <p>If there is evidence of a significant injury such as a fracture or bleeding, nursing staff will provide appropriate first aid. If a fracture is suspected, do not move resident, but stay with resident and wait for instructions from medical provider or for emergency medical staff to arrive.</p> <p>Once an assessment rules out significant injury, nursing staff will assist the resident off floor utilizing</p> |                                                                  |  | F0684                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0684<br>SS = G                                                  | <p>Continued from page 12</p> <p>a total (Hoyer) lift to a comfortable sitting, lying, or standing position, and then document relevant details.</p> <p>Nursing staff will notify the residents' medical provider and family in an appropriate time frame. When a fall results in a significant injury or condition change, nursing staff will notify the provider by phone. When a fall does not result in significant injury or a condition change, nursing staff will notify the practitioner routinely (e.g., by fax, phone, or in-house communication book, the next office/visit day).</p> <p>Nursing staff will observe for delayed complications of a fall. Could include any observed signs or symptoms of pain, swelling, bruising, deformity, and/or decreased mobility; and any changes in level of responsiveness/consciousness and overall function.</p> <p>Nursing staff will complete an incident review and analysis.</p> <p>Defining Details of Falls:</p> <p>After an observed or probable fall, the staff will clarify the details of the fall, such as when the fall occurred, where it occurred and what the individual was trying to do at the time the fall occurred.</p> <p>Identifying Causes of a Fall or Fall Risk:</p> <p>Nursing staff will begin to try to identify possible or likely causes of the incident. They will refer to resident-specific evidence including medical history, known functional impairments, etc.</p> <p>Staff will evaluate chains of events or circumstances preceding a recent fall, could include:</p> <p>Time of day of the fall;</p> <p>What the resident was doing or attempting to do;</p> <p>Whether the resident was standing, walking, reaching, or transferring from one position to another;</p> <p>Whether the resident was among other persons or alone;</p> <p>When was the last time the resident was repositioned or toileted;</p> <p>Time of the last meal;</p> |                                                                  |  | F0684                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>THE ESTATES AT LYNNHURST LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104 |                                                                                                                          |                                              |                            |
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| F0684<br>SS = G                                                  | <p>Continued from page 13</p> <p>Whether any environmental risk factors were involved (e.g., slippery floor, poor lighting, furniture, or objects in the way); and/or</p> <p>Whether there is a pattern of falls for this resident.</p> <p>The interdisciplinary team will review falls daily at morning meeting.</p> <p>The staff will continue to collect and evaluate information until they either identify the cause of falling or determine that the cause cannot be found.</p> <p>As indicated, the provider may examine the resident or may initiate testing to try to identify causes.</p> <p>If the cause of a fall is unclear or cannot be readily identified and accompanied by other signs/symptoms (e.g., confusion, lethargy, restlessness), or the fall has a significant medical cause such as a transient/Ischemic attack or an adverse drug reaction (ADR), or if the resident continues to fall despite attempted interventions, the nursing staff will discuss the situation and consider a possible underlying acute medical cause with the provider or Medical Director.</p> <p>If it is determined and documented that falls may be unavoidable, staff will implement appropriate interventions to prevent serious injury from falls.</p> <p>Care plans will be updated to reflect fall interventions.</p> <p>Documentation</p> <p>When a resident falls, the following information should be recorded in the resident's medical record:</p> <p>The condition in which the resident was found (e.g., "resident found lying on the floor between bed and chair").</p> <p>Assessment data, including vital signs and any obvious injuries.</p> <p>Interventions, first aid, or treatment administered.</p> <p>Notification of the provider and responsible party, as indicated.</p> <p>Appropriate interventions taken to prevent future falls.</p> |                                                                  |  | F0684                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0684<br>SS = G                                                  | Continued from page 14<br>The signature and title of the person recording the data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |  | F0684                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |
| F0689<br>SS = G                                                  | <p>Free of Accident Hazards/Supervision/Devices</p> <p>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.</p> <p>The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a resident was transferred using the required safety techniques for 1 of 3 resident (R1) who was reviewed for accidents when R1 sustained a humeral shaft fracture (upper arm). Two staff members were attempting to lay R1 down in bed after using a mechanical lift and repositioned her using her arms rather using a lift sheet as ordered on her care plan.</p> <p>The noncompliance that began on 8/1/26 was corrected prior to the start of the survey when the facility implemented a corrective action plan on 8/4/26 . This is issued in past noncompliance.</p> <p>Findings include:</p> <p>R1’s care plan dated 11/13/15 indicated R1 had impaired physical ability with dependence on staff with bed mobility, transfers, feeding, cares, and activities of daily living (ADL)’s related to bilateral hands/wrists contractures. Her interventions were assistance of two for bed mobility and to educate staff to be gentle when lifting upper and lower extremities and to use a draw sheet when turning and repositioning in bed.</p> <p>R1’s quarterly Minimum Data Set (MDS) dated 7/20/26 indicated R1 was unable to complete a Brief Inventory of Mental Status (BIMS). R1 did not have any behaviors. She had an impairment of both her upper and lower extremities. R1 was dependent upon staff for eating, transferring and all other activities of</p> |                                                                     |  | F0689                                                                                                 | "Past Noncompliance - no plan of correction required"                                                                    |                                              | 09/22/2026                 |

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| F0689<br>SS = G                                                  | <p>Continued from page 15</p> <p>daily living (ADL's). R1 was always incontinent of bowel and bladder. Her pertinent diagnoses were other neurological conditions, epilepsy, coronary artery disease, arthritis, dementia, seizure disorder, bipolar disorder, joint stiffness, and dysphagia (difficulty swallowing liquids and foods).</p> <p>R1's nursing progress note dated 8/1/26 at 2:13 p.m. indicated the writer was informed by two nursing assistants (NA)'s that during cares while trying to reposition R1 they did lift both of her arms up and heard a "pop" from the left arm. The writer performed an assessment. There was no redness or swelling at the site. R1 did complain of pain when writer touched the left arm. The provider was called and informed about the residents' change of condition and an onsite x-ray was ordered.</p> <p>R1's nursing progress note dated 8/1/26 at 5:55 p.m. indicated the mobile x-ray team was unable to do the x-ray at the facility and R1 was sent to the hospital.</p> <p>A written statement dated 8/3/26 by (NA)-A indicated two nursing assistants laid R1 down to change her and (NA)-A realized R1 was too close to the edge of the bed, and he grabbed both of her arms to position R1 and heard a popping sound and reported it to the nurse.</p> <p>An additional statement on 8/3/26 by (NA)-A indicated R1 was completing his rounds and noticed R1 was almost going to fall off the edge of the bed. He rushed over to her and held both of her arms to turn her to her right side and heard a popping sound. He left R1 on her bed and reported the incident to the nurse.</p> <p>A written statement on 8/3/26 by (NA)-B indicated her and (NA)-A were laying R1 down in bed. She was maneuvering the mechanical lift while (NA)-A assisted with putting R1 in and latching her straps. After they placed R1 in bed, (NA)-B started getting the briefs and wipes ready while (NA)-A was by her and said he heard a pop. R1 was in the middle of her bed, but did not have a draw sheet under her, NA-B didn't think about getting one. R1 as falling out of bed and (NA)-A grabbed her to move her to make sure she did not fall and then the popping happened.</p> |                                                                  |  | F0689                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0689<br>SS = G                                                  | <p>Continued from page 16</p> <p>A written statement dated 8/4/26 by registered nurse (RN)-E stated the NA's come to her and stated they were repositioning R1 and heard a pop. (RN)-E did not know R1 well, so the asked the onsite supervisor to reassess R1. The provider was called and wanted nursing to monitor her and ordered an x-ray. (RN)-E did not see a mechanical lift in R1's room.</p> <p>Facility education signature sheets dated 8/4/26 indicated all nursing staff were re-trained on instructions for assessing and documenting a change of condition, the facilities Abuse Prohibition/Vulnerable Adult Policy, and the facility's Safe Resident Handling Program Policy.</p> <p>A facility inspection document dated 8/4/26 indicated the maintenance director completed an inspection of the mechanical lift used on R1 with no repair concerns.</p> <p>R1's nursing progress note dated 8/6/26 at 5:57 p.m. indicated R1 returned from the hospital with a brace on her left arm for a left humeral shaft fracture (bone of the upper arm).</p> <p>A facility termination letter dated 8/7/26 indicated (NA)-A was terminated due to failing to follow a residents care plan which resulted in harm.</p> <p>Upon observation on 8/12/26 at 11:58 a.m. R1 was lying in comfortably in bed with a cast on her left arm. She was alert with her eyes open, however was unable to speak when a conversation was attempted.</p> <p>Upon interview on 8/12/26 at 12:49 p.m. (NA)-A stated R1 was just laid down in bed with the mechanical lift, and it appeared she was falling out of the bed. He grabbed both of her hands with both of his hands. (NA)-B was at the foot of the bed getting supplies when the pop sound happened. He did not feel he grabbed her arms hard enough to break a bone and would never intentionally hurt her. (NA)-A stated he changed his story with the facility because he was nervous about being interviewed for R1's fractured arm.</p> <p>Upon interview on 8/12/26 at 1:19 p.m. (NA)-B</p> |                                                                  |  | F0689                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0689<br>SS = G                                                  | <p>Continued from page 17</p> <p>stated her and (NA)-B had just laid R1 down in bed. R1 was centered correctly in bed. (NA)-B was at the foot of the bed and noticed (NA)-A roughly pulling R1’s left arm straight up. She described his pulling “A way you wouldn’t position a resident, a strange motion.” He had both of his hands on her left arm. She was unable to describe how he was pulling her arms any further. (NA)-B did not mention to the nursing staff that she believed (NA)-A was handling her rough because of retaliation and just wanted R1 to get help in case she was injured.</p> <p>Upon interview on 8/12/26 registered nurse (RN)-F, nurse manager stated (NA)-A and (NA)-B were repositioning R1 without the lift sheet and R1 started to fall. (NA)-A grabbed her arm to stop the fall. After (NA)-A heard (NA)-B’s story he changed his story to they were both in the room from, he was passing the by the room and found R1 falling out of bed. (RN)-F stated she did not know what to believe as both (NA)-A and (NA)-B have lied in the past, so she was not certain exactly what happened with R1.</p> <p>Upon interview on 8/12/26 at 2:44 p.m. the director of nursing, (DON) stated she got the call on 8/1/26 that R1 was being sent to the emergency department (ED) due to a staff member grabbing her arm as she was falling out of bed. The DON started calling other staff members and found that there were two staff member in the room when R1’s arm popped. The DON stated the root cause of the injury was that the staff were not using the lift sheet on R1 and resorted to pulling on her arm causing an arm fracture. The DON stated (NA)-A was asked why his story changed and he stated he was scared he would get into trouble for harming R1. (NA)-A was suspended and then terminated.</p> <p>Upon interview on 8/13/26 at 4:18 p.m. (RN)-B stated the (RN)-F and agency nurse who came and asked him to assess R1 as she did not know R1 very well. When (RN)-B went into R1’s room she was in bed wincing in pain. (NA)-A told (RN)-B R1 was falling out of bed and the aides did not have a lift sheet, so (NA)-A grabbed R1 by the arms. (RN)-B did not hear any concerns regarding rough cares.</p> <p>Attempts were made to interview (RN)-F; however, no response was received.</p> <p>A facility policy on accidents was requested,</p> |                                                                  |  | F0689                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0689<br>SS = G                                                  | Continued from page 18<br>however none received.<br><br>Actions taken included, the facility identified concerns regarding proper mechanical lift procedures and use of a draw sheet. A facility investigation was completed where conflicting information regarding the event was found. (NA)-was terminated and (NA)-B was re-educated. The maintenance director inspected the mechanical lift used. The facility re-educated staff regarding proper mechanical lift use, safe handling of residents, abuse of vulnerable adults and instructions for assessing and documenting change of condition along with pain management.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |  | F0689                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | 09/22/2026                 |
| F0584<br>SS = E                                                  | Safe/Clean/Comfortable/Homelike Environment<br><br>CFR(s): 483.10(i)(1)-(7)<br><br>§483.10(i) Safe Environment.<br><br>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>The facility must provide-<br><br>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.<br><br>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.<br><br>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.<br><br>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;<br><br>§483.10(i)(3) Clean bed and bath linens that are in good condition;<br><br>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); |                                                                  |  | F0584                                                                                                 | Immediate Corrective Action:<br><br>Affected resident rooms with noted areas of blistering, cracking, gaps, discoloration, peeling of paint on ceilings and/or walls, and wallboard separating from wall have been repaired.<br><br>Affected resident rooms 101, 104, 109 with noted detached front panels of floorboard heaters; new panels have been ordered and will be replaced upon arrival.<br><br>Window in Room 102 has been repaired.<br><br>Corrective Action as it applies to others:<br><br>All residents have the potential to be affected. Full house audit of resident rooms completed to identify areas requiring maintenance. Audit findings entered TELs for repair.<br><br>Resident Rights Policy was reviewed, and no changes were made.<br><br>All staff education completed regarding maintaining a home-like environment and placing a TELs work order when environmental or safety concerns are identified.<br><br>Reoccurrence will be prevented by:<br><br>Administrator or designee will audit 5 resident rooms weekly x4 weeks to ensure a home-like environment is maintained. Audit results will be brought to the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.<br><br>Corrections will be monitored by: Administrator or designee |                                              | 09/22/2026                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTIONS             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245394 |  | (X2) MULTIPLE CONSTRUCTION<br><br>A. BUILDING<br><br>B. WING                                          |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br>08/17/2026 |                            |
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| F0584<br>SS = E                                                  | <p>Continued from page 19</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to maintain a clean and comfortable environment for 6 of 6 resident rooms (rooms 100, 101, 102, 104, 109 and 112) found to have severe drywall bubbling, plaster erosion on walls and ceiling and broken floor heater boards. This deficient practice has the potential to impact on all residents who reside in these rooms by exposing them to potential microbial growth, physical injury from falling debris and an unhomelike environment.</p> <p>Findings include:</p> <p>Upon observation 8/13/26 at 10:15 a.m. the following rooms were observed to have erosion on the walls and/or ceiling, bubbling, or blistering of the paint on the walls and drywall separation from the floorboard heating system:</p> <p>Room 100 had visible multiple areas of cracking and peeling on the ceiling. The wall had several cracks and one where a section of drywall was lifted and hanging away from the wall.</p> <p>Room 101 had a large horizontal crack and gap directly above the floorboard heater and the front panel of the floorboard heater was coming off the heater board. In addition, the wall above the heater board had cracking and peeling paint.</p> <p>Room 102 had visible deterioration around the wooden frame of the window, and the towels were placed on the windowsill to absorb condensation. The wall beneath the window had peeling and cracking paint on the drywall. The wallboard was separated from the floorboard heater. The ceiling had multiple cracks and blistering paint.</p> <p>Room 104 had a large horizontal crack and gap directly above the floorboard heat and the front</p> |                                                                     |  | F0584                                                                                                 | <p>Continued from page 19</p> <p>Completion Date: 09/22/2026</p>                                                         |                                              | 09/22/2026                 |

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| F0584<br>SS = E                                                  | <p>Continued from page 20</p> <p>panel of the floorboard heater was coming off the heater board. In addition, the wall above the heater board had cracking and peeling paint.</p> <p>Room 109 had a large horizontal crack and gap directly above the floorboard heat and the front panel of the floorboard heater was coming off the heater board. In addition, the wall above the heater board had cracking and peeling paint.</p> <p>Room 112 had grey paint on the wall which had large areas of severe bubbling and appeared warped. There were several large areas where the pain had been peeled or scraped exposing the drywall underneath. Room 114 had spots of dried brown circular droplets randomly scattered on the ceiling over the bed closest to the door. The size of droplets ranged from pin prick drops to pea sized drops.</p> <p>Upon interview on 8/13/26 at 11:30 a.m. the maintenance director stated the damage to the wall was because there was a bathroom on the other side of the wall with a shower and the shower needed to be resurfaced and then the wall could be fixed. She stated she had asked the corporate office for permission to fix the shower and the wall months ago and had not heard</p> <p>back.</p> <p>Upon observation and interview on 8/17/26 at 10:15 a.m. the maintenance director was in a community bathroom fixing the shower and painting. The facility had also moved R13 out of her room to get the wall painted. The maintenance director stated she had been working on the bathroom and room 112 all weekend.</p> <p>Upon interview on 8/17/26 at 2:20 p.m. the Administrator stated he was aware of the environmental needs of the building and had reported it to the corporate office and was waiting to hear back from them.</p> <p>A facility policy regarding homelike environment was requested, however none received.</p> |                                                                  |  | F0584                                                                                                 |                                                                                                                                         |                                              | 09/22/2026                 |
| F0656<br>SS = D                                                  | Develop/Implement Comprehensive Care Plan<br><br>CFR(s): 483.21(b)(1)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |  | F0656                                                                                                 | Immediate Corrective Action:<br><br>Re-education completed with R9 on Substance Use Policy. Social Services met with R9 regarding their |                                              | 09/22/2026                 |

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| F0656<br>SS = D                                                  | <p>Continued from page 21</p> <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv)In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to develop and implement a</p> |                                                                  |  | F0656                                                                                                 | <p>Continued from page 21</p> <p>consumption of alcohol and motivation for chemical dependency treatment services and/or abstinence in which R9 declined and was not interested. R9 is actively followed by ACP. Review and revision of care plan, physician/nursing orders, target behaviors including identified triggers completed to address sexually inappropriate behavior toward other residents when intoxicated.</p> <p>Corrective Action as it applies to others:</p> <p>All like-residents with ETOH diagnosis reviewed and revisions were completed care plans, physician orders and applicable assessments as applicable.</p> <p>Care Planning policy was reviewed, and no changes were made.</p> <p>Education with IDT on comprehensive care planning to ensure the comprehensive care plan is person-centered and includes all identified problem areas, their causes and develop interventions that are targeted and meaningful to residents.</p> <p>Reoccurrence will be prevented by:</p> <p>Administrator or designee will audit 5 like-resident care plan interventions weekly x4 weeks. Audit results will be brought to the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p> <p>Corrections will be monitored by: Administrator or designee</p> <p>Completion Date: 09/22/2026</p> |                                              | 09/22/2026                 |

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| F0656<br>SS = D                                                  | <p>Continued from page 22</p> <p>comprehensive care plan to address a residents known risk for sexually inappropriate behavior toward other residents when intoxicated for 1 of 5 residents (R9) reviewed for care plan interventions.</p> <p>Findings include:</p> <p>R9's care plan dated 4/27/26 indicated R9 had a history and diagnosis of substance use.</p> <p>R9's interventions were:</p> <p>4/27/26 Monitor resident for intoxication or impairment</p> <p>4/27/26 When resident is noted to have been smoking illegal substances like marijuana, cocaine, or meth etc. OR is intoxicated (unsteady gait, slurred speech, pinpoint pupils etc. Do not administer any medications. Update the provider for more directions.</p> <p>7/28/26 Monitor resident behaviors as needed.</p> <p>5/29/26 Resident is actively currently drinking alcohol.</p> <p>R9's care plan dated 4/27/26 indicated a focus R9 gets sexually inappropriate when intoxicated, uses inappropriate language towards female residents and staff, touches female residents inappropriately. There was no goal related to R9's sexual abuse and no interventions to prevent R9 from sexually abusing other residents.</p> <p>R9's nursing progress note dated 7/25/26 at 10:44 a.m. indicated R9 was heavily intoxicated and remained verbally abusive and sexually inappropriate towards female residents. Staff called the police and paramedics to have R9 sent to the hospital for detox but both refused the referral indicating R9 has freedom of speech, the facility should handle the behavior if the resident violates the facilities policies. Other residents advised to stay away from the perpetrator.</p> <p>R9's nursing orders dated 7/26/26 at 10 p.m. indicated complete 15-minute checks for sexually inappropriate behavior.</p> |                                                                     |  | F0656                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>THE ESTATES AT LYNNHURST LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104 |                                                                                                                          |                                              |                            |
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| F0656<br>SS = D                                                  | <p>Continued from page 23</p> <p>R9’s nursing dated 7/27/26 indicated R9 met with social services to complete a BIMS assessment, PHQ-9, and a trauma questionnaire. He was cognitively intact, had no minimal signs of depression.</p> <p>R9’s nursing progress note dated 7/27/26 at 8:11 p.m. indicated R9 was intoxicated making sexually inappropriate comments to multiple female employees. At 8:14 asked another nurse to grab his genitals.</p> <p>R9’s quarterly MDS dated 7/28/26 indicated R9’s BIMS score was 15 indicating he was cognitively intact. R9 had verbal behaviors towards others (threatening, screaming, and cursing) which occurred 4-6 days, but not daily. He had other behaviors not directed at others (hitting or scratching self, packing, rummaging, public sexual acts, disrobing in public, throwing, or smearing foot or bodily wastes, screaming disruptive sounds), behavior occurred every 1-3 days. R9 was independent with dressing, hygiene and transferring. R9’s pertinent diagnoses were alcohol use, housing and economic circumstances, and hip pain.</p> <p>R9’s progress note dated 7/29/26 at 9:02 a.m. indicated R9 was intoxicated, raising his voice, talking inappropriately to staff and inappropriately touching staff. He was already on 15-minute safety checks.</p> <p>R9’s hospital encounter note dated 7/29/26 was held at the hospital related to intoxication.</p> <p>R9’s nursing progress note dated 8/8/26 at 1:38 p.m. indicated R9 was verbally inappropriate toward female residents making them uncomfortable per female resident verbalization. When the police arrived R9 was sleeping and the police decided not to take him in hoping he would wake up sober.</p> <p>R9’s nursing progress note dated 8/9/26 at 8:56 a.m. indicated R9 was intoxicated, refused vital signs.</p> <p>R9’s nursing progress note dated 8/9/26 at 7:45 p.m. indicated R9 was intoxicated and refused vital signs.</p> |                                                                  |  | F0656                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0656<br>SS = D                                                  | <p>Continued from page 24</p> <p>R9's nursing progress note dated 8/9/26 at 7:51 p.m. indicated R9 was sitting in a chair outside, red faced and intoxicated. He did have his a.m. meds held due to intoxication and took a nap, but was intoxicated by 4:00 p.m. He refused vital signs; he becomes angrier the more intoxicated he becomes.</p> <p>R9's nursing notes dated 8/10/26 at 10:18 a.m. indicated R9 met with social services and reviewed the Substance Use Policy and got a signature from R9. His room was searched and an empty bottle was found in the trash can.</p> <p>R9's nursing note dated 8/13/26 at 10:28 a.m. indicated R9 met with social services to review and sign the Substance Abuse Policy again.</p> <p>R9's nursing note dated 8/15/26 at 11:45 a.m. indicated R9 appeared intoxicated, his face was ruddy and speech slurred. He was encouraged to drink water. He is continued on 15-minute checks.</p> <p>R9's nursing note dated 8/15/26 at 2:43 p.m. indicated R9 was intoxicated and bothering.</p> <p>another resident by talking too much. He was redirected to lay down.</p> <p>Upon interview on 8/13/26 at 9:40 a.m. social worker (SW)-A stated since assessing for intoxication was done by the nursing staff, they would be the ones to update the care plan.</p> <p>Upon interview on 8/13/26 at 11:54 a.m. registered nurse (RN)-D states she was not certain what was on R9's care plan regarding substance abuse and if the 15-minute checks were on there. She stated she would find out.</p> <p>Upon interview on 8/17/26 at 3:32 p.m. the Administrator stated his expectation was all the care represents all the tasks completed on the residents and the care plans should include safety measure interventions when R9 was intoxicated.</p> <p>A comprehensive care plan policy was requested;</p> |                                                                  |  | F0656                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0656<br>SS = D                                                  | Continued from page 25<br>however, none was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |  | F0656                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              | 09/22/2026                 |
| F0842<br>SS = D                                                  | <p>Resident Records - Identifiable Information</p> <p>CFR(s): 483.20(f)(5),483.70(h)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information.</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(h) Medical records.</p> <p>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records,</p> <p>regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in</p> |                                                                     |  | F0842                                                                                                 | <p>Immediate Corrective Action:</p> <p>R3 and R9 medical records were reviewed to ensure the records accurately reflected the care and monitoring provided. Safety checks reviewed to ensure safety checks were completed to accurately reflect the resident's location/status and signed off in real time.</p> <p>Corrective Action as it applies to others:</p> <p>All like-residents currently requiring safety checks reviewed to ensure accurate orders in place and documentation of monitoring is being completed in real time.</p> <p>Education completed with all nursing staff regarding expectations of documenting completion of safety checks in real time including resident's location/status and that documentation must accurately reflect care provided and may not be completed in advance or based on assumptions.</p> <p>Reoccurrence will be prevented by:</p> <p>Director of Nursing or Designee will audit 5 like-residents documentation of safety checks weekly x4 weeks to verify that required checks are documented timely and accurately. Audit results will be brought to the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p> <p>Corrections will be monitored by: Director of Nursing or designee</p> <p>Completion Date: 09/22/2026</p> |                                              | 09/22/2026                 |

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| F0842<br>SS = D                                                  | <p>Continued from page 26<br/>compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical<br/>record information against loss, destruction, or<br/>unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there<br/>is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches<br/>legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services<br/>provided;</p> <p>(iv) The results of any preadmission screening and<br/>resident review evaluations and determinations<br/>conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed<br/>professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic<br/>services reports as required under §483.50.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility<br/>failed to maintain a medical record for 2 of 2<br/>residents (R3, R9) that was accurate and reflective of<br/>the actual care provided when reviewed. Registered<br/>nurse, RN-(A) failed to document in real time<br/>15-minute safety checks on R3 and R9 who were<br/>involved in a sexual assault allegation.</p> <p>Findings include:</p> <p>R3's quarterly Minimum Data Set (MDS) dated<br/>6/25/26 indicated R3's Brief Inventory of Mental<br/>Status (BIMS) score was 10 indicating moderate<br/>cognitive impairment. R3 had no identified behaviors.<br/>R3 required substantial staff assistance with upper</p> |                                                                     |  | F0842                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0842<br>SS = D                                                  | <p>Continued from page 27<br/>and lower body dressing, dependent on staff for personal hygiene and transferring. Her pertinent diagnoses were nontraumatic brain dysfunction, psychotic disorder, and substance dependence.</p> <p>R3's progress note dated 7/26/26 at 11:58 p.m. indicated R3 had reported feeling of sexual harassment by a male resident who she believed was flirtatious and made her uncomfortable. R3 was placed on frequent safety checks.</p> <p>R9's clinical physician orders dated 7/26/26 indicated R9 was to have 15-minute safety checks completed for sexually inappropriate behavior.</p> <p>R9's quarterly MDS dated 7/28/26 indicated R9's BIMS score was 15 indicating he was cognitively intact. R9 had verbal behaviors towards others (threatening, screaming, and cursing) which occurred 4-6 days, but no daily. He had other behaviors not directed at others (hitting or scratching self, packing, rummaging, public sexual acts, disrobing in public, throwing, or smearing foot or bodily wastes, screaming disruptive sounds), behavior occurred every 1-3 days. R9 was independent with dressing, hygiene and transferring. R9's pertinent diagnoses were alcohol use, housing and economic circumstances, and hip pain.</p> <p>R9's nursing progress note dated 8/12/26 indicated he went out on a leave of absence (LOA) and did not sign out. He continued 15-minute safety checks.</p> <p>Upon interview on 8/13/26 at 9:40 a.m. the social worker, (SW) stated nursing staff was still completing frequent safety checks on R3, and R9 following the sexual abuse. She was not certain exactly how frequent the checks were because nursing handled the checks.</p> <p>Facility 15-minute safety checks indicated R3 and R9 were to have 15-minute checks. Both hard copy forms indicated the night staff completed checks from 12:00 a.m. through 7:30 a.m. There was no documentation for any checks after 7:30 a.m.</p> <p>Upon interview on 8/13/26 at 2:45 p.m. RN-A stated she did complete the safety checks in real during her shift because she worked with the residents often and knows their schedules. She documented</p> |                                                                  |  | F0842                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

If continuation sheet Page 29 of 33

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| F0838<br>SS = C                                                  | <div>Continued from page 29</div> <div>(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.</div> <div>§483.71(a)(2) The facility's resources, including but not limited to the following:</div> <div>(i) All buildings and/or other physical structures and vehicles;</div> <div>(ii) Equipment (medical and non- medical);</div> <div>(iii) Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies;</div> <div>(iv) All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;</div> <div>(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and</div> <div>(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.</div> <div>§483.71(a)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1).</div> <div>§ 483.71(b) In conducting the facility assessment, the facility must ensure:</div> <div>§ 483.71(b)(1) Active involvement of the following participants in the process:</div> <div>(i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and</div> <div>(ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.</div> |                                                                  |  | F0838                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>THE ESTATES AT LYNNHURST LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104 |                                                                                                                          |                                              |                            |
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| F0838<br>SS = C                                                  | <p>Continued from page 30</p> <p>(iii) The facility must also solicit and consider input received from residents, resident representatives, and family members.</p> <p>§483.71(c) The facility must use this facility assessment to:</p> <p>§483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).</p> <p>§483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.</p> <p>§483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.</p> <p>§483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.</p> <p>§483.71(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure its facility assessment accurately reflected its current resident's population. The facility assessment did not identify the 37 residents with substance use disorders (SUD) or identify the related care and services needed of this population in the facility. Although the facility provided the staff education addressing SUD and mental health through online training, the facility assessment did not accurately reflect the population requiring these services.</p> <p>Findings include:</p> |                                                                  |  | F0838                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0838<br>SS = C                                                  | <div>Continued from page 31</div> <div>The facility assessment with a revision date of 1/2026 indicated:</div> <div>Resident profile including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care included:</div> <div>Psychiatric/mood disorders - Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Anxiety Disorder, Depressive Disorders, Bipolar Disorder, Borderline Personality Disorder, Schizophrenia, Post-Traumatic Stress Disorder ,Behavior that Needs Interventions</div> <div>Heart/Circulatory System - Congestive Heart Failure, Coronary Artery Disease, Angina, Dysrhythmias, Hyper/hypotension, Orthostatic Hypotension, Peripheral Vascular Disease, Risk for Bleeding or Blood Clots, Deep Venous Thrombosis (DVT), Pulmonary Thrombo-Embolism (PTE)</div> <div>Neurological System - Parkinson’s Disease, Hemiparesis, Hemiplegia, Paraplegia, Quadriplegia, Multiple Sclerosis, Alzheimer’s Disease, Dementia, Seizure Disorders, CVA, TIA, Stroke, Traumatic Brain Injuries, Neuropathy, Aphasia</div> <div>Vision - Visual Loss, Cataracts, Glaucoma, Macular Degeneration</div> <div>Hearing – Hearing loss</div> <div>Musculoskeletal System - Fractures, Contractures, Osteoarthritis, Other Forms of Arthritis.</div> <div>Neoplasms – Cancers</div> <div>Metabolic Disorders - Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity</div> <div>Respiratory System – Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure, Congestive heart failure (CHF)</div> <div>Genitourinary System - Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder, Renal Failure, End Stage Renal Disease, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence</div> <div>Diseases of the Blood – Anemia</div> <div>Digestive System - Gastroenteritis, Cirrhosis, Peptic</div> |                                                                  |  | F0838                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| F0838<br>SS = C                                                  | <p>Continued from page 32</p> <p>Ulcers, Gastroesophageal Reflux, Inflammatory Bowel Disease, Bowel Incontinence</p> <p>Integumentary System – Skin Ulcers, Injuries</p> <p>Infectious Disease - Skin and Soft Tissue Infections, Respiratory Infections, Urinary Tract Infections, Infections with Multi-Drug-Resistant Organisms, Septicemia, Clostridium difficile, Influenza</p> <p>The Facility Assessment did not include Substance abuse in their resident profile.</p> <p>A facility Diagnosis Report dated 8/13/26 indicated 37 residents of the 57 residents who resided at the facility had a diagnosis of substance abuse disorder.</p> <p>Upon interview on 8/17/26 at 2:20 p.m. the Administrator identified substance abuse was not listed on the residents' profile and verified the facility had 27 residents with substance abuse. He stated the staff is trained on substance abuse upon hire and yearly.</p> <p>A facility policy was requested however none was received.</p> |                                                                     |  | F0838                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

Minnesota Department of Health

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| 20000                                                            | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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:</p> <p>On 8/12/26 – 8/17/26, 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> <p>The following complaints were reviewed. H53943615C / MN3133690, H53943547C / MN3120916 &amp; 3117986,</p> |                                                    |  | 20000                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

Office of Primary Care and Health Systems Management

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

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| 20000                                                            | Continued from page 1<br>H53943548C / MN3117757, H53943659C / MN3117986,<br>H53943710C / MN3156930<br><br>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.                                                                                                                                                                                                                                                                                                                              |                                                    | 20000               |                                                                                                                          |  | 09/22/2026                                   |  |
| 20560                                                            | Comprehensive Plan of Care; Contents<br><br>CFR(s): MN Rule 4658.0405 Subp. 2<br><br>Subp. 2. Contents of plan of care. The comprehensive plan of care must list measurable objectives and timetables to meet the resident's long- and short-term goals for medical, nursing, and mental and psychosocial needs that are identified in the comprehensive resident assessment. The comprehensive plan of care must include the individual abuse prevention plan required by Minnesota Statutes, section 626.557, subdivision 14, paragraph (b).<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and record review the facility failed to develop and implement a comprehensive care plan to address a residents known risk for sexually inappropriate behavior toward other residents when intoxicated for 1 of 5 residents (R9) reviewed for care plan interventions.<br><br>Findings include:<br><br>R9's care plan dated 4/27/26 indicated R9 had a history and diagnosis of substance use.<br><br>R9's interventions were:<br><br>4/27/26 Monitor resident for intoxication or impairment |                                                    | 20560               | Corrected                                                                                                                |  | 09/22/2026                                   |  |

Minnesota Department of Health

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| 20560                                                            | <p>Continued from page 2</p> <p>4/27/26 When resident is noted to have been smoking illegal substances like marijuana, cocaine, or meth etc. OR is intoxicated (unsteady gait, slurred speech, pinpoint pupils etc. Do not administer any medications. Update the provider for more directions.</p> <p>7/28/26 Monitor resident behaviors as needed.</p> <p>5/29/26 Resident is actively currently drinking alcohol.</p> <p>R9's care plan dated 4/27/26 indicated a focus R9 gets sexually inappropriate when intoxicated, uses inappropriate language towards female residents and staff, touches female residents inappropriately. There was no goal related to R9's sexual abuse and no interventions to prevent R9 from sexually abusing other residents.</p> <p>R9's nursing progress note dated 7/25/26 at 10:44 a.m. indicated R9 was heavily intoxicated and remained verbally abusive and sexually inappropriate towards female residents. Staff called the police and paramedics to have R9 sent to the hospital for detox but both refused the referral indicating R9 has freedom of speech, the facility should handle the behavior if the resident violates the facilities policies. Other residents advised to stay away from the perpetrator.</p> <p>R9's nursing orders dated 7/26/26 at 10 p.m. indicated complete 15-minute checks for sexually inappropriate behavior.</p> <p>R9's nursing dated 7/27/26 indicated R9 met with social services to complete a BIMS assessment, PHQ-9, and a trauma questionnaire. He was cognitively intact, had no minimal signs of depression.</p> <p>R9's nursing progress note dated 7/27/26 at 8:11 p.m. indicated R9 was intoxicated making sexually inappropriate comments to multiple female employees. At 8:14 asked another nurse to grab his genitals.</p> <p>R9's quarterly MDS dated 7/28/26 indicated R9's BIMS score was 15 indicating he was cognitively</p> |                                                    |  | 20560                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

Minnesota Department of Health

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| 20560                                                            | <p>Continued from page 3</p> <p>intact. R9 had verbal behaviors towards others (threatening, screaming, and cursing) which occurred 4-6 days, but not daily. He had other behaviors not directed at others (hitting or scratching self, packing, rummaging, public sexual acts, disrobing in public, throwing, or smearing foot or bodily wastes, screaming disruptive sounds), behavior occurred every 1-3 days. R9 was independent with dressing, hygiene and transferring. R9's pertinent diagnoses were alcohol use, housing and economic circumstances, and hip pain.</p> <p>R9's progress note dated 7/29/26 at 9:02 a.m. indicated R9 was intoxicated, raising his voice, talking inappropriately to staff and inappropriately touching staff. He was already on 15-minute safety checks.</p> <p>R9's hospital encounter note dated 7/29/26 was held at the hospital related to intoxication.</p> <p>R9's nursing progress note dated 8/8/26 at 1:38 p.m. indicated R9 was verbally inappropriate toward female residents making them uncomfortable per female resident verbalization. When the police arrived R9 was sleeping and the police decided not to take him in hoping he would wake up sober.</p> <p>R9's nursing progress note dated 8/9/26 at 8:56 a.m. indicated R9 was intoxicated, refused vital signs.</p> <p>R9's nursing progress note dated 8/9/26 at 7:45 p.m. indicated R9 was intoxicated and refused vital signs.</p> <p>R9's nursing progress note dated 8/9/26 at 7:51 p.m. indicated R9 was sitting in a chair outside, red faced and intoxicated. He did have his a.m. meds held due to intoxication and took a nap, but was intoxicated by 4:00 p.m. He refused vital signs; he becomes angrier the more intoxicated he becomes.</p> <p>R9's nursing notes dated 8/10/26 at 10:18 a.m. indicated R9 met with social services and reviewed the Substance Use Policy and got a signature from R9. His room was searched and an empty bottle was found in the trash can.</p> |                                                       |  | 20560                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                  |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br>08/17/2026 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>THE ESTATES AT LYNNHURST LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104 |                                                                                                                          |                                              |                            |
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| 20560                                                            | <p>Continued from page 4</p> <p>R9's nursing note dated 8/13/26 at 10:28 a.m. indicated R9 met with social services to review and sign the Substance Abuse Policy again.</p> <p>R9's nursing note dated 8/15/26 at 11:45 a.m. indicated R9 appeared intoxicated, his face was ruddy and speech slurred. He was encouraged to drink water. He is continued on 15-minute checks.</p> <p>R9's nursing note dated 8/15/26 at 2:43 p.m. indicated R9 was intoxicated and bothering.</p> <p>another resident by talking too much. He was redirected to lay down.</p> <p>Upon interview on 8/13/26 at 9:40 a.m. social worker (SW)-A stated since assessing for intoxication was done by the nursing staff, they would be the ones to update the care plan.</p> <p>Upon interview on 8/13/26 at 11:54 a.m. registered nurse (RN)-D states she was not certain what was on R9's care plan regarding substance abuse and if the 15-minute checks were on there. She stated she would find out.</p> <p>Upon interview on 8/17/26 at 3:32 p.m. the Administrator stated his expectation was all the care represents all the tasks completed on the residents and the care plans should include safety measure interventions when R9 was intoxicated.</p> <p>A comprehensive care plan policy was requested; however, none was provided.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educate staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p> |                                                    |  | 20560                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |
| 21695                                                            | <p>Plant Housekeeping, Operation, &amp; Maintenance</p> <p>CFR(s): MN Rule 4658.1415 Subp. 4</p> <p>Subp. 4. Housekeeping. A nursing home must</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |  | 21695                                                                                                 | Corrected                                                                                                                |                                              | 09/22/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>THE ESTATES AT LYNNHURST LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104 |                                                                                                                          |                                              |                            |
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| 21695                                                            | <p>Continued from page 5<br/>provide housekeeping and maintenance services necessary to maintain a clean, orderly, and comfortable interior, including walls, floors, ceilings, registers, fixtures, equipment, lighting, and furnishings.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to maintain a clean and comfortable environment for 6 of 6 resident rooms (rooms 100, 101, 102, 104, 109 and 112) found to have severe drywall bubbling, plaster erosion on walls and ceiling and broken floor heater boards. This deficient practice has the potential to impact on all residents who reside in these rooms by exposing them to potential microbial growth, physical injury from falling debris and an unhomelike environment.</p> <p>Findings include:</p> <p>Upon observation 8/13/26 at 10:15 a.m. the following rooms were observed to have erosion on the walls and/or ceiling, bubbling, or blistering of the paint on the walls and drywall separation from the floorboard heating system:</p> <p>Room 100 had visible multiple areas of cracking and peeling on the ceiling. The wall had several cracks and one where a section of drywall was lifted and hanging away from the wall.</p> <p>Room 101 had a large horizontal crack and gap directly above the floorboard heater and the front panel of the floorboard heater was coming off the heater board. In addition, the wall above the heater board had cracking and peeling paint.</p> <p>Room 102 had visible deterioration around the wooden frame of the window, and the towels were placed on the windowsill to absorb condensation. The wall beneath the window had peeling and cracking paint on the drywall. The wallboard was separated from the floorboard heater. The ceiling had multiple cracks and blistering paint.</p> <p>Room 104 had a large horizontal crack and gap directly above the floorboard heat and the front panel of the floorboard heater was coming off the heater board. In addition, the wall above the heater board had cracking and peeling paint.</p> <p>Room 109 had a large horizontal crack and gap directly above the floorboard heat and the front</p> |                                                    |  | 21695                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |

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| 21695                                                            | <p>Continued from page 6</p> <p>panel of the floorboard heater was coming off the heater board. In addition, the wall above the heater board had cracking and peeling paint.</p> <p>Room 112 had grey paint on the wall which had large areas of severe bubbling and appeared warped. There were several large areas where the pain had been peeled or scraped exposing the drywall underneath. Room 114 had spots of dried brown circular droplets randomly scattered on the ceiling over the bed closest to the door. The size of droplets ranged from pin prick drops to pea sized drops.</p> <p>Upon interview on 8/13/26 at 11:30 a.m. the maintenance director stated the damage to the wall was because there was a bathroom on the other side of the wall with a shower and the shower needed to be resurfaced and then the wall could be fixed. She stated she had asked the corporate office for permission to fix the shower and the wall months ago and had not heard</p> <p>back.</p> <p>Upon observation and interview on 8/17/26 at 10:15 a.m. the maintenance director was in a community bathroom fixing the shower and painting. The facility had also moved R13 out of her room to get the wall painted. The maintenance director stated she had been working on the bathroom and room 112 all weekend.</p> <p>Upon interview on 8/17/26 at 2:20 p.m. the Administrator stated he was aware of the environmental needs of the building and had reported it to the corporate office and was waiting to hear back from them.</p> <p>A facility policy regarding homelike environment was requested, however none received.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educate staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p> |                                                    |  | 21695                                                                                                 |                                                                                                                          |                                              | 09/22/2026                 |