Electronically delivered
March 2, 2023

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

RE: CCN: 245394
Cycle Start Date: February 21, 2023

Dear Administrator:

On February 21, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

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).

REMOVAL OF IMMEDIATE JEOPARDY

On February 15, 2023, the situation of immediate jeopardy to potential health and safety cited at F805 was removed.

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 listed below to the CMS Region V Office forimposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty, (42 CFR 488.430 through 488.444).

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered

professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,292; 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 effectiveFebruary 21, 2023. 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:

Renee McClellan, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: renee.mcclellan@state.mn.us
Office: 651-201-4391 Mobile: 651-328-9282

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

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

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) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

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

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

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

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

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

Feel free to contact me if you have questions.

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245394	A. BUILDING _____ B. WING _____	C 02/21/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 2/21/23, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was reviewed H53948635C (MN91155) and a deficiency was issued at F805 for PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the correction. NO plan of correction is required for a finding of past non-compliance. The facility is still required to acknowledge receipt of the electronic documents.	F 000		
F 805 SS=J	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to provide a pureed diet in accordance with residents needs for 1 of 3 residents (R1), reviewed for diet modifications. This resulted in an immediate jeopardy (IJ) when R1 received a regular textured meal on 2/14/23, which caused R1 to choke, lose consciousness, require the Heimlich maneuver and cardiopulmonary resuscitation (CPR). The facility immediately implemented corrective action so the	F 805	Past noncompliance: no plan of correction required.	

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

Electronically Signed

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F 805	Continued From page 1 deficient practice was issued at past noncompliance. The IJ began on 2/14/23, when R1 received a regular textured meal on 2/14/23, which caused R1 to choke, lose consciousness, require the Heimlich maneuver and cardiopulmonary resuscitation (CPR) and was identified on 2/21/23. The administrator was notified of the past noncompliance IJ on 2/21/23, at 4:40 p.m. The facility implemented immediate corrective action on 2/15/23, prior to the start of the survey and was issued as past non-compliance. Findings include: R1's annual Minimum Data Set (MDS) dated 12/15/22, indicated R1 was severely cognitively impaired, required one-person physical assistance with eating and a mechanically altered diet. R1's diagnosis included vascular dementia. R1's nutrition care plan revised 1/17/23, indicated R1 was on a mechanically altered diet with pureed textures and required 1 person assistance with meals and to be seated at 90 degrees. R1's nutritional status care area assessment (CAA) dated 12/15/22, indicated R1 was on a pureed diet due to difficulty chewing. The CAA further indicated, "Noncompliance with the diet is a risk to the resident as it could lead to choking, inability to consume adequate food and fluids, and/or aspiration." R1's physician orders dated 4/12/22, indicated, "Regular diet, pureed texture, regular (thin) consistency."	F 805		

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F 805	Continued From page 2 R1's undated nurse aide care sheet indicated R1 required a regular diet with pureed texture, thin liquids and assistance of one with meals. R1's progress note by administrator "per license practical nurse (LPN)"-A dated 2/14/23, at 19:20 (7:20 p.m.) indicated, "At 18:10 [6:10 p.m.] CNA [NA-nursing assistant] staff called writer [LPN-A] to dining room to check on [R1]. [LPN-A] noted [R1] is choking, having difficulty breathing, her face turning blue and using breathing accessory muscles. [R1] is on a pureed diet. [LPN-A] noted pureed diet on [R1's] table but one of the [NA] states [R1] had a piece of chicken. [LPN-A] immediately started heimlic [sic] maneuver, looked for any food particles in her mouth and found nothing. Staff then assisted [R1] back to her room. [LPN-A] called 911 at around 18:15 [6:15 p.m.]. [R1] became unresponsive, unable to obtain pulse, her skin blue. Staff lowered [R1] to the floor on hard board and [LPN-A] started CPR. [LPN-A] continued performing CPR on [R1], with thirty compressions and two breaths for five minutes. [R1] became responsive and began breathing on her own. EMS [emergency medical services] personnel arrived facility, around 18:35 [6:35 p.m.], transported [R1] to ER [emergency room] for evaluation." R1's provider encounter note by medical doctor (MD) dated 2/14/23, indicated, "Call received from nursing staff, patient had a choking episode at dinner. Patient was having difficulty breathing she then became nonresponsive. CPR was initiated 911 was called able to revive patient at facility but was taken emergency room for further evaluation." During interview on 2/21/23, at 11:57 a.m. LPN-A	F 805		

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F 805	Continued From page 3 stated when called to the dining room after staff reported R1 was choking a pureed diet was on the table by R1. LPN-A further stated she provided the Heimlich maneuver without success and R1 became unconscious and required CPR. LPN-A further stated that any staff that takes a meal off the cart was supposed to compare the meal ticket to the actual meal to confirm it was the right meal being served. During interview on 2/21/23, at 12:17 p.m. NA-A stated they were supposed to double check that the meal ticket matched the actual meal. NA-A stated on 2/14/23, NA-B handed him a tray and instructed him to assist R1 with the meal. NA-A further stated he looked at the meal ticket but did not realize it was the wrong meal on the tray. NA-A cut up the chicken and gave R1 a bite and then NA-B noticed it was the wrong meal and provided the correct one. NA-A told NA-B that R1 had already had a bite of chicken, so NA-B instructed him to watch R1 closely. R1 began choking right away so they notified the nurse (LPN-A). During interview on 2/21/23, at 12:59 p.m. NA-B stated they were supposed to look at the meal ticket and make sure that the ticket matched the meal. "With [R1], I don't know how she got the wrong food." NA-B further stated he thought R1 had the correct meal, a pureed diet on the day she choked. During interview on 2/21/23, at 12:49 p.m. administrator stated R1's meal ticket was on another resident's tray who had a similar name and was on a regular textured diet. Administrator further stated the meal card did not match the meal that was on the tray and that neither NA-A	F 805		

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F 805	Continued From page 4 nor NA-B performed the required second check to ensure the meal ticket matched the actual meal and therefore did not notice R1 had the wrong meal. During interview on 2/21/23, at 1:33 p.m. culinary director (CD) stated kitchen staff dished up the meal according to the meal ticket and placed both the meal and the ticket on the tray. CD further stated kitchen staff completed the first check to ensure the meal ticket matched the meal and that the NA or whoever was serving it was supposed to double check the accuracy of the meal when they removed the tray from the meal cart. CD could not explain why R1's meal was not accurate on 2/14/23. The facility education Texture and Thickened Liquid diet dated 2/15/23, indicated, "Kitchen Staff: MUST follow the Diet Extensions that lay out what therapeutic and texture modified diets can and cannot have. Nursing Staff: Should assist with '2nd check' to ensure the food is delivered to the correct person and the correct diet is being served per the tray card." The undated facility policy Diet Manual and Diet Orders indicated diet orders were written as a prescription by the physician and may include altered textures. The policy further indicated if a pureed diet was ordered the dietary department would puree the food. The past noncompliance IJ began on 2/14/23. The IJ was removed, and the deficient practice corrected by 2/15/23, after the facility implemented a systemic plan that included the following actions: -The facility immediately reviewed all meals and	F 805		

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F 805	Continued From page 5 meal tickets to ensure they matched and that all residents had the correct meal. -The facility completed a full house audit on diet orders in point click care (PCC) and ensured the nursing care sheets and care plans matched the order and the meal ticket for all residents. Any discrepancies were immediately corrected, and the meal ticket reprinted if necessary. -A section was added to the facility's Morning Meeting Stand Up Form about new admits, diets, and meal tickets to ensure each new admit is getting the correct meal ticket created and the diet in PCC matches the meal ticket. -All staff were educated on diet textures and liquids, signs and symptoms of chewing and swallowing difficulties, meal tickets, and their roles. Education was completed 2/15/23 through 2/17/23. The staff were then given a knowledge quiz and educated further if necessary. -Audits were initiated right away on 2/15/23 with all meals for all residents to ensure accuracy until all staff were trained. Ongoing audits continue with the five residents per floor per meal daily for one week and then five residents per floor per meal weekly for four more weeks. Additional audits include pick five residents weekly to ensure PCC order, nursing care sheet, meal ticket, and care plan match for four more weeks. Audit all new admits ensuring matching PCC order, NAR guide, and meal ticket match for four weeks. Verification of corrective action was confirmed by observation, interview, and document review on 2/21/22, from 9:35 a.m. to 4:50 p.m. Nursing staff were observed during meal service to verify the meal tickets matched the meals on the trays prior to removing the trays from the meal cart. Nursing and kitchen staff interviewed confirmed education	F 805		

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F 805	Continued From page 6 was provided regarding textured diets and first and second check process to confirm correct meals were being provided. Sign-in sheets for Texture and Thickened Liquid diet education confirmed education began on 2/15/23. Meal ticket and tray audits reviewed and confirmed appropriate interventions initiated and deficient practice corrected on 2/15/23, therefore this was cited at past noncompliance.	F 805		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 2, 2023

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

Re: Event ID: KYQN11

Dear Administrator:

The above facility survey was completed on February 21, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

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

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	00945	A. BUILDING: _____ B. WING _____	C 02/21/2023

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On 2/21/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found in compliance with the MN State Licensure. The following complaint was reviewed during the survey: H53948635C (MN91155)	2 000		

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2 000	Continued From page 1 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		