



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

Electronically delivered  
June 25, 2025

Administrator  
Presbyterian Homes Of Arden Hills  
3220 Lake Johanna Boulevard  
Arden Hills, MN 55112

RE: CCN: 245424  
Cycle Start Date: April 16, 2025

Dear Administrator:

On May 6, 2025, we notified you a remedy was imposed. On June 10, 2025 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of June 5, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective July 16, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of May 6, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from July 16, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on June 5, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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



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June 25, 2025

Administrator  
Presbyterian Homes Of Arden Hills  
3220 Lake Johanna Boulevard  
Arden Hills, MN 55112

Re: Reinspection Results  
Event ID: MNVY12 and 38NP12

Dear Administrator:

On May 15, 2025 and June 10, 2025 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 surveys completed on April 16, 2025 and May 1, 2025. 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 'Melissa Poepping'.

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



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

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May 6, 2025

Administrator  
Presbyterian Homes Of Arden Hills  
3220 Lake Johanna Boulevard  
Arden Hills, MN 55112

RE: CCN: 245424  
Cycle Start Date: April 16, 2025

Dear Administrator:

On April 22, 2025, we informed you that we may impose enforcement remedies.

On May 1, 2025, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

## REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective July 16, 2025

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective July 16, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 16, 2025.

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

Presbyterian Homes Of Arden Hills

May 6, 2025

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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.**

#### **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.

If you have not achieved substantial compliance by July 16, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Presbyterian Homes Of Arden Hills will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from July 16, 2025. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

#### **ELECTRONIC PLAN OF CORRECTION (ePOC)**

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

#### DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Annette Winters, 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

#### 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 October 16, 2025 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services

determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

#### APPEAL RIGHTS

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

[tamika.brown@cms.hhs.gov](mailto: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 Steven Delich, Program Representative at (312) 886-5216. 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

Presbyterian Homes Of Arden Hills

May 6, 2025

Page 5

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.

Feel free to contact me if you have questions.

Sincerely,



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

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

PRINTED: 06/04/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245424</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRESBYTERIAN HOMES OF ARDEN HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 LAKE JOHANNA BOULEVARD</b> <b>ARDEN HILLS, MN 55112</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 4/30/25-5/1/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H54243789C (MN00112653 and MN00112632) with a deficiency issued at F580.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial</p>	F 580		6/5/25

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

TITLE

(X6) DATE

Electronically Signed

05/14/2025

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

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F 580	<p>Continued From page 1</p> <p>status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility</p>	F 580	This Plan of Correction and the	

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F 580	<p>Continued From page 2</p> <p>failed to immediately consult with the resident's physician for a need to alter treatment significantly for one of one resident (R1) reviewed. This practice resulted in a delay of treatment to R1's pressure ulcers.</p> <p>Findings include:</p> <p>R1's face sheet indicated R1 was admitted to the facility on 12/16/24 with a primary diagnosis of unspecified atrial fibrillation. R1's additional diagnoses included chronic kidney disease stage 3 and spinal stenosis, sarcoidosis of other sites.</p> <p>R1's progress note dated 4/22/25 at 9:40 a.m. indicated medical director (MD)-A reviewed R1's sacral ulcer. Progress note indicated the pressure ulcer was red that extended out from the wound under four centimeters with moderate odor and drainage on the dressing. The progress note indicated the facility staff, or the MD would be calling nurse practitioner (NP)-A to arrange wound clinic visit or hospitalization for debridement "soon".</p> <p>R1's progress note dated 4/22/25 at 9:49 a.m. indicated R1 was seen by MD that day for a pressure ulcer to his left glute/sacral area and the MD recommended R1 to be sent to the hospital for wound debridement.</p> <p>R1's progress note dated 4/22/25 at 9:54 a.m. indicated orders were requested from NP-A to send R1 to the hospital for wound debridement that was recommended by MD-A. The progress note indicated the facility staff was waiting for orders.</p> <p>R1's progress note dated 4/22/25 at 2:54 p.m.</p>	F 580	<p>responses to each F-Tag are submitted to maintain certification in the Medicare and Medicaid programs and constitute a credible allegation of compliance. The written responses do not constitute an admission of noncompliance or agreement with any findings stated under the F-Tags. The facility reserves the right to dispute all findings and deficiencies in any appropriate forum, including in an independent dispute resolution, or, if appealable remedies are subsequently imposed, by timely appeal to the Departmental Appeals Board.</p> <p>F580 Notify of Changes (Injury/Decline/Room, etc.)</p> <p>R1 was sent to the hospital and remains admitted.</p> <p>The Communication and Notification-Staff, Practitioners, and Resident Representatives policy was reviewed and remains current.</p> <p>Identification of other residents who might have been affected: A 14-day lookback audit is being completed to identify all residents who experienced a change in condition to ensure appropriate notification to family and physician was made. All issues to be identified will be immediately corrected.</p> <p>Johanna Shores continues to use the Communication and Notification-Staff, Practitioners, and Resident Representatives policy. Education on the</p>	

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F 580	<p>Continued From page 3</p> <p>indicated NP-A had called the facility back and gave R1 a referral to the wound center.</p> <p>R1's provider visit note dated 4/23/25 indicated there had been a rapid deterioration of R1's pressure ulcer. NP-A noted R1 had an ulceration located on his left buttock that was no stageable. NP-A noted the pressure ulcer bed was covered with large eschar tissue, surrounding skin was inflamed, foul odor was noted, and small drainage was noted. NP-A recommended R1 to be sent to the hospital for debridement.</p> <p>R1's progress note dated 4/23/25 at 12:34 p.m. indicated R1 was sent to the hospital at 11:18 a.m. per NP-A's order due to the deterioration of R1's pressure ulcer on R1's buttocks.</p> <p>During an interview on 4/30/25 at 10:43 a.m., registered nurse (RN)-B stated MD-A recommended R1 to be transferred to the hospital but NP-A didn't want to send him to the hospital because NP-A was going to be at the facility on 4/23/25 and wanted to look at the pressure ulcer first.</p> <p>During an interview on 4/30/25 at 4:13 p.m., RN-C stated he worked with R1 and MD-A on 4/22/25. MD-A did not say R1's pressure ulcer was urgent. RN-C needed to inform NP-A about MD-A's recommendations so the facility could get orders from NP-A to send him to the hospital. RN-C stated it "was protocol getting orders from NP-A to send R1 to the hospital even if MD-A gave orders to send R1 to the hospital".</p> <p>Attempts to interview NP-A on 5/1/25 at 8:39 a.m. but was not successful.</p>	F 580	<p>Communication and Notification-Staff, Practitioners, and Resident Representatives policy will be completed with ALL long-term care nursing staff. Johanna Shores is meeting with Health Partners to ensure timely follow-up and response on 5/19/2025. Education to nursing staff on following back up with Medical Director, if there is not a timely response is also included.</p> <p>Audits for a change of condition, status, or treatment have been initiated and will be completed with 10% of residents to verify proper notification and documentation after a resident change in condition. Audits will be completed to verify compliance for 4 weeks. Results will be reported to the QA committee and the need for ongoing audits will be evaluated.</p> <p>The Clinical Administrator, or designee will be responsible for ongoing compliance.</p> <p>The date for ongoing compliance is 6/5/2025.</p>	

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F 580	<p>Continued From page 4</p> <p>During an interview on 5/1/25 at 8:54 a.m., MD-A stated clinical administrator (CA)-A asked if he could visit R1 due to R1's pressure ulcers. MD-A saw R1, and his pressure ulcer was large, soft slough, eschar, some odor, and surrounding erythema. MD-A stated he thought this wound was outside his expertise and had given the facility an order to send R1 to the hospital "right away" that same day. MD-A stated it was not appropriate to send R1 to the hospital over twenty-four hours after he gave the order. MD-A stated he was not informed by the facility that NP-A had disagreed with his recommendations of sending R1 to the hospital right away. MD-A stated he "thought the facility had sent R1 to the hospital right after MD-A left the facility".</p> <p>During an interview on 5/1/25 at 9:30 a.m., CA-A stated MD-A wanted her to contact NP-A to get orders to send R1 to the hospital. The facility did not want to send R1 to the hospital because "when residents usually go to the emergency room, they will always send them back with no treatment". CA-A stated she wanted R1 to be directly admitted to the hospital or directly to the wound clinic.</p> <p>Policy Communication and Notification- Staff, Practitioners, and Resident Representatives dated 7/2024 indicated staff would notify the practitioner any time there is a significant change in clinical condition including but not limited to a need to discontinue or change an existing form of treatment due to adverse consequences, or to initiate a new form of treatment and any other time there was a significant change in status from the plan of care.</p>	F 580		



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

Electronically delivered  
May 6, 2025

Administrator  
Presbyterian Homes Of Arden Hills  
3220 Lake Johanna Boulevard  
Arden Hills, MN 55112

Re: State Nursing Home Licensing Orders  
Event ID: 38NP11

Dear Administrator:

The above facility was surveyed on April 30, 2025 through May 1, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. 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.

Presbyterian Homes Of Arden Hills

May 6, 2025

Page 2

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)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00975</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRESBYTERIAN HOMES OF ARDEN HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 LAKE JOHANNA BOULEVARD ARDEN HILLS, MN 55112</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 4/30/25-5/1/24, 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) were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p>	2 000		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

05/14/25

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed. H54243789C (MN00112653 and MN00112632) with a licensing order issued at 0265.</p> <p>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.</p> <p>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 <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. 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. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2  state form.  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.	2 000		
2 265	MN Rule 4658.0085 Notification of Chg in Resident Health Status  A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for:  A. an accident involving the resident which results in injury and has the potential for requiring physician intervention;  B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications;  C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;	2 265		6/5/25

Minnesota Department of Health

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2 265	<p>Continued From page 3</p> <p>D. a decision to transfer or discharge the resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to immediately consult with the resident's physician for a need to alter treatment significantly for one of one resident (R1) reviewed. This practice resulted in a delay of treatment to R1's pressure ulcers.</p> <p>Findings include:</p> <p>R1's face sheet indicated R1 was admitted to the facility on 12/16/24 with a primary diagnosis of unspecified atrial fibrillation. R1's additional diagnoses included chronic kidney disease stage 3 and spinal stenosis, sarcoidosis of other sites.</p> <p>R1's progress note dated 4/22/25 at 9:40 a.m. indicated medical director (MD)-A reviewed R1's sacral ulcer. Progress note indicated the pressure ulcer was red that extended out from the wound under four centimeters with moderate odor and drainage on the dressing. The progress note indicated the facility staff, or the MD would be calling nurse practitioner (NP)-A to arrange wound clinic visit or hospitalization for debridement "soon".</p> <p>R1's progress note dated 4/22/25 at 9:49 a.m. indicated R1 was seen by MD that day for a pressure ulcer to his left glute/sacral area and the MD recommended R1 to be sent to the hospital for wound debridement.</p>	2 265	Corrected	

Minnesota Department of Health

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2 265	<p>Continued From page 4</p> <p>R1's progress note dated 4/22/25 at 9:54 a.m. indicated orders were requested from NP-A to send R1 to the hospital for wound debridement that was recommended by MD-A. The progress note indicated the facility staff was waiting for orders.</p> <p>R1's progress note dated 4/22/25 at 2:54 p.m. indicated NP-A had called the facility back and gave R1 a referral to the wound center.</p> <p>R1's provider visit note dated 4/23/25 indicated there had been a rapid deterioration of R1's pressure ulcer. NP-A noted R1 had an ulceration located on his left buttock that was no stageable. NP-A noted the pressure ulcer bed was covered with large eschar tissue, surrounding skin was inflamed, foul odor was noted, and small drainage was noted. NP-A recommended R1 to be sent to the hospital for debridement.</p> <p>R1's progress note dated 4/23/25 at 12:34 p.m. indicated R1 was sent to the hospital at 11:18 a.m. per NP-A's order due to the deterioration of R1's pressure ulcer on R1's buttocks.</p> <p>During an interview on 4/30/25 at 10:43 a.m., registered nurse (RN)-B stated MD-A recommended R1 to be transferred to the hospital but NP-A didn't want to send him to the hospital because NP-A was going to be at the facility on 4/23/25 and wanted to look at the pressure ulcer first.</p> <p>During an interview on 4/30/25 at 4:13 p.m., RN-C stated he worked with R1 and MD-A on 4/22/25. MD-A did not say R1's pressure ulcer was urgent. RN-C needed to inform NP-A about MD-A's recommendations so the facility could get orders from NP-A to send him to the hospital.</p>	2 265		

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2 265	<p>Continued From page 5</p> <p>RN-C stated it "was protocol getting orders from NP-A to send R1 to the hospital even if MD-A gave orders to send R1 to the hospital".</p> <p>Attempts to interview NP-A on 5/1/25 at 8:39 a.m. but was not successful.</p> <p>During an interview on 5/1/25 at 8:54 a.m., MD-A stated clinical administrator (CA)-A asked if he could visit R1 due to R1's pressure ulcers. MD-A saw R1, and his pressure ulcer was large, soft slough, eschar, some odor, and surrounding erythema. MD-A stated he thought this wound was outside his expertise and had given the facility an order to send R1 to the hospital "right away" that same day. MD-A stated it was not appropriate to send R1 to the hospital over twenty-four hours after he gave the order. MD-A stated he was not informed by the facility that NP-A had disagreed with his recommendations of sending R1 to the hospital right away. MD-A stated he "thought the facility had sent R1 to the hospital right after MD-A left the facility".</p> <p>During an interview on 5/1/25 at 9:30 a.m., CA-A stated MD-A wanted her to contact NP-A to get orders to send R1 to the hospital. The facility did not want to send R1 to the hospital because "when residents usually go to the emergency room, they will always send them back with no treatment". CA-A stated she wanted R1 to be directly admitted to the hospital or directly to the wound clinic.</p> <p>Policy Communication and Notification- Staff, Practitioners, and Resident Representatives dated 7/2024 indicated staff would notify the practitioner any time there is a significant change in clinical condition including but not limited to a need to discontinue or change an existing form of</p>	2 265		

Minnesota Department of Health

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2 265	<p>Continued From page 6</p> <p>treatment due to adverse consequences, or to initiate a new form of treatment and any other time there was a significant change in status from the plan of care.</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, educated staff on revisions, and monitor to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	2 265		