Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 25, 2025

Administrator
Jones Harrison Residence
3700 CEDAR LAKE AVENUE
MINNEAPOLIS, MN 55416

RE: CCN: 245460

Cycle Start Date: July 9, 2025

Dear Administrator:

On August 19, 2025, we notified you a remedy was imposed. On September 25, 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 September 5, 2025.

As authorized by CMS the remedy of:

• Discretionary denial of payment for new Medicare and Medicaid admissions effective October 9, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of August 19, 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 October 9, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on September 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 Therefore, the NATCEP prohibition is rescinded.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,

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 19, 2025

Administrator
Jones Harrison Residence
3700 CEDAR LAKE AVENUE
MINNEAPOLIS, MN 55416

RE: CCN: 245460
Cycle Start Date: July 9, 2025

Dear Administrator:

On July 24, 2025, we informed you that we may impose enforcement remedies.

On July 24, 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 constitute no actual harm with potential for more than minimal harm that is 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 October 9, 2025.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective October 9, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 9, 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 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 October 9, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Jones Harrison Residence will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from October 9, 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:

LeAnn Huseth, RN, Regional Operations Supervisor, Rapid Response
Fergus Falls District Office

Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, 56537
Email: leann.huseth@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

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 January 9, 2026 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

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.

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

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 19, 2025

Administrator
JONES HARRISON RESIDENCE

3700 CEDAR LAKE AVENUE
MINNEAPOLIS, MN 55416

Event ID: 1D1ADC-H1

Dear Administrator:

The above facility survey was completed on July 24, 2025 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

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245460	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jones Harrison Residence	**3700 CEDAR LAKE AVENUE , MINNEAPOLIS, Minnesota, 55416**

(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
F0000	INITIAL COMMENTS On 7/22/25 through 7/24/25, 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. The following complaints were reviewed: H54609809C (2563592, 2563497, and 2565728) with a citation at F684. H54609949C (MN1099407) 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		08/29/2025
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care 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. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility	F0684	F684 – Quality of Care Corrective Action: Resident 1 was timely assessed and sent to ER for additional evaluation. Facility investigated and terminated RN-A as well as reported the Board of Nursing. LPN-A, NA-A, and NA-B received training on change of condition. NA-A and NA-B received corrective action for failing to report the change of condition to anyone else after not getting an appropriate response from RN-A. Facility's internal investigation and follow-up auditing did not show any other potential issues or Facility staff not following protocol. Corrective Action as it Applies to Other Residents: In addition to its internal investigation and follow-ups,	09/05/2025

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **245460**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **07/24/2025**

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F0684 SS = D	Continued from page 1 failed to assess a resident timely after a change of condition for 1 of 3 (R1) residents reviewed for change in condition. Findings include: R1's quarterly Minimum Data Set (MDS) dated 6/13/25, indicated intact cognition with diagnoses including paraplegia, urinary tract infection, and protein-calorie malnutrition. R1's care plan dated 7/4/25, indicated R1 was usually able to identify the need to have incontinent product changed and was able to utilize the call light to request assistance. R1's preference was to have incontinent product checked at 4 am only. A nurse's note written by registered nurse (RN)-A on 7/14/25 at 6:46 a.m., indicated R1 was alert and oriented to baseline with no shortness of breath or respiratory distress noted or reported. R1 slept through the night. A nurse's note written by licensed practical nurse (LPN)-A on 7/14/25 at 6:59 a.m., indicated during report the outgoing nurse (RN-A) denied R1 had a change of condition and insisted R1 was doing okay however, was sleepy. A nursing assistant (NA) (does not identify which one) had reported R1 was not doing well and was very unresponsive. Both nurses went to R1's room to check on her. R1's vital signs were: blood pressure 83/50, pulse 87, oxygen saturations 48, temperature 97.7 and respirations 14. Supplemental oxygen was started at 2 liters per minute. LPN-A was in the process of updating the provider. The Emergency Medical Services (EMS) ambulance run sheet dated 7/14/2,5 indicated a 911 call was received on 7/14/25 at 8:19 a.m. The local fire department arrived first and started R1 on supplemental oxygen at 10 liters per minute (L). EMS arrived at 8:28 a.m. At 8:32 a.m., R1's oxygen saturation was 84% on 10 L supplemental oxygen, skin was cold, breathing was rapid and labored, and lungs had crackles in all fields. Supplemental oxygen was increased to 15L and R1 was transported to the closest hospital. On 7/23/2025 at 9:45 a.m., family member (FM)-A was	F0684	Continued from page 1 Facility is in process of reeducating all nursing staff on change of condition policy and procedure. Change of Condition policy was reviewed and confirmed it remains compliant with current requirements. Date of Completion: 09/05/2025 Recurrence will be prevented by: A sample of change of condition audits of the resident's electronic health record will be conducted weekly for four weeks. Results of the audits will be brought to the QAPI committee for review and further recommendations. The Correction will be monitored by: Director of Nursing or Designee	

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F0684 SS = D	Continued from page 2 interviewed and stated R1 was usually easy to wake up. R1 would not have been able to sleep through a brief change and laying in bed while the nursing assistants changed the sheets on her bed. R1 was a talkative person and wanted her cares completed in a certain way. “There is no way they [the nursing assistants] couldn’t notice she was unconscious.” On 7/23/2025 at 10:26 a.m., FM-B was interviewed and stated R1 had been complaining about how her cares were being completed so the family decided to place two motion activated cameras in her room. FM-B reviewed the videos from 7/14/25. Two male staff members entered R1’s room just after 4 a.m. They called out her name however, she did not respond. R1’s arm was observed falling like it was dead weight. The staff members were making noise and there was no reaction from R1. After that, no one entered R1’s room until 6:30 a.m. or so when a male and female staff entered the room. The female (RN-A) was heard saying she is just sleeping, and the male (LPN-A) replied that is not sleeping. On 7/23/2025 at 12:25 p.m., NA-A was interviewed and stated around 4 a.m., NA-A and NA-B entered R1’s room to check her incontinent product. NA-A noticed R1 did not look the way she usually did. R1 would usually wake up when someone knocked on her door. NA-A called R1’s name a few times and she did not wake up. NA-A and NA-B changed R1’s incontinent product and bed sheets then left the room. NA-A could not find RN-A right away but eventually told the RN-A R1 was not doing well. NA-A could not recall what time he notified RN-A and did not know if RN-A went to R1’s room. On 7/23/2025 at 1:08 p.m., NA-B was interviewed and stated he assisted NA-A with changing and repositioning R1. NA-B called R1’s name and she did not respond. NA-B told NA-A to go get R1’s nurse. NA-A replied the nurse already knew about R1's condition. When they were done, NA-B told LPN-A R1 was not talking the way she usually did when she was being changed. NA-B thought there was something wrong with R1. On 7/23/2025 at 1:19 p.m., RN-A was interviewed and stated she was the nurse responsible for R1 on 7/14/25. RN-A checked on R1 about 4 a.m., by standing in the doorway or her room to check if she was breathing and if the tube feeding was still running. At that time R1 appeared to be sleeping. R1 would put the call light on if she needed anything. RN-A asked NA-A if R1 had been	F0684		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0684 SS = D	Continued from page 3 changed. NA-A confirmed R1 had been changed but gave no other information about R1. RN-A stated the first time she heard R1 was not feeling well was from LPN-A during nurse to nurse report at about 6:30 a.m. On 7/23/2025 at 2:41 p.m., LPN-A was interviewed and stated about 6:00 a.m., NA-B told him R1 had not been feeling well, but NA-A had stated RN-A already knew. At about 6:40 a.m., during nurse-to-nurse report, RN-A reported R1 was doing ok. LPN-A was confused because that was not what NA-B had told him, so LPN-A and RN-A went to R1's room to check on her. LPN-A could tell something was off about R1 as soon as they walked into the room and R1 did not talk to them. When R1 would not wake up, LPN-A checked her vital signs, which were abnormal, and called the on-call provider for orders. On 7/23/2025 at 4:14 p.m., nurse practitioner (NP)-A was interviewed and stated an unresponsive resident should be assessed by a nurse immediately after the resident is found unresponsive. A delay in assessment and subsequent contact with the provider could result in the resident's clinical condition getting worse and harder to reverse or the resident could pass away. On 7/24/2025 at 1:10 p.m., the director of nursing (DON) was interviewed and stated a nursing assistant should notify the nurse right away if a resident who was normally arousable was not waking up. The nursing assistant should notify the nurse anytime a resident was observed to be different than the nursing assistant expects, even if the nurse had been notified of the condition previously. The nurse should assess the resident as soon as possible. The Change of Condition Assessments policy dated 4/16/25, established standardized procedures for registered nurses to assess and manage changes in condition among patients. The purpose of a nursing-focused assessment was to collect and compare data to normal findings and the individual patient's current health status, and reporting changes and responses to interventions in an ongoing manner to a registered nurse or the appropriate licensed health care provider. The Perineal Care policy dated 11/2017, instructed staff to inform the nurse of any changes, concerns or any skin integrity issues.	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **245460**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **07/24/2025**

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F0684 SS = D		F0684		

Minnesota State Department of Health

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20000	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 7/22/24 through 7/24/25, 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 complaints were reviewed: H54609809C (2563592)	20000		08/29/2025

Office of Primary Care and Health Systems Management

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

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **07/24/2025**

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Jones Harrison Residence	**3700 CEDAR LAKE AVENUE , MINNEAPOLIS, Minnesota, 55416**

(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
20000	Continued from page 1 H54609809C (2563497) H54609809C (2565728) H54609949C (MN1099407) 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.	20000		