



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
April 2, 2024

Administrator
The Villas At Richfield
7727 Portland Avenue South
Richfield, MN 55423

RE: CCN: 245492
Cycle Start Date: March 11, 2024

Dear Administrator:

On March 29, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 14, 2024

Administrator
The Villas At Richfield
7727 Portland Avenue South
Richfield, MN 55423

RE: CCN: 245492
Cycle Start Date: March 11, 2024

Dear Administrator:

On March 11, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

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

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

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

The Villas At Richfield

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- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by June 11, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 11, 2024 (six months

The Villas At Richfield

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after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies.

All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:

https://mdhprovidercontent.web.health.state.mn.us/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



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March 14, 2024

Administrator
The Villas At Richfield
7727 Portland Avenue South
Richfield, MN 55423

Re: Event ID: 4FLS11

Dear Administrator:

The above facility survey was completed on March 11, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245492	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/11/2024
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT RICHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423	
(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	<p>INITIAL COMMENTS</p> <p>On 3/7/24 and 3/11/24, 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: H54921445C (MN00101379) H54921446C (MN00100401) H54921597C (MN00099964) H54921447C (MN00099425) H54921598C (MN00099470) H54921470C (MN00099600) An unrelated deficiency was cited at F695.</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 695 SS=D	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs</p>	F 695		3/27/24

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

Electronically Signed

TITLE

(X6) DATE

03/18/2024

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 695	<p>Continued From page 1</p> <p>respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to have appropriate emergency equipment in the room and have complete tracheostomy care orders for 1 of 1 resident (R6) reviewed for respiratory care.</p> <p>Findings include:</p> <p>R6's Face Sheet dated 3/7/24 indicated diagnoses which included cerebral infarction (stroke), acute respiratory failure with hypoxia (low oxygen), severe protein calorie malnutrition, type II diabetes, gastroesophageal reflux disease, malignant neoplasm of colon and encephalopathy.</p> <p>R6's 5-day Medicare Minimum Data Set (MDS) dated 3/3/24, indicated R6 had severe cognitive impairment and was completely dependent for all activities of daily living.</p> <p>R6's History and Physical dated 2/26/24, indicated he had a tracheostomy (surgical opening directly into the trachea) and feeding tube placed on 11/16/24.</p> <p>R6's Order Summary active from 2/27/24 to 3/6/24 directed:</p> <ul style="list-style-type: none"> -Suction deep laryngeal 2 times daily -Weekly vital signs -May use oxygen per tracheostomy as needed 	F 695	<p>R6 had emergency equipment placed in the resident's room including ambu bag at bedside and appropriate back up trach. R6's tracheostomy care orders were reviewed and updated to ensure that R6 had complete tracheostomy care orders. All residents with tracheostomies were reviewed to ensure proper emergency equipment was placed in all the residents' rooms and all residents had complete tracheostomy care orders in place. Standard batch orders for tracheostomy care were reviewed and updated to utilize when entering orders for residents with tracheostomies in the future. Batch orders include checking resident room for emergency equipment. This information has been placed in RT folder on facility shared drive for HUCs and management to access. A copy was placed in a folder at each nursing station. Tracheostomy Cares Policy reviewed and remains current. Education initiated for clinical leaders, HUCs, and licensed nurses on updated trach batch orders as well as the importance of having emergency equipment in the resident's room and what to do if the emergency equipment was not in the room. DON or designee will audit all residents</p>	

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F 695	<p>Continued From page 2</p> <p>-3 liters of supplemental oxygen as needed.</p> <p>R6's medical record lacked orders for:</p> <ul style="list-style-type: none"> -Heated humidity to trach. Ensure it is on (add any other details needed) -Change trach ties weekly and prn -Trach site cares day and evening -Change humidity canister monthly -Change humidity tubing weekly -Change trach (type and size) q 60 days and as needed -Enter order for routine suctioning -Change suction canister every week -Change suction canister every month -Check room to ensure AMBU bag, obturator and back up trach are available (every shift) -Change oxygen tubing weekly -Add order regarding inflated or deflated (if applicable) -Add order for changing inner cannula (if applicable) -Add orders for speaking valve if applicable <p>On 3/7/24 at 3:00 p.m., licensed practical nurse (LPN)-A was interviewed about tracheostomy protocol in R6's room. R6's supplemental oxygen was observed to be running, but the tubing had been disconnected from the heated humidity. LPN-A reconnected the oxygen and stated she was unsure how long R6 had been disconnected from the heated humidity. When asked if there was an artificial manual breathing unit (AMBU) bag in R6's room, LPN-A stated there was not an AMBU bag in R6's room. LPN-A stated she would expect an AMBU bag to be in a resident's room if they had a tracheostomy.</p>	F 695	<p>who have tracheostomies weekly x 4 weeks to ensure that the residents have proper emergency equipment in the residents' rooms and the residents' tracheostomy batch orders are in place. Results of the audits will be shared with facility QAPI committee for input on need to increase, decrease, or discontinue audits.</p>	

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F 695	<p>Continued From page 3</p> <p>On 3/11/24 at 10:54 a.m., respiratory therapist (RT)-A stated he had worked with R6 once on 3/8/24, and was scheduled to work at the facility roughly once a month. RT-A stated the facility typically doesn't have a respiratory therapist on the schedule, and entering orders for tracheostomies would be handled by the nurses. RT-A stated the admitting nurse would have been responsible for verifying the correct orders were in place for R6. RT-A stated the facility has a standard list of orders for tracheostomy residents which are generally provided, and the nurses could refer to, when admitting a resident with a tracheostomy. RT-A stated the nurses would be responsible for making sure the correct equipment was in the resident's room. RT-A stated he would be concerned about not having an AMBU bag in the resident's room; if the patient went into cardiac arrest, it would be needed.</p> <p>On 3/11/24 at 1:30 p.m., nurse practitioner (NP)-A stated she would be concerned if a tracheostomy resident lacked orders related to the care and maintenance of the tracheostomy. NP-A stated she would be concerned about not having an AMBU bag in a tracheostomy resident's room because if there was a mucus plug or other emergency, not having the AMBU bag available could lead to the resident's death.</p> <p>On 3/11/24 at 1:45 p.m., registered nurse (RN)-A stated when a tracheostomy resident was admitted, the nurses made sure all orders were entered correctly, and all supplies were available prior to admission. RN-A stated there were clinical meetings to assure residents have the correct orders. RN-A stated the facility provided</p>	F 695		

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F 695	<p>Continued From page 4</p> <p>tracheostomy education through online education, and when the respiratory therapist came to the facility, he provided education to staff.</p> <p>On 3/11/24 at 2:21 p.m., RN-A verified R6 did not have a backup same size tracheostomy in his room, only a downsize backup tracheostomy. During an emergency, a same size tracheostomy would be attempted to be placed before a downsize was used.</p> <p>On 3/11/24 at 3:00 p.m., medical director (MD)-A stated the orders for tracheostomy care should be put in when the resident was admitted. MD-A stated it would be important to see an AMBU bag in a tracheostomy resident's room. MD-A stated he would want there to be a same size backup tracheostomy in the resident's room, since a same size tracheostomy would be placed in an emergency first, before a downsize tracheostomy was attempted. MD-A stated infections could be a concern if there were no orders for changing and cleaning respiratory equipment.</p> <p>On 3/11/24 at 3:20 p.m., the director of nursing (DON) stated there was a miscommunication when R6 was admitted because the admitting nurses thought the nurse practitioner was going to put the orders in.</p> <p>A facility document Batch Orders (to be entered for residents with a tracheostomy), indicated the following should be added as orders: -Heated humidity to trach. Ensure it is on (add any other details needed) -Change trach ties weekly and prn -Trach site cares day and evening</p>	F 695		

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F 695	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Change humidity canister monthly -Change humidity tubing weekly -Change trach (type and size) q 60 days and as needed -Enter order for routine suctioning -Change suction canister every week -Change suction canister every month -Check room to ensure AMBU bag, obturator and back up trach are available (every shift) -Oxygen orders if needed -Change oxygen tubing weekly -Add order regarding inflated or deflated (if applicable) -Add order for changing inner cannula (if applicable) -Add orders for speaking valve if applicable <p>The facility policy Tracheostomy Cares revised 3/18/21 directed an AMBU bag must be available at bedside at all times.</p>	F 695		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2024
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NAME OF PROVIDER OR SUPPLIER THE VILLAS AT RICHFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 7727 PORTLAND AVENUE SOUTH RICHFIELD, MN 55423
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 03/07/24 and 03/11/24, 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.</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

03/18/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2024
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2 000	<p>Continued From page 1</p> <p>The following complaints were reviewed: H54921445C (MN101379) H54921446C (MN100401) H54921597C (MN99964) H54921447C (MN99425) H54921598C (MN99470) H54921470C (MN99600).</p> <p>NO licensing orders were issued.</p> <p>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.</p> <p>Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		