



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 30, 2026

Administrator  
THE VILLAS AT RICHFIELD  
7727 PORTLAND AVENUE SOUTH  
RICHFIELD, MN 55423

Re: Reinspection Results  
Event ID: 232553-H2 and 22E002-H2

Dear Administrator:

On June 25, 2026 and June 26, 2026 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 May 15, 2026 and May 20, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 3, 2026

Administrator

THE VILLAS AT RICHFIELD

7727 PORTLAND AVENUE SOUTH

RICHFIELD, MN 55423

RE: CCN:245492

Cycle Start Date: May 15, 2026

Dear Administrator:

On May 15, 2026, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted 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:

- 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:

**Lisa Krebs, Regional Operations Supervisor, Rapid Response**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**Rochester District Office**  
**3425 40th Avenue NW, Suite 115**  
**Rochester, MN 55901**  
**Email: [Lisa.Krebs@state.mn.us](mailto:Lisa.Krebs@state.mn.us)**  
**Office (507) 206-2728**

## **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 August 15, 2026 (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 November 15, 2026 (six months 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)**

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

#### **INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)**

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

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)



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June 3, 2026

Administrator

THE VILLAS AT RICHFIELD

7727 PORTLAND AVENUE SOUTH

RICHFIELD, MN 55423

Re: State Nursing Home Licensing Orders

Event ID: 232553-H1

Dear Administrator:

The above facility survey was completed on May 15, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the

statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

**Lisa Krebs, Regional Operations Supervisor, Rapid Response  
Health Regulation Division  
Minnesota Department of Health  
Rochester District Office  
3425 40th Avenue NW, Suite 115  
Rochester, MN 55901  
Email: [Lisa.Krebs@state.mn.us](mailto:Lisa.Krebs@state.mn.us)  
Office (507) 206-2728**

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

Please feel free to call me with any questions.



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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>245492 |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X3) DATE SURVEY COMPLETED<br><br>05/15/2026 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>THE VILLAS AT RICHFIELD |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7727 PORTLAND AVENUE SOUTH , RICHFIELD, Minnesota, 55423 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                            |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |  | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | (X5)<br>COMPLETION<br>DATE |
| F0000                                                       | INITIAL COMMENTS<br><br>On 5/14/26 and 5/15/26, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.<br><br>The following complaints were reviewed. H54922368C (3012366) with a deficiency issued at F689.<br><br>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.<br><br>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                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | 06/23/2026                 |
| F0689<br>SS = D                                             | Free of Accident Hazards/Supervision/Devices<br><br>CFR(s): 483.25(d)(1)(2)<br><br>§483.25(d) Accidents.<br><br>The facility must ensure that -<br><br>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and<br><br>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and document review, the facility failed to ensure a comprehensive community safety assessment was completed to determine whether a                                                                                                                                                                                                                                                                                              |                                                                  |  | F0689                                                                                                 | R1 did not return to facility after hospitalization.<br><br>An audit was completed to determine if any other residents had not returned from an appointment. No additional concerns were identified.<br><br>A full house audit was completed to identify other residents who require escorts to appointments and community evaluations. This review included BIMS, elopement risk, applicable therapy notes, and interviews to determine which residents require an escort. This information was placed in the resident's Special Instructions and care plan.<br><br>The facility implemented a process to determine each resident's need for an escort when attending appointments. Each resident will be reviewed to determine if an escort is needed within the first five (5) days of admission or prior to attending any appointment, whichever comes first. Escort needs will also be re-evaluated quarterly and with any |                                              | 06/23/2026                 |

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

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

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| F0689<br>SS = D                                             | <p>Continued from page 1</p> <p>resident could safely attend outside appointments independently and failed to maintain an effective system to account for and respond when residents did not return from outside appointments as expected for 1 of 1 residents (R1) who was unaccounted for overnight and required emergency department evaluation.</p> <p>Findings include:</p> <p>R1's face sheet dated 5/14/26, identified diagnoses of hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) and alcohol use.</p> <p>R1's Quarterly Minimum Data Set (MDS) dated 4/29/26, identified R1 had no behaviors, used a wheelchair, needed supervision for chair/bed to chair transfer, and was independent in wheelchair mobility. R1's cognition was not listed on the MDS.</p> <p>R1's mobility focus care plan dated 1/22/26, identified R1 had an alteration in mobility related to hemiplegia and hemiparesis following cerebral infarction (stroke). Interventions as follows:</p> <p>-Independent with movement in bed and supervision in and out of bed.</p> <p>-Supervision with transfers.</p> <p>-Used a wheelchair independently for locomotion.</p> <p>R1's physician orders dated 1/26/26, identified R1 may go on leave of absence with medications.</p> <p>R1's Brief Interview for Mental Status (BIMS)(a test used to identify a resident cognition level) dated 1/21/26, identified R1 was cognitively intact.</p> <p>R1's occupational therapy note dated 3/29/26, identified decision making ability for routine activities that R1 was moderately impaired, and safety awareness was impaired.</p> <p>R1's Elopement Risk Evaluation dated 4/27/26, identified R1 was not at risk for elopement.</p> <p>R1's Brief Interview for Mental Status dated 4/30/26, identified R1 was cognitively intact.</p> <p>During an interview on 5/14/26 at 10:20 a.m., licensed practical nurse (LPN)-A stated was the nurse on 5/8/26 when R1 had an appointment</p> |                                                                  |  | F0689                                                                                                 | <p>Continued from page 1</p> <p>significant change in condition. The IDT will consider resident-specific factors when determining the need for an escort.</p> <p>Nursing staff were educated regarding their responsibility to monitor for residents returning from appointments and to notify the nurse if a resident has not returned within a reasonable timeframe. Nursing staff were also educated on where to locate information regarding whether a resident requires an escort for appointments.</p> <p>Licensed nurses were educated regarding the process to follow if a resident does not return from an appointment within a reasonable timeframe.</p> <p>Audits will be completed for three (3) residents twice weekly for four (4) weeks to ensure IDT reviewed the resident's need for an escort following the facility process. Five (5) staff quizzes will be completed weekly for four (4) weeks to ensure staff know where to identify residents who require an escort and that licensed nurses understand what to do if a resident does not return from their appointment. Audit results will be reviewed at QAPI meetings. Any deficiencies will be identified and corrected at the time of occurrence.</p> <p>Correction will be monitored by DON/designee</p> |                                              | 06/23/2026                 |

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| F0689<br>SS = D                                             | <p>Continued from page 2</p> <p>scheduled with an outside laboratory. LPN-A explained R1was to be taken to his appointment by a transportation service, so she assisted R1 down to the first floor to wait for his ride. LPN-A had given R1 an envelope with the name and number of the transportation company and gave him instructions to call the transportation company when he was done with his appointment. R1 had his cell phone on his person when he left for the appointment and R1 was able to make phone calls on his phone. LPN-A stated on 5/8/26 at around 5:00 p.m., she identified that R1 had not returned from his appointment and instructed the other nurse to call the outside laboratory to see if R1 was still at the appointment, however, when they called the laboratory the clinic was already closed. LPN-A further explained that the other nurse had attempted to call R1 and R1’s first contact and was unable to reach either of them. LPN-A then called the nurse manager and she was told the R1 was his “own person” and that he must have left the appointment without calling the transportation company for a ride back and gave her instruction to follow the facility’s leave of absence policy and notify the police if he did not return after 24 hours. LPN-A stated when she returned to work the next day on 5/9/26, R1 was still not in the facility, so had called 911 and filed a missing person report with the police.</p> <p>R1’s progress note dated 5/9/26 at 9:37 a.m., identified a state agency report was completed due to resident not returning from an appointment. Facility staff completed a missing person’s report with the police department.</p> <p>R1’s progress note dated 5/9/26 at 11:06 a.m., identified physician was notified of R1 not returning to the facility.</p> <p>R1’s emergency department (ED) note dated 5/10/26 at 1:04 a.m., identified R1 was brought to the ED after he was found using his wheelchair in a crosswalk with difficulty prompting a bystander to call emergency management systems (EMS). R1 had a left knee wrapped and an abrasion to his left elbow. R1 had difficulty providing details of the event, but is alert and oriented to person, place, time, and event. R1’s biggest concern was his left elbow pain and left hip pain. History was limited secondary to R1’s intermittent altered mental status. R1 denied being in significant distress. R1 stated he had consumed alcohol. Alcohol level checked and was negative. R1 was admitted to the hospital due to fluctuating cognitive levels, an elevated white cell counts with an admitting diagnosis of adult failure to thrive.</p> |                                                                  |  | F0689                                                                                                 |                                                                                                                          |                                              | 06/23/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>THE VILLAS AT RICHFIELD |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7727 PORTLAND AVENUE SOUTH , RICHFIELD, Minnesota, 55423 |                                                                                                                          |                                              |                            |
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| F0689<br>SS = D                                             | <p>Continued from page 3</p> <p>During an interview on 5/14/26 at 10:11 a.m., nursing assistant (NA)-A stated the facility had assigned staff to attend appointments with residents that are identified as needing an escort due to not being able to go independently and this is marked on the calendar each day on who would need an escort. NA-A stated R1 was alert and orientated and did not need an escort to appointments.</p> <p>During an interview with police department on 5/15/26 at 2:22 p.m., stated the facility had contacted the department on 5/9/26 to report a resident that had not returned from an appointment on 5/8/26. The department took the report and when the investigator contacted the facility to complete the report, R1 had already been found by that time.</p> <p>During an interview on 5/14/26 at 11:52 a.m., registered nurse/nurse manager (RN-NM) stated she decides if a resident needs to have an escort to any outside appointment and will ensure that a resident has staff accompany them if needed. RN-NM stated that the facility does not perform a formal community safety assessment to ensure they are safe to go independently and will use the elopement risk and the Brief Interview for Mental Status assessment to make the determination. RN-CM further explained R1 was independent in his decision making and they believed when he left for his appointment on 5/8/26, he chose to not call the transportation service and went on a leave of absence, however, R1 had not signed out or contacted the facility saying he was not returning per the facility policy.</p> <p>During an interview on 5/14/26 at 12:11 p.m., registered nurse (RN)-A stated R1 left for an appointment on 5/8/26 with a transportation service around 9:00 a.m., and when he did not return around 5:00p.m., the facility attempted to call the outside laboratory to see if R1 could be located, however, the lab was already closed for the day. RN-A stated she believed R1 was his “own person” and assumed he must have not contacted the transportation service and decided to go on a leave of absence (LOA), however, R1 had not signed himself out or called the facility to inform the facility he would not be returning. RN-A stated when a resident is admitted to the facility she will complete an elopement assessment and review the BIMS score to make a determination if a resident is safe to go to appointments alone, however, the facility does not perform a community assessment prior to making this determination.</p> |                                                                  |  | F0689                                                                                                 |                                                                                                                          |                                              | 06/23/2026                 |

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| F0689<br>SS = D                                             | <p>Continued from page 4</p> <p>During an interview on 5/15/26 at 10:31 a.m., DON stated R1 had not had a community safety assessment completed to determine if he was safe to go out to an appointment independently and he should have had this completed. DON further explained the facility is going to change the process of determining if residents need to have a staff escort by having the interdisciplinary team (IDT) review a resident's diagnosis, cognition, and safety awareness to ensure the resident is safe to go out in the community for things like outside appointments. Currently the facility does not do community safety assessments on each resident going out in the community independently, however, will be doing this going forward.</p> <p>Review of the facility's Resident Leave of Absence Policy dated 11/25, identified the purpose of the policy was to establish guidelines and a procedure for appropriate communication and documenting leave of absence requirements. Prior to leaving the facility the resident or resident representative will be instructed to sign out prior to going out on LOA to include when they will be returning with approximate date and time.</p> <p>Request a policy for outside appointments but did not receive.</p> |                                                                     |  | F0689                                                                                                 |                                                                                                                          |                                              | 06/23/2026                 |

Minnesota Department of Health

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| 20000                                                       | <div>Initial Comments</div> <div>*****ATTENTION*****</div> <div>NH LICENSING CORRECTION ORDER</div> <div>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.</div> <div>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.</div> <div>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.</div> <div>INITIAL COMMENTS:</div> <div>On 5/14/26, 5/15/26, a standard abbreviated 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 was issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</div> <div>The following complaints were reviewed. H54922368C (3012366) with a licensing order issued at 830.</div> |                                                    |  | 20000                                                                                                 |                                                                                                                          |                                              | 06/23/2026                 |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| 20000                                                       | Continued from page 1<br><br>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.<br><br>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 state form.<br><br>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. | 20000                                              |                                                                                                                          | 06/23/2026                                   |  |
| 20830                                                       | Adequate and Proper Nursing Care; General<br><br>CFR(s): MN Rule 4658.0520 Subp. 1<br><br>Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20830                                              | CORRECTED                                                                                                                | 06/23/2026                                   |  |

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| 20830                                                       | <p>Continued from page 2</p> <p>physician that the resident must remain in bed or the resident prefers to remain in bed.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure a comprehensive community safety assessment was completed to determine whether a resident could safely attend outside appointments independently and failed to maintain an effective system to account for and respond when residents did not return from outside appointments as expected for 1 of 1 residents (R1) who was unaccounted for overnight and required emergency department evaluation.</p> <p>Findings include:</p> <p>R1's face sheet dated 5/14/26, identified diagnoses of hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) and alcohol use.</p> <p>R1's Quarterly Minimum Data Set (MDS) dated 4/29/26, identified R1 had no behaviors, used a wheelchair, needed supervision for chair/bed to chair transfer, and was independent in wheelchair mobility. R1's cognition was not listed on the MDS.</p> <p>R1's mobility focus care plan dated 1/22/26, identified R1 had an alteration in mobility related to hemiplegia and hemiparesis following cerebral infarction (stroke). Interventions as follows:</p> <p>-Independent with movement in bed and supervision in and out of bed.</p> <p>-Supervision with transfers.</p> <p>-Used a wheelchair independently for locomotion.</p> <p>R1's physician orders dated 1/26/26, identified R1 may go on leave of absence with medications.</p> <p>R1's Brief Interview for Mental Status (BIMS)(a test used to identify a resident cognition level) dated 1/21/26, identified R1 was cognitively intact.</p> <p>R1's occupational therapy note dated 3/29/26, identified decision making ability for routine activities that R1 was moderately impaired, and safety awareness was impaired.</p> |                                                    |  | 20830                                                                                                 |                                                                                                                          |                                              | 06/23/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>THE VILLAS AT RICHFIELD |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7727 PORTLAND AVENUE SOUTH , RICHFIELD, Minnesota, 55423 |                                                                                                                          |                                              |                            |
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| 20830                                                       | <p>Continued from page 3</p> <p>R1's Elopement Risk Evaluation dated 4/27/26, identified R1 was not at risk for elopement.</p> <p>R1's Brief Interview for Mental Status dated 4/30/26, identified R1 was cognitively intact.</p> <p>During an interview on 5/14/26 at 10:20 a.m., licensed practical nurse (LPN)-A stated was the nurse on 5/8/26 when R1 had an appointment scheduled with an outside laboratory. LPN-A explained R1was to be taken to his appointment by a transportation service, so she assisted R1 down to the first floor to wait for his ride. LPN-A had given R1 an envelope with the name and number of the transportation company and gave him instructions to call the transportation company when he was done with his appointment. R1 had his cell phone on his person when he left for the appointment and R1 was able to make phone calls on his phone. LPN-A stated on 5/8/26 at around 5:00 p.m., she identified that R1 had not returned from his appointment and instructed the other nurse to call the outside laboratory to see if R1 was still at the appointment, however, when they called the laboratory the clinic was already closed. LPN-A further explained that the other nurse had attempted to call R1 and R1's first contact and was unable to reach either of them. LPN-A then called the nurse manager and she was told the R1 was his "own person" and that he must have left the appointment without calling the transportation company for a ride back and gave her instruction to follow the facility's leave of absence policy and notify the police if he did not return after 24 hours. LPN-A stated when she returned to work the next day on 5/9/26, R1 was still not in the facility, so had called 911 and filed a missing person report with the police.</p> <p>R1's progress note dated 5/9/26 at 9:37 a.m., identified a state agency report was completed due to resident not returning from an appointment. Facility staff completed a missing person's report with the police department.</p> <p>R1's progress note dated 5/9/26 at 11:06 a.m., identified physician was notified of R1 not returning to the facility.</p> <p>R1's emergency department (ED) note dated 5/10/26 at 1:04 a.m., identified R1 was brought to the ED after he was found using his wheelchair in a crosswalk with difficulty prompting a bystander to call emergency management systems (EMS). R1 had a left knee wrapped and an abrasion to his left elbow. R1 had difficulty providing details of the event, but is alert and oriented to person, place,</p> |                                                    |  | 20830                                                                                                 |                                                                                                                          |                                              | 06/23/2026                 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                              |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br>05/15/2026 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>THE VILLAS AT RICHFIELD |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>7727 PORTLAND AVENUE SOUTH , RICHFIELD, Minnesota, 55423 |                                                                                                                          |                                              |                            |
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| 20830                                                       | <p>Continued from page 4</p> <p>time, and event. R1’s biggest concern was his left elbow pain and left hip pain. History was limited secondary to R1’s intermittent altered mental status. R1 denied being in significant distress. R1 stated he had consumed alcohol. Alcohol level checked and was negative. R1 was admitted to the hospital due to fluctuating cognitive levels, an elevated white cell counts with an admitting diagnosis of adult failure to thrive.</p> <p>During an interview on 5/14/26 at 10:11 a.m., nursing assistant (NA)-A stated the facility had assigned staff to attend appointments with residents that are identified as needing an escort due to not being able to go independently and this is marked on the calendar each day on who would need an escort. NA-A stated R1 was alert and orientated and did not need an escort to appointments.</p> <p>During an interview with police department on 5/15/26 at 2:22 p.m., stated the facility had contacted the department on 5/9/26 to report a resident that had not returned from an appointment on 5/8/26. The department took the report and when the investigator contacted the facility to complete the report, R1 had already been found by that time.</p> <p>During an interview on 5/14/26 at 11:52 a.m., registered nurse/nurse manager (RN-NM) stated she decides if a resident needs to have an escort to any outside appointment and will ensure that a resident has staff accompany them if needed. RN-NM stated that the facility does not perform a formal community safety assessment to ensure they are safe to go independently and will use the elopement risk and the Brief Interview for Mental Status assessment to make the determination. RN-CM further explained R1 was independent in his decision making and they believed when he left for his appointment on 5/8/26, he chose to not call the transportation service and went on a leave of absence, however, R1 had not signed out or contacted the facility saying he was not returning per the facility policy.</p> <p>During an interview on 5/14/26 at 12:11 p.m., registered nurse (RN)-A stated R1 left for an appointment on 5/8/26 with a transportation service around 9:00 a.m., and when he did not return around 5:00p.m., the facility attempted to call the outside laboratory to see if R1 could be located, however, the lab was already closed for the day. RN-A stated she believed R1 was his “own person” and assumed he must have not contacted the transportation service and decided to go on a leave of absence (LOA), however, R1 had not signed</p> |                                                    |  | 20830                                                                                                 |                                                                                                                          |                                              | 06/23/2026                 |

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| 20830                                                       | <p>Continued from page 5</p> <p>himself out or called the facility to inform the facility he would not be returning. RN-A stated when a resident is admitted to the facility she will complete an elopement assessment and review the BIMS score to make a determination if a resident is safe to go to appointments alone, however, the facility does not perform a community assessment prior to making this determination.</p> <p>During an interview on 5/15/26 at 10:31 a.m., DON stated R1 had not had a community safety assessment completed to determine if he was safe to go out to an appointment independently and he should have had this completed. DON further explained the facility is going to change the process of determining if residents need to have a staff escort by having the interdisciplinary team (IDT) review a resident's diagnosis, cognition, and safety awareness to ensure the resident is safe to go out in the community for things like outside appointments. Currently the facility does not do community safety assessments on each resident going out in the community independently, however, will be doing this going forward.</p> <p>Review of the facility's Resident Leave of Absence Policy dated 11/25, identified the purpose of the policy was to establish guidelines and a procedure for appropriate communication and documenting leave of absence requirements. Prior to leaving the facility the resident or resident representative will be instructed to sign out prior to going out on LOA to include when they will be returning with approximate date and time.</p> <p>Request a policy for outside appointments but did not receive.</p> <p>SUGGESTED METHOD OF CORRECTION: The DON or designee could ensure staff are educated on policies and procedures ensuring residents are transported to and from scheduled outpatient appointments. The DON or designee could identify and audit all residents who have outside appointments and update/implement measures to ensure residents reach their outside appointments. Results of those findings should go to the Quality Assurance Performance Improvement (QAPI) for determination of effectiveness, compliance and the need for further monitoring.</p> <p>TIME ALLOWED FOR CORRECTION: 21 DAYS</p> |                                                    |  | 20830                                                                                                 |                                                                                                                          |                                              | 06/23/2026                 |