



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

Electronically Delivered  
May 7, 2025

Administrator  
Augustana Chapel View Care Center  
615 Minnetonka Mills Road  
Hopkins, MN 55343

RE: CCN: 245493  
Cycle Start Date: April 2, 2025

Dear Administrator:

On April 23, 2025, 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.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
Email: sarah.lane@state.mn.us



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Electronically delivered

May 7, 2025

Administrator  
Augustana Chapel View Care Center  
615 Minnetonka Mills Road  
Hopkins, MN 55343

Re: Reinspection Results  
Event ID: XD8812

Dear Administrator:

On April 23, 2025 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on April 2, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
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April 22, 2025

Administrator  
Augustana Chapel View Care Center  
615 Minnetonka Mills Road  
Hopkins, MN 55343

RE: CCN: 245493  
Cycle Start Date: April 2, 2025

Dear Administrator:

On April 2, 2025, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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

Augustana Chapel View Care Center

April 22, 2025

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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:

Nicole Dahl, RN, Regional Operations Supervisor  
Marshall District Office  
Health Regulation Division  
Minnesota Department of Health  
1400 East Lyon Street, Suite 102  
Marshall, MN 56258-2504  
Email: nicole.osterloh@state.mn.us  
Office: 507-476-4230  
Mobile: (507) 251-6264 Mobile: (605) 881-6192

## 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 July 2, 2025 (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 October 2, 2025 (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>

Augustana Chapel View Care Center

April 22, 2025

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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,

A handwritten signature in cursive script that reads "Sarah Lane".

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
Email: sarah.lane@state.mn.us



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Electronically delivered  
April 22, 2025

Administrator  
Augustana Chapel View Care Center  
615 Minnetonka Mills Road  
Hopkins, MN 55343

Re: State Nursing Home Licensing Orders  
Event ID: XD8811

Dear Administrator:

The above facility was surveyed on April 1, 2025 through April 2, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

Augustana Chapel View Care Center

April 22, 2025

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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:

Nicole Dahl, RN, Regional Operations Supervisor  
Marshall District Office  
Health Regulation Division  
Minnesota Department of Health  
1400 East Lyon Street, Suite 102  
Marshall, MN 56258-2504  
Email: nicole.osterloh@state.mn.us  
Office: 507-476-4230  
Mobile: (507) 251-6264 Mobile: (605) 881-6192

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.

Sincerely,



Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
Email: sarah.lane@state.mn.us

Augustana Chapel View Care Center

April 22, 2025

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

PRINTED: 04/29/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245493</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/02/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD HOPKINS, MN 55343</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  On 4/1/25 and 4/2/25, 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 complaint was reviewed: H54931402C (MN111530). An incidental finding was cited at F554. 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.	F 000		
F 554 SS=E	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)  §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to appropriately complete a thorough self administration assessment on 3 of 4 (R2, R3 and R4) sampled residents (who preferred not to administer their own medication) by ensuring residents who were left while the administration was occurring unattended, were	F 554	Plan of Correction for Deficiency F554  Based on observation, interview, and document review, the facility failed to appropriately complete a thorough self-administration assessment on 3 of 4 sampled residents (R2, R3, and R4). It is	4/17/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>04/23/2025</b>
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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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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD HOPKINS, MN 55343</b>		
(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 554	<p>Continued From page 1</p> <p>found competent to leave their masks and/on or turn off the nebulizer appropriately when finished.</p> <p>Findings include:</p> <p>R2's quarterly minimum data set (MDS) dated 12/24/24 indicated intact cognition with diagnoses including multiple sclerosis and asthma.</p> <p>R2's SAM dated 3/21/25 indicated R2 did not want to self-administer medications. No further assessment occurred to ensure R2 could successfully complete treatment if left unattended.</p> <p>On 4/1/2025 at 1:15 p.m., R2 was observed sitting in her wheelchair with a nebulizer mask applied on her face with the nebulizer machine turned on. No staff members are observed in the room or in the hallway outside the room.</p> <p>On 4/2/2025 11:13 a.m., R2 was interviewed and stated staff put the medication into the nebulizer cup, attach the cup to the mask, apply the mask to her face and turn on the machine. Staff leave the room while the machine is running then return to turn the machine off and remove the mask from her face.</p> <p>R3's 5-day MDS dated 3/16/25 indicated moderately impaired cognition with diagnoses including surgical aftercare following knee replacement and acute respiratory failure.</p> <p>R3's nursing admission observation dated 3/11/25 indicated R3 did not want to self-administer medications. No further assessment occurred to ensure R3 could successfully complete treatment if left unattended.</p>	F 554	<p>the policy of Cassia to comply with the regulation cited regarding the thorough self-administration assessment of residents.</p> <p>To assure continued compliance, the following plan has been put into place.</p> <p>Corrective Action</p> <ul style="list-style-type: none"> <li>For residents R2 and R4, a comprehensive self-administration assessment will be conducted immediately to evaluate their ability to manage their medication independently. This includes ensuring they can appropriately leave their masks on and/or turn off the nebulizer when finished. R3 Discharged prior to surveyors exit.</li> <li>A facility-wide review was conducted of all residents who self-administer medication to ensure they have undergone a thorough self-administration assessment. This review will focus on verifying their competency in managing their medication safely and independently.</li> </ul> <p>Measures to Prevent Recurrence</p> <ul style="list-style-type: none"> <li>Nurses will be receiving training on the self-administration assessment of residents.</li> </ul> <p>Monitoring and Auditing</p> <ul style="list-style-type: none"> <li>Audits will be completed on residents that self-administer medications 5 times a week monthly. Then, will complete 5 random audits a month for two months.</li> <li>Results of these audits will be reviewed by the facility's QAPI committee, which will determine if further monitoring</li> </ul>	

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

PRINTED: 04/29/2025  
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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD HOPKINS, MN 55343</b>		
(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 554	<p>Continued From page 2</p> <p>On 4/1/2025 at 3:19 p.m., R3 was interviewed and stated staff put the medication into the nebulizer cup but did not recall who turned the machine on or off.</p> <p>On 4/2/2025 at 9:59 a.m., R3 was observed sitting on her bed with a nebulizer mask applied on her face with the nebulizer machine turned on. No staff members are observed in the room or in the hallway outside the room.</p> <p>R4's quarterly MDS dated 2/25/25 indicated moderately impaired cognition with a diagnosis of chronic obstructive pulmonary disease.</p> <p>R4's SAM dated 2/21/25 indicated R4 did not want to self-administer medications. No further assessment occurred to ensure R4 could successfully complete treatment if left unattended.</p> <p>On 4/2/2025 at 10:51 a.m., R4 was observed sitting on his recliner with a nebulizer mask applied on his face with the nebulizer machine turned on. No staff members are observed in the room or in the hallway outside the room.</p> <p>On 4/2/2025 at 11:05 a.m., R4 was interviewed and stated staff put the medication in the nebulizer cup, assist with putting the mask on his face and start the machine. R4 stated he turns the machine off.</p> <p>On 4/2/2025 at 10:19 a.m., registered nurse (RN)-A was interviewed and stated a self-administration of medication observation needed to be completed before a resident can administer their own medications. RN-A also</p>	F 554	<p>or audits are necessary.</p> <p>Responsible Person</p> <ul style="list-style-type: none"> <li>The Director of Nursing and or designee is responsible for maintaining compliance with the medication self-administration policies and ensuring that all corrective actions are implemented effectively.</li> </ul> <p>Completion Date</p> <ul style="list-style-type: none"> <li>The plan of correction will be implemented by 4/17/25.</li> </ul>	

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F 554	<p>Continued From page 3</p> <p>stated staff put medication into the nebulizer cup, put the mask on the resident, turn the machine on, then should return to the room to turn the machine off.</p> <p>On 4/2/2025 at 10:57 a.m., RN-B was interviewed and stated she felt residents wearing a nebulizer mask while the machine is running is not self-administration of medication because a staff member is setting it up for the resident.</p> <p>On 4/2/2025 at 11:55 a.m., nurse practitioner (NP) was interviewed and stated the nurses complete an assessment to determine if a resident is deemed safe to self-administer medications, including nebulized medications. A nurse should observe a resident to be sure the resident does not remove the mask while the medication is administered via the nebulizer machine. If a resident removes the mask too soon, there is a risk their symptoms might not improve due to not receiving the entire medication dose.</p> <p>On 4/2/2025 at 1:47 p.m., RN-C was interviewed and stated staff set a resident up for a nebulizer treatment, turn the machine on, leave the room, then return to turn off the machine. If cognition were an issue, staff would stay in the room with the resident. A resident's cognition would be determined through communication with other staff during report.</p> <p>The Self-administration of Medications policy dated 5/21/24 instructed an observation to be completed if a resident wished to self-administer medications. The policy also instructed when a nebulizer treatment is set up for the resident and the resident is left alone with the treatment</p>	F 554		

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F 554	Continued From page 4 running, that is considered self-administration of medications unless otherwise noted by the state health department and the above steps will be followed.	F 554		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD HOPKINS, MN 55343</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></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><b>INITIAL COMMENTS:</b> On 4/1/25 and 4/2/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>04/23/25</b>
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00727</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/02/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD HOPKINS, MN 55343</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H54931402C (MN111530), with an incidental finding licensing order issued at 1565.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at &lt;<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>&gt; The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of</p>	2 000		
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Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTANA CHAPEL VIEW CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 MINNETONKA MILLS ROAD HOPKINS, MN 55343</b>
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2 000	Continued From page 2  state form.  PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
21565	<p>MN Rule 4658.1325 Subp. 4 Administration of Medications Self Admin</p> <p>Subp. 4. Self-administration. A resident may self-administer medications if the comprehensive resident assessment and comprehensive plan of care as required in parts 4658.0400 and 4658.0405 indicate this practice is safe and there is a written order from the attending physician.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to appropriately complete a thorough self administration assessment on 3 of 4 (R2, R3 and R4) sampled residents (who preferred not to administer their own medication) by ensuring residents who were left while the administration was occurring unattended, were found competent to leave their masks and/on or turn off the nebulizer appropriately when finished.</p> <p>Findings include:</p> <p>R2's quarterly minimum date set (MDS) dated 12/24/24 indicated intact cognition with diagnoses including multiple sclerosis and asthma.</p> <p>R2's SAM dated 3/21/25 indicated R2 did not want to self-administer medications. No further assessment occurred to ensure R2 could</p>	21565	Corrected.	4/17/25

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21565	<p>Continued From page 3</p> <p>successfully complete treatment if left unattended.</p> <p>On 4/1/2025 at 1:15 p.m., R2 was observed sitting in her wheelchair with a nebulizer mask applied on her face with the nebulizer machine turned on. No staff members are observed in the room or in the hallway outside the room.</p> <p>On 4/2/2025 11:13 a.m., R2 was interviewed and stated staff put the medication into the nebulizer cup, attach the cup to the mask, apply the mask to her face and turn on the machine. Staff leave the room while the machine is running then return to turn the machine off and remove the mask from her face.</p> <p>R3's 5-day MDS dated 3/16/25 indicated moderately impaired cognition with diagnoses including surgical aftercare following knee replacement and acute respiratory failure.</p> <p>R3's nursing admission observation dated 3/11/25 indicated R3 did not want to self-administer medications. No further assessment occurred to ensure R3 could successfully complete treatment if left unattended.</p> <p>On 4/1/2025 at 3:19 p.m., R3 was interviewed and stated staff put the medication into the nebulizer cup but did not recall who turned the machine on or off.</p> <p>On 4/2/2025 at 9:59 a.m., R3 was observed sitting on her bed with a nebulizer mask applied on her face with the nebulizer machine turned on. No staff members are observed in the room or in the hallway outside the room.</p> <p>R4's quarterly MDS dated 2/25/25 indicated</p>	21565		

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21565	<p>Continued From page 4</p> <p>moderately impaired cognition with a diagnosis of chronic obstructive pulmonary disease.</p> <p>R4's SAM dated 2/21/25 indicated R4 did not want to self-administer medications. No further assessment occurred to ensure R4 could successfully complete treatment if left unattended.</p> <p>On 4/2/2025 at 10:51 a.m., R4 was observed sitting on his recliner with a nebulizer mask applied on his face with the nebulizer machine turned on. No staff members are observed in the room or in the hallway outside the room.</p> <p>On 4/2/2025 at 11:05 a.m., R4 was interviewed and stated staff put the medication in the nebulizer cup, assist with putting the mask on his face and start the machine. R4 stated he turns the machine off.</p> <p>On 4/2/2025 at 10:19 a.m., registered nurse (RN)-A was interviewed and stated a self-administration of medication observation needed to be completed before a resident can administer their own medications. RN-A also stated staff put medication into the nebulizer cup, put the mask on the resident, turn the machine on, then should return to the room to turn the machine off.</p> <p>On 4/2/2025 at 10:57 a.m., RN-B was interviewed and stated she felt residents wearing a nebulizer mask while the machine is running is not self-administration of medication because a staff member is setting it up for the resident.</p> <p>On 4/2/2025 at 11:55 a.m., nurse practitioner (NP) was interviewed and stated the nurses complete an assessment to determine if a</p>	21565		

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21565	<p>Continued From page 5</p> <p>resident is deemed safe to self-administer medications, including nebulized medications. A nurse should observe a resident to be sure the resident does not remove the mask while the medication is administered via the nebulizer machine. If a resident removes the mask too soon, there is a risk their symptoms might not improve due to not receiving the entire medication dose.</p> <p>On 4/2/2025 at 1:47 p.m., RN-C was interviewed and stated staff set a resident up for a nebulizer treatment, turn the machine on, leave the room, then return to turn off the machine. If cognition were an issue, staff would stay in the room with the resident. A resident's cognition would be determined through communication with other staff during report.</p> <p>The Self-administration of Medications policy dated 5/21/24 instructed an observation to be completed if a resident wished to self-administer medications. The policy also instructed when a nebulizer treatment is set up for the resident and the resident is left alone with the treatment running, that is considered self-administration of medications unless otherwise noted by the state health department and the above steps will be followed.</p> <p>SUGGESTED METHOD OF CORRECTION: The DON or designee could educate all staff on policy and procedures for self-administration of medications including nebulizer treatments and perform measurable audits to ensure the policies are being followed. The results of those audits should be taken to Quality Assurance Performance Improvement committee to determine compliance and the need for further monitoring.</p>	21565		

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21565	Continued From page 6  Time Period for Correction: Twenty-one (21) days.	21565		