



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

Electronically Delivered  
August 3, 2023

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

RE: CCN: 245493  
Cycle Start Date: June 21, 2023

Dear Administrator:

On August 1, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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

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



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

Electronically delivered  
July 12, 2023

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

RE: CCN: 245493  
Cycle Start Date: June 21, 2023

Dear Administrator:

On June 21, 2023, 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:

Annette Winters, Rapid Response Unit Supervisor  
Metro 1, Golden Rule Office  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
85 East Seventh Place, Suite 220  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0900  
Email: [annette.m.winters@state.mn.us](mailto:annette.m.winters@state.mn.us)  
Mobile: (651) 558-7558

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, 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 September 21, 2023 (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).

Augustana Chapel View Care Center

July 12, 2023

Page 3

In addition, if substantial compliance with the regulations is not verified by December 21, 2023 (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) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

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

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

[https://mdhprovidercontent.web.health.state.mn.us/ltr\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltr_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

[https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



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



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Electronically delivered

July 12, 2023

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

Re: Event ID: YYDK11

Dear Administrator:

The above facility survey was completed on June 21, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

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

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

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>06/21/2023</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	<p><b>INITIAL COMMENTS</b></p> <p>On 6/20/23 &amp; 6/21/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H54932907C (MN00094451) &amp; H54932986C (MN00091324) with a deficiency issued at F558.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 558 SS=D	<p>Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)</p> <p>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to accommodate 1 of 3 (R2) residents needs by not assuring proper</p>	F 558	F558 – Reasonable Accommodations Needs/Preferences – D	7/21/23

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

TITLE

(X6) DATE

Electronically Signed

07/20/2023

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</b> <b>HOPKINS, MN 55343</b>		
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F 558	<p>Continued From page 1</p> <p>maintenance of her custom wheelchair to allow R2 to maintain independence with positioning.</p> <p>Findings include:</p> <p>R2's care plan initiated on 9/10/21, noted R2 was non-ambulatory and required assistance with wheelchair mobility, has a tilt in space wheelchair (a wheelchair that allows for tilting back while maintaining the hips and knees at 90 degrees).</p> <p>R2's occupational therapy (OT) treatment encounter dated 6/14/22, noted plan to assist with wheelchair positioning when it arrived.</p> <p>R2's OT therapy encounter dated 7/28/22, noted the therapist was present with the w/c [sik] specialist for delivery or new custom tilt in space wheelchair and R2 was able to demo [sik] optimal correct seated position and education was provided on function of chair.</p> <p>R2's OT treatment encounter note dated 8/10/22, noted R2 reported overall comfort and good seated balance in the wheelchair and was able to operate all functions, R2 was discharged from occupational therapy that date.</p> <p>A progress note dated 10/13/22, noted the charger for R2's wheelchair was delivered that day.</p> <p>R2'S quarterly Minimum Data Set (MDS) dated 4/11/23, noted R2 had intact cognition, was non ambulatory, and required the extensive assist of 2 for most activities of daily living (ADL's).</p> <p>On 6/21/23, at 9:45 a.m. R2's care plan was revised to add W/C [sik] joystick missing/broken.</p>	F 558	<p>This Plan of Correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by State and Federal law.</p> <p>It is the policy of Chapel View to comply with F558.</p> <p>To assure continued compliance, the following plan has been put into place;</p> <p>Regarding cited resident: Resident 2 power tilt-in-space chair is in need of new joystick and battery. Issues with insurance paperwork, authorization and approval, combined with supply chain issues have resulted in a delay in restoring the chair to power-tilt function. The chair does have elevating foot rests to accommodate elevating legs. Resident continues her usual schedule of meals and activities and participates fully in most daily events with staff assist to propel chair despite the power-tilt mode not functioning. Note the tilt-in-space feature is the only motorized part of this chair. On 6/21 the facility inquired about renting a replacement chair and that is not a possibility. Resident 2 was offered a replacement manual tilt-in-space chair on same day but opted to continue using her chair due to the additional modifications that have been made to provide maximum support. Resident 2 was offered and trialed a</p>	

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F 558	<p>Continued From page 2</p> <p>On 6/21/23, at 9:46 a.m. the (DON) sent an email correspondence including a maintenance order dated 6/5/23, that R2's wheelchair needed washing.</p> <p>On 6/21/23, at 9:56 a.m. the DON sent an email correspondence to confirm there were no other maintenance records for R2's wheelchair and that any repair requests would be done through the therapy department since they were the ones that contacted the vendor and got the wheelchair ordered.</p> <p>During an interview on 6/20/23, at 3:51 p.m. R2 stated her tilt in space wheelchair allows her to recline her chair independently which had caused her more pain as the chair was always stuck in the same position. R2 stated she had not had the remote for her wheelchair for quite awhile and was not sure why it was taking so long to get a new one.</p> <p>During an interview on 6/20/23, at 4:30 p.m. the director of nursing DON stated the maintenance director would have record of requests for repair on resident equipment, the maintenance director had left for the day but the DON could get in the morning on 6/21/23.</p> <p>During an interview on 6/21/23, at 10:52 a.m. a customer service representative (CSR) at the wheelchair seating company stated there was an outstanding order in the system for R2's wheelchair for a new battery from 5/17/23. The CSR stated she left two voicemail messages, the last message left was on 6/19/23, for the facility social worker (SW) requesting the name of R2's primary care physician and that without that</p>	F 558	<p>replacement manual tilt-in- space chair again on 7/13/2023 but the Configura Advance model by Accora which did not work for her.</p> <p>Conversation with vendor "National Seating and Mobility" on 7/14/2023. Paperwork has been submitted and parts have been ordered. Battery has been shipped and joy stick still on order. Conversation with vendor "National Seating and Mobility" on 7/19/2023. Battery is in and technician is scheduled to install on 7/26/2023 at 10:00am. This will allow chair to tilt. Joystick is still on order and vendor is seeking to provide a loaner joy stick until resident joy stick order approved by insurance. Follow up calls to vendor will be made weekly until full function of chair is restored.</p> <p>On 7/19/2023 resident was provided with an I-Series model Barton chair, which has a manual tilt function. Resident now using this chair and as of this submission is satisfied with comfort and function.</p> <p>Actions taken to identify other potential residents having similar occurrences: All residents using similar power tilt-in-space wheelchairs are in good functioning condition. No other outstanding repair issues on record at this time.</p> <p>Measures put in place to ensure deficient practice does not recur: Facility IDT will continue to assess resident's wheelchairs for functionality with routine cares and as needed.</p>	

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F 558	<p>Continued From page 3</p> <p>information the seating company would not be able to deliver the battery. The CSR stated she did not have any orders related to a missing or broken joystick.</p> <p>During an interview on 6/21/23, at 10:44 a.m. the nurse manager (NM) stated R2's wheelchair was working ok and that R2 had some issues with the wheelchair working correctly but was unsure of how long. The NM stated a charger was recently ordered and received and that now the issue was a missing or broken joystick. The NM stated they were waiting for the vendor to come and repair it, therapy was in contact with the vendor about it a month ago and had possibly called the vendor again that day to follow up. The NM stated he could see that a repair person was supposed to come on May 24th and he was not sure why that visit didn't occur.</p> <p>During an interview on 6/21/23, at 11:24 a.m. the social worker (SW) stated she was aware that R2's wheelchair needed to be repaired for awhile, that there were issues with it dating back to February and that she had followed up on an issue with the chair on 4/11/23. The SW stated she also followed up with R2 in May and asked if they got the part that was ordered. The SW stated she did not have any contact with the seating company and did not have any voicemail messages from them requesting additional information.</p> <p>During an interview on 6/21/23, at 11:35 a.m. the therapy director (TD) stated that she was aware that R2 received a new charger for her wheelchair that was received a month ago, that she heard about an issue with the joystick and that there was a repair appointment scheduled for</p>	F 558	<p>Housekeeping cleans wheelchairs monthly and assesses for structural issues.</p> <p>Maintenance Care software is used to report repair issues.</p> <p>HUC has been assigned oversight responsibility for vendor contact for DME type repairs and will track ongoing progress and communication.</p> <p>Effective implementation of actions will be monitored by:</p> <p>Audits will be done twice monthly x 3 months of power tilt-in-space chairs to ensure proper working order.</p> <p>Safety Committee to review equipment repairs monthly inclusive of DME issues. Results shared with QAPI Committee.</p> <p>Those responsible to maintain compliance will be:</p> <p>DON/Administrator.</p> <p>Completion date for certification purposes only is: 07/21/2023</p>	

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F 558	<p>Continued From page 4</p> <p>next week on 6/27/23. The TD stated she was not aware if the vendor needed additional information regarding the delivery of ordered items and had not heard that R2's chair needed a new battery.</p> <p>During an interview on 6/21/23, at 11:55 a.m. the rehab coordinator (RC) stated she sent an email to the vendor to follow up that day, that she heard there was an issue with the power cord and that someone would be coming on 6/27/23 to look at the joystick issue. The RC stated she did not know how long the joystick was an issue with the chair. The RC stated the power cord for he wheelchair came on 5/15/23, and she only knew that because there was a delivery slip on R2's bed and that maintenance was working on charging it. The RC stated she was not aware of a battery issue, on 5/17/23 there was a request for a repair technician to come out and that it was scheduled on 5/24/23 but there was no further information on whether the visit was made or not.</p> <p>During an interview on 6/21/23, at 12:38 p.m. the occupational therapist (OT) stated there was a current battery issue with the wheelchair and that that is what the facility was waiting for. The OT stated the repair technician came out at one time and attempted to fix the joystick but realized it was the battery that was the problem. The OT stated she thought the joystick was the issue but the repair technician told her it was the battery, the joystick would be working when the battery was replaced. The OT stated she had not heard that the vendor required any additional information in order to deliver the battery.</p> <p>During an interview on 6/21/23, at 2:39 p.m. the DON stated she knew tat the wheelchair needed some attention and that therapy had helped R2</p>	F 558		

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F 558	<p>Continued From page 5</p> <p>attain the chair by contacting the vendor directly. The DON stated at first there was a problem with the charger, now heard that there was trouble with the joystick and that a repair technician would be out on 6/27/23 to address it. The DON did not know how long the joystick had been an issue but knew prior to this there was couple of months that the charger was a problem. The DON stated she would expect some documentation on the status of the wheelchairs needed parts both in emails from the therapy department as well as in documentation in a resident chart.</p> <p>Requested a policy related to maintaining resident equipment for reasonable accommodations was requested but not received.</p>	F 558		

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>06/21/2023</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;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 6/20/23 &amp; 6/21/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

07/20/23

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  C <b>06/21/2023</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
2 000	<p>Continued From page 1</p> <p>the survey. H54932907C (MN00094451) &amp; H54932986C (MN00091324).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		