



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered  
December 30, 2025

Administrator  
Victory Health & Rehabilitation Center  
512 49TH AVENUE NORTH  
MINNEAPOLIS, MN 55430

RE: CCN: 245544  
Cycle Start Date: December 2, 2025

Dear Administrator:

On December 3, 2025, we notified you a remedy was imposed. On December 23, 2025, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of December 19, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 2, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter of December 3, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 2, 2026 due to denial of payment for new admissions. Since your facility attained substantial compliance on December 19, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

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)



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December 30, 2025

Administrator  
Victory Health & Rehabilitation Center  
512 49TH AVENUE NORTH  
MINNEAPOLIS, MN 55430

Re: Reinspection Results  
Event ID: 1D994B-H2 and 1DAC62-H2

Dear Administrator:

On December 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 surveys completed on December 2, 2025 and December 3, 2025. 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 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
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*An equal opportunity employer.*



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December 3, 2025

Administrator

Victory Health & Rehabilitation Center

512 49TH AVENUE NORTH

MINNEAPOLIS, MN 55430

RE: CCN: 245544

Cycle Start Date: December 2, 2025

Dear Administrator:

On December 3, 2025, we informed you that we may impose enforcement remedies.

On December 3, 2025, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

#### **REMEDIES**

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective March 2, 2026.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 2, 2026. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 2, 2026.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed

care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

### **NURSE AIDE TRAINING PROHIBITION**

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$13,343, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by March 2, 2026, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Victory Health & Rehabilitation Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 2, 2026. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

### **ELECTRONIC PLAN OF CORRECTION (ePOC)**

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.

- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

#### **DEPARTMENT CONTACT**

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

**Stefanie Salberg, Regional Operations Supervisor**  
**Metro C District Office**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**625 Robert Street N**  
**P.O. Box 64975**  
**Saint Paul, Minnesota 55164-0975**  
**Email: stefanie.salberg@state.mn.us**  
**Office: 651-201-4393 Mobile: 651-279-5602**

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

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

#### **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

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

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

#### **FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 2, 2026 if your facility

does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

## **APPEAL RIGHTS**

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

**[tamika.brown@cms.hhs.gov](mailto:tamika.brown@cms.hhs.gov)**

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

**Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building – Room G-644  
Washington, D.C. 20201  
202-795-7490**

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to [tamika.brown@cms.hhs.gov](mailto:tamika.brown@cms.hhs.gov).

**INFORMAL DISPUTE RESOLUTION (IDR)**

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

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

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](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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Electronically delivered  
December 3, 2025

Administrator  
Victory Health & Rehabilitation Center  
512 49TH AVENUE NORTH  
MINNEAPOLIS, MN 55430

Re: State Nursing Home Licensing Orders  
Event ID: 1DAC62-H1

Dear Administrator:

The above facility survey was completed on December 3, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted 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:

**Stefanie Salberg, Regional Operations Supervisor**  
**Metro C District Office**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**625 Robert Street N**  
**P.O. Box 64975**  
**Saint Paul, Minnesota 55164-0975**  
**Email: stefanie.salberg@state.mn.us**  
**Office: 651-201-4393 Mobile: 651-279-5602**

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

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245544</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>12/03/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Victory Health &amp; Rehabilitation Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>512 49TH AVENUE NORTH , MINNEAPOLIS, Minnesota, 55430</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
F0000	<p>INITIAL COMMENTS</p> <p>On 11/10/25, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with §42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H55446202C (iQIES #2646856). No deficiencies were cited.</p> <p>The following complaints were reviewed: H55446385C (iQIES #2651857) with deficiencies cited at F580 and F628</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>	F0000		12/04/2025
F0580 SS = D	<p>Notify of Changes (Injury/Decline/Room, etc.)</p> <p>CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p>	F0580	<p>This Plan of Correction and the responses to each F-Tag are submitted to maintain certification in the Medicare and Medicaid programs and constitute a credible allegation of compliance. The written plan of responses do not constitute an admission of noncompliance or agreement with any findings stated under F-Tags. The facility reserves the right to dispute all findings and deficiencies in any appropriate forum, including in an independent informal dispute resolution session, or, if appealable remedies are subsequently imposed by timely appeal to the Department Appeals Board.</p> <p>Resident R1 was discharged from facility on 9/13/2025.</p> <p>To identify other residents that may have been affected. The Administrator and or designee will review all resident unplanned discharges with in the last 30 days to verify bed hold notice of discharge notification was sent to resident representative when</p>	12/19/2025

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245544</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>12/03/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Victory Health &amp; Rehabilitation Center</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>512 49TH AVENUE NORTH , MINNEAPOLIS, Minnesota, 55430</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
F0580 SS = D	<p>Continued from page 1</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review the facility failed to communicate with a resident's emergency family contact when they were hospitalized and subsequently discharged from the facility for 1 of 2 residents (R1) reviewed for discharge process.</p> <p>Findings include:</p> <p>R1's electronic medical record (EMR) indicated R1 was admitted to the facility on 7/3/24 and discharged on</p>	F0580	<p>Continued from page 1 applicable.</p> <p>The Director of Nursing and or designee will educate the licensed nursing staff on facility Bed Hold Notice / Notice of Transfer Policy and Procedure.</p> <p>The Administrator and or designee will audit resident unplanned discharges for documented notification of family representative as indicated. Audit will be conducted weekly for 4 weeks then twice a month then 1 time for a month for two months. All negative results of audits will be immediately reported to the Administrator. Results of audits will be presented to the QAPI Committee for follow up recommendations as per QAPI schedule.</p>	

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NAME OF PROVIDER OR SUPPLIER <b>Victory Health &amp; Rehabilitation Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>512 49TH AVENUE NORTH , MINNEAPOLIS, Minnesota, 55430</b>	
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F0580 SS = D	<p>Continued from page 2 9/13/25.</p> <p>R1's progress note, dated 9/13/25, indicated R1 was "not redirectable" and "walking towards traffic" and sent to the emergency department (ED) due to "safety concern to self."</p> <p>R1's EMR lacked any evidence the facility communicated with R1's family about any potential safety concerns, his hospitalization, and discharge from the facility.</p> <p>During an interview on 11/10/25 at 9:50 a.m., R1's emergency contact and family member (FM)-A stated she was not informed of any incidents regarding R1 walking outside in traffic and was never informed he was hospitalized. FM-A stated she arrived at the facility on a Wednesday or Thursday to bring R1 some tobacco, and when she could not find him at the facility, she was informed he had been sent to the hospital on Saturday. FM-A stated staff at the facility were not able to tell her what happened only that the "paramedics took him". FM-A stated when R1 was ready to discharge from the hospital, the social worker (SW)-A at the hospital was having a hard time getting ahold of the facility. FM-A stated she stopped by the facility to discuss in person R1's plans to return to the facility and was told by the administrator that R1 had been discharged from the facility, and she was handed a box of R1's belongings to take with her.</p> <p>During an interview on 11/10/25 at 11:12 a.m., the facility social worker (SW)-B stated it was expected that family be informed when a resident discharged from the facility or was sent to the ED. SW-B stated he was not the SW for R1, that particular SW was no longer with the facility, however had heard that R1 was officially discharged from the facility when he was civilly committed at the hospital.</p> <p>During an interview on 11/10/25 at 11:19 a.m., the facility administrator stated R1 was discharged from the facility after he was civilly committed at the hospital as he was unsure if a Jarvis was also in place, stating if that was the case they would not be able to readmit R1. The administrator confirmed R1's EMR lacked any notes of communication with the family regarding R1 hospitalization and discharge, unable to confirm if family was contacted or not.</p> <p>During an interview on 11/10/25 at 12:01 p.m., R1's emergency contact and family member (FM)-B also confirmed she had not been informed of R1 hospitalization and discharge from the facility. FM-B stated R1's family had not been contacted about any</p>	F0580		

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F0580 SS = D	Continued from page 3 potential safety concerns such as leaving the facility or wandering off in traffic.  A facility policy on discharge was not received.	F0580		
F0628 SS = D	Discharge Process  CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)  §483.15(c)(2) Documentation.  When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.  (iii) Information provided to the receiving provider must include a minimum of the following:  (A) Contact information of the practitioner responsible for the care of the resident.  (B) Resident representative information including contact information  (C) Advance Directive information  (D) All special instructions or precautions for ongoing care, as appropriate.  (E) Comprehensive care plan goals;  (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.  §483.15(c)(3) Notice before transfer.  Before a facility transfers or discharges a resident, the facility must-  (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.	F0628	Resident R1 was permanently discharged on 9/13/2025.  To identify other residents that may have been affected. The Administrator and or designee will review residents with unplanned discharges for the past 30 days. Those residents identified as not to have received a bed hold; the social worker will review the facility Bed Hold Policy with the resident and complete the Bed Hold Notification.  The Director of Nursing and or designee will re-educate the licensed nurses of the facilities Bed Hold Policy and Procedure. The Activity Director will convene an ad-hoc Resident Council to review the Bed Hold requirements with the residents.  The Administrator and or designee will audit all unplanned discharges for issuance of a Bed Hold Notice. The audit will be completed every week for four weeks, then twice monthly for two months, then once a month for two months.  All negative results of audits will be immediately reported to the Administrator. Results of audits will be presented to the QAPI Committee for follow up recommendations per QAPI schedule.	12/19/2025

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245544</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>12/03/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Victory Health &amp; Rehabilitation Center</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>512 49TH AVENUE NORTH , MINNEAPOLIS, Minnesota, 55430</b>	
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F0628 SS = D	<p>Continued from page 4</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and</p>	F0628		

<p><b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b></p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245544</b></p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</p>	<p>(X3) DATE SURVEY COMPLETED <b>12/03/2025</b></p>	
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<p>F0628 SS = D</p>	<p>Continued from page 5 telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.  If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure  In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing</p>	<p>F0628</p>		

<p><b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b></p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245544</b></p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</p>	<p>(X3) DATE SURVEY COMPLETED <b>12/03/2025</b></p>	
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<p>F0628 SS = D</p>	<p>Continued from page 6 facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1 ) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review the facility failed to ensure a written notice of transfer and bed hold was given to a resident and/or their family upon hospitalization for 1 of 2 residents (R1) reviewed for</p>	<p>F0628</p>		

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F0628 SS = D	<p>Continued from page 7 discharge.</p> <p>Findings include:</p> <p>R1's electronic medical record (EMR) indicated R1 was admitted to the facility on 7/3/24 and discharged on 9/13/25.</p> <p>R1's progress note, dated 9/13/25, indicated R1 was "not redirectable" and "walking towards traffic" and sent to the emergency department (ED) due to "safety concern to self."</p> <p>R1's EMR lacked any evidence R1 and/or family had received a written notice of transfer and information on the facility's bed hold policy when R1 was hospitalized on 9/13/25.</p> <p>During an interview on 11/10/25 at 9:50 a.m., R1's emergency contact and family member (FM)-A stated she was not informed when R1 was sent to the hospital, did not received a written notice of transfer or any information on the facility bed hold policy.</p> <p>During an interview on 11/10/25 at 11:12 a.m., the facility social worker (SW)-B stated it would be expected that family be informed when a resident discharged from the facility or was sent to the ED. SW-B stated the facility would give a verbal notice of transfer and information on the bed hold policy which should be documented in a progress note. SW-B was unaware of any specific facility policy regarding a written notice of transfer.</p> <p>During an interview on 11/10/25 at 11:19 a.m., the facility administrator stated it would be expected that a written notice of transfer was uploaded in the resident's EMR when they are transferred to the hospital, along with the bed hold policy. The administrator confirmed these were not in place for R1.</p> <p>A bed hold and written notice of transfer policy was not received.</p>	F0628		

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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:</p> <p>On 11/10/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed:</p>	20000		12/04/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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20000	<p>Continued from page 1 H55446385C (iQIES #2651857). No deficiencies were cited.</p> <p>The following complaints were reviewed: H55446202C (iQIES #2646856) with a licensing order issued at 20265.</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 <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.</p> <p>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.</p>	20000		
20265	<p>Notification of Chg in Resident Health Status</p> <p>CFR(s): MN Rule 4658.0085</p> <p>A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness,</p>	20265	This Plan of Correction and the responses to each F Tag are submitted to maintain certification in the Medicare and Medicaid programs and constitute a credible allegation of compliance. The written plan of responses do not constitute an admission of noncompliance or agreement with any findings under F-Tags. The facility reserves the right to dispute all findings and deficiencies in any appropriate forum, including in an informal dispute resolution session, or, if appealable	12/19/2025

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20265	<p>Continued from page 2 serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for:</p> <p>A. an accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications;</p> <p>C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;</p> <p>D. a decision to transfer or discharge the resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review the facility failed to communicate with a resident's emergency family contact when they were hospitalized and subsequently discharged from the facility for 1 of 2 residents (R1) reviewed for discharge process.</p> <p>Findings include:</p> <p>R1's electronic medical record (EMR) indicated R1 was admitted to the facility on 7/3/24 and discharged on 9/13/25.</p> <p>R1's progress note, dated 9/13/25, indicated R1 was "not redirectable" and "walking towards traffic" and sent to the emergency department (ED) due to "safety concern to self."</p> <p>R1's EMR lacked any evidence the facility communicated with R1's family about any potential safety concerns, his hospitalization, and discharge from the facility.</p>	20265	<p>Continued from page 2 remedies are subsequently imposed by timely appeal to the Department Appeals Board.</p> <p>Completed</p>	

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20265	<p>Continued from page 3</p> <p>During an interview on 11/10/25 at 9:50 a.m., R1's emergency contact and family member (FM)-A stated she was not informed of any incidents regarding R1 walking outside in traffic and was never informed he was hospitalized. FM-A stated she arrived at the facility on a Wednesday or Thursday to bring R1 some tobacco, and when she could not find him at the facility, she was informed he had been sent to the hospital on Saturday. FM-A stated staff at the facility were not able to tell her what happened only that the "paramedics took him". FM-A stated when R1 was ready to discharge from the hospital, the social worker (SW)-A at the hospital was having a hard time getting ahold of the facility. FM-A stated she stopped by the facility to discuss in person R1's plans to return to the facility and was told by the administrator that R1 had been discharged from the facility, and she was handed a box of R1's belongings to take with her.</p> <p>During an interview on 11/10/25 at 11:12 a.m., the facility social worker (SW)-B stated it was expected that family be informed when a resident discharged from the facility or was sent to the ED. SW-B stated he was not the SW for R1, that particular SW was no longer with the facility, however had heard that R1 was officially discharged from the facility when he was civilly committed at the hospital.</p> <p>During an interview on 11/10/25 at 11:19 a.m., the facility administrator stated R1 was discharged from the facility after he was civilly committed at the hospital as he was unsure if a Jarvis was also in place, stating if that was the case they would not be able to readmit R1. The administrator confirmed R1's EMR lacked any notes of communication with the family regarding R1 hospitalization and discharge, unable to confirm if family was contacted or not.</p> <p>During an interview on 11/10/25 at 12:01 p.m., R1's emergency contact and family member (FM)-B also confirmed she had not been informed of R1 hospitalization and discharge from the facility. FM-B stated R1's family had not been contacted about any potential safety concerns such as leaving the facility or wandering off in traffic.</p> <p>A facility policy on discharge was not received.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could develop, review, and/or revise policies and procedures regarding notification of change of condition. The DON or designee could educate all appropriate staff on the policies and procedure on</p>	20265		

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20265	Continued from page 4 notification of change of condition. The DON or designee could develop monitoring systems to ensure ongoing compliance and report results of monitoring to the facility quality assurance committee.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	20265		