



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

Electronically Delivered  
July 1, 2025

Administrator  
North Star Manor  
410 South McKinley Street  
Warren, MN 56762

RE: CCN: 245550  
Cycle Start Date: May 15, 2025

Dear Administrator:

On June 25, 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 black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Compliance Analyst | Federal Enforcement  
Health Regulation Division  
**Minnesota Department of Health**  
[Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)  
Office: 651-201-4112



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

Electronically delivered  
June 4, 2025

Administrator  
North Star Manor  
410 South McKinley Street  
Warren, MN 56762

RE: CCN: 245550  
Cycle Start Date: May 15, 2025

Dear Administrator:

On May 15, 2025, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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.

North Star Manor

June 4, 2025

Page 2

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:

**Susie Haben, Regional Operations Supervisor, Rapid Response**

**Health Regulation Division**

**Minnesota Department of Health**

**4140 Thielman Lane**

**Saint Cloud, Minnesota 56301-4557**

**Email: susie.haben@state.mn.us**

**Office: (320) 223-7356 Mobile: (651) 230-2334**

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

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

## **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

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

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

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by August 15, 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 November 15, 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>

North Star Manor

June 4, 2025

Page 4

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 black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a small dot above the 'i' in Downing.

Kamala Fiske-Downing  
Compliance Analyst | Federal Enforcement  
Health Regulation Division  
**Minnesota Department of Health**  
[Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)  
Office: 651-201-4112

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

PRINTED: 06/12/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245550</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/15/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH STAR MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 SOUTH MCKINLEY STREET</b> <b>WARREN, MN 56762</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 000	INITIAL COMMENTS  On 5/14/25 through 5/15/25, 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 complaints were reviewed: H55504747C (MN00112313) H55504748C (MN00105171) H55504687C (MN00112971) As a result of the survey a deficiency was cited at F757. 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 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)  §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-  §483.45(d)(1) In excessive dose (including duplicate drug therapy); or  §483.45(d)(2) For excessive duration; or	F 757		6/20/25	

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

TITLE

(X6) DATE

Electronically Signed

06/11/2025

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 instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 757	<p>Continued From page 1</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review the facility failed to ensure the clinician documented a clinical rationale for the continued dose of a PRN (as needed) medication for 1 of 1 residents reviewed who used PRN Lorazepam (used for the management of anxiety disorders, the short-term relief of symptoms of anxiety or anxiety associated with depression).</p> <p>Findings include:</p> <p>R1's Admission Record indicated he admitted to the facility 11/22/23. Diagnosis included depression, psychotic disorder with delusions, pain, weakness, anxiety and Alzheimer's.</p> <p>Facility documents dated 3/15/25, 3/28/25, 4/11/25, indicated verbal orders confirmed by facility staff: Lorazepam oral tablet 0.5 milligrams (mg). Give .5 mg by mouth every eight hours as needed for anxiety. The orders did not include a clinical rationale for continued use of the PRN order.</p> <p>R1's Order Summary Report dated 3/14/25</p>	F 757	<p>F757</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident was deceased prior to correction plan implementation.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents with PRN psychotropic medication orders were found to be affected by the deficient practice. Physician round forms were sent for all affected residents to obtain the required clinical justification and signature. This is expected to be completed by 6/20/2025.</p> <p>What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.</p>	

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

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F 757	<p>Continued From page 2 through 5/31/24, indicated the following orders:</p> <ul style="list-style-type: none"> <li>- 3/15/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 3/25/25.</li> <li>- 3/28/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 4/11/25.</li> <li>- 4/11/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 4/25/25.</li> <li>- 4/25/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 5/9/25.</li> <li>- 5/9/25, Lorazepam oral tablet 0.5 mg. Give .5 mg by mouth every eight hours as needed for anxiety. End date 5/23/25.</li> </ul> <p>A facility document titled Psychotropic Medication Gradual Dose Reduction Attempts dated 4/30/25, identified Lorazepam 0.5 mg twice daily and PRN. Target behavior indicated agitation. Nursing summary indicated, mood had been good, eating and sleeping well. Sees psychiatric provider. No issues currently.</p> <p>Is gradual dose reduction possible at this time? the form was checked NO (if NO, clinical rationale must be documented below). The section, Clinical rationale other than listed above, was left blank. The form was signed by the physician on 4/31/25.</p> <p>During interview on 5/15/25 at 10:46 a.m., the director of nursing (DON) stated they had recently had some of the PRN medications "drop off" so they had developed a process to have the providers write new order on Fridays for the ones that were coming due. The DON indicated she was not aware the provider was required to</p>	F 757	<p>Physican round forms were updated to prompt physicians to document diagnosis and symptoms to justify the renewal. Policy was reviewed and found to be in compliance. Education was completed with nursing staff via email and staff meeting, and practitioners and medical director were educated via email.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</p> <p>PRN renewals are completed on physician rounds. RNs will attend rounds visits with practitioners to ensure that all necessary components are completed. HIM will verify forms are completed with required information prior to scanning into residents' charts.</p>	

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F 757	Continued From page 3 document a clinical rationale for the ongoing use of PRN medications.  Facility Policy Psychotropic Medication Use and Behavioral Monitoring dated 6/17/21, indicated the need to continue PRN orders for psychotropic medications beyond 14 days required that the practitioner document the rationale for the extended order.	F 757			



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Electronically delivered

June 4, 2025

Administrator  
North Star Manor  
410 South McKinley Street  
Warren, MN 56762

Re: Event ID: CQGS11

Dear Administrator:

The above facility survey was completed on May 15, 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 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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Compliance Analyst | Federal Enforcement  
Health Regulation Division  
**Minnesota Department of Health**  
[Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)  
Office: 651-201-4112

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/15/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTH STAR MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 SOUTH MCKINLEY STREET WARREN, MN 56762</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>INITIAL COMMENTS: On 5/14/25 through 5/15/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p> <p>The following complaints were reviewed: NO</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>06/11/25</b>
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/15/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTH STAR MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 SOUTH MCKINLEY STREET WARREN, MN 56762</b>
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2 000	<p>Continued From page 1</p> <p>licensing orders were issued. H55504747C (MN00112313) H55504748C (MN00105171) H55504687C (MN00112971)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		