

Protecting, Maintaining and Improving the Health of All Minnesotans

**Electronically Delivered** 

May 27, 2021

Administrator
Divine Providence Community Home
700 Third Avenue Northwest
Sleepy Eye, MN 56085

RE: CCN: 245599

Survey Cycle Start Date: May 6, 2021

Dear Administrator:

On May 6, 2021 a survey was completed at your facility by the Minnesota Department of Health to investigate complaints 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. At the time of survey, complaints were substantiated but no deficiencies were issued, because corrective action was taken prior to the survey. A plan of correction is not required.

Also at the time of this survey, the investigator also assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, found no violations of these rules promulgated under Minnesota Statute § 144.653 and/or Minnesota Statute § 144A.10.

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.

Electronically attached is your copy of the Federal CMS-2567 Form and State Form.

Feel free to contact me if you have questions.

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

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

PRINTED: 05/27/2021 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	245599					C 06/2024
			CTDEET ADDDEEC CITY	CTATE ZID CODE	05/0	06/2021
NAME OF PROVIDER OR SUPPLIER  DIVINE PROVIDENCE COMMUNITY HOME			700 THIRD AVENUE NORTHWEST  SLEEPY EYE, MN 56085			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
INITIAL COMMENTS  On 5/6/21, a standard abbreviated survey was completed at your facility to conduct a complete.		F 00	00			
investigation. Your facility was found to be IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.						
The following complaints were found to be UNSUBSTANTIATED: H5599023C (MN59121) H5599024C (MN65954) H5599026C (MN61648) H5599027C (MN57859)						
SUBSTANTIATED were cited due to a facility prior to surv H5599022C (MN7)	, however NO deficiencies actions implemented by the vey: 2469)					
signature is not rec page of the CMS-2 correction is requir	quired at the bottom of the first 2567 form. Although no plan of red, the facility must					
	PROVIDER OR SUPPLIER PROVIDENCE COMM  SUMMARY ST (EACH DEFICIENC REGULATORY OR  INITIAL COMMEN  On 5/6/21, a stand completed at your investigation. Your compliance with 42 for Long Term Car  The following com UNSUBSTANTIAT H5599023C (MN5 H5599024C (MN6 H5599027C (MN5 The following com SUBSTANTIATED were cited due to a facility prior to surv H5599022C (MN7 H5599022C (MN7 H5599022C (MN6 The facility is enro- signature is not rec page of the CMS-2 correction is requir	PROVIDER OR SUPPLIER  PROVIDENCE COMMUNITY HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  On 5/6/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The following complaints were found to be UNSUBSTANTIATED: H5599023C (MN59121) H5599024C (MN65954) H5599026C (MN61648)	PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  On 5/6/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The following complaints were found to be UNSUBSTANTIATED: H5599023C (MN65954) H5599027C (MN67859)  The following complaints were found to be SUBSTANTIATED, however NO deficiencies were cited due to actions implemented by the facility prior to survey: H5599022C (MN72469) H5599028C (MN66672)  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must	PROVIDER OR SUPPLIER PROVIDENCE COMMUNITY HOME  STREET ADDRESS, CITY, 700 THIRD AVENUE NO SLEEPY EYE, MN 56  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  On 5/6/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The following complaints were found to be UNSUBSTANTIATED: H5599024C (MN65954) H5599024C (MN61648) H5599027C (MN57859)  The following complaints were found to be SUBSTANTIATED, however NO deficiencies were cited due to actions implemented by the facility prior to survey: H5599028C (MN72469) H5599028C (MN66672)  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must	PROVIDER OR SUPPLIER PROVIDENCE COMMUNITY HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  On 5/6/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The following complaints were found to be SUBSTANTIATED: H5599023C (MN59421) H5599027C (MN57859)  The following complaints were found to be SUBSTANTIATED, however NO deficiencies were cited due to actions implemented by the facility pion to survey; H5599022C (MN72469) H5599022C (MN72469) H5599022C (MN72469) H5599022C (MN66672)  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must	PROVIDER OR SUPPLIER  PROVIDENCE COMMUNITY HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  On 5/6/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be UNSUBSTANTIATED. However NO deficiencies (MN65954) H5599027C (MN65954) H5599027C (MN67859)  The following complaints were found to be SUBSTANTIATED, however NO deficiencies were cited due to actions implemented by the facility prior to survey. H5599028C (MN72469) H5599028C (MN66672)  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must

**Electronically Signed** 

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.

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

TITLE

(X6) DATE

PRINTED: 05/27/2021 **FORM APPROVED** Minnesota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_\_\_ C B. WING 00040 05/06/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 THIRD AVENUE NORTHWEST **DIVINE PROVIDENCE COMMUNITY HOME** SLEEPY EYE. MN 56085 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 2 000 Initial Comments 2 000 \*\*\*\*\*ATTENTION\*\*\*\*\* NH LICENSING CORRECTION ORDER 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. 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. 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.

**INITIAL COMMENTS:** 

On 5/6/21, 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.

The following complaints were found to be

Minnesota Department of Health

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

TITLE (X6) DATE

Electronically Signed

STATE FORM LLXK11 If continuation sheet 1 of 2 Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION :		(X3) DATE SURVEY COMPLETED					
		B. WING			С						
	00040				05/9	05/06/2021					
NAME OF	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY,	STATE, ZIP CODE							
DIVINE PROVIDENCE COMMUNITY HOME  700 THIRD AVENUE NORTHWEST SLEEPY EYE, MN 56085											
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	S PLAN OF CORRECTION (X5) ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETE DATE						
2 000	UNSUBSTANTIATE H5599023C (MN59 H5599024C (MN65 H5599026C (MN61 H5599027C (MN57 The following comp SUBSTANTIATED, were issued: H5599022C (MN72 H5599028C (MN66 Minnesota Departm the State Licensing Federal software.  The facility is enroll signature is not req page of state form. is required, it is req	ED: 1121) 1954) 1648) 1859) Islaints were found to be however NO licensing order	ng a rst tion								

Minnesota Department of Health STATE FORM

ATE FORM 6899 LLXK11 If continuation sheet 2 of 2