



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 22, 2024

Administrator
Saint Therese At Oxbow Lake
9751 Regent Avenue North
Brooklyn Park, MN 55443

RE: CCN: 245619
Cycle Start Date: October 11, 2024

Dear Administrator:

On October 11, 2024, 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:

Saint Therese At Oxbow Lake

October 22, 2024

Page 2

- 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:

Terri Ament, Regional Operations Supervisor RR
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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 January 11, 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 April 11, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the

Saint Therese At Oxbow Lake

October 22, 2024

Page 3

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/ltc_idr.cfm

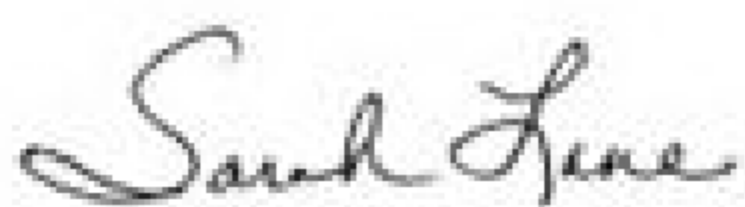
You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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,



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



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Electronically delivered

October 22, 2024

Administrator
Saint Therese At Oxbow Lake
9751 Regent Avenue North
Brooklyn Park, MN 55443

Re: Event ID: WIV811

Dear Administrator:

The above facility survey was completed on October 11, 2024 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 cursive script that reads 'Sarah Lane'.

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

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

PRINTED: 11/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245619	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2024
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NAME OF PROVIDER OR SUPPLIER SAINT THERESE AT OXBOW LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 9751 REGENT AVENUE NORTH BROOKLYN PARK, MN 55443
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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>INITIAL COMMENTS</p> <p>On 10/9/24 through 10/11/24, 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 complaint was reviewed: H56196769C (MN00105577) H56199260C (MN00107102) H56196782C (MN00105576) A deficiency was cited at F806. 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 806 SS=D	<p>Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal</p>	F 806		11/1/24

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

TITLE

(X6) DATE

Electronically Signed

10/30/2024

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 806	<p>Continued From page 1</p> <p>choice;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure residents with food allergies were not served allergens for 1 out of 3 residents (R1) reviewed for accuracy of diets.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated 9/19/24 indicated R1 had diagnoses of hip and knee replacement.</p> <p>R1's care plan dated 9/18/24 indicated R1 had an allergy to cinnamon.</p> <p>R1's Breakfast meal ticket dated 10/10/24 indicated Allergens: cinnamon, bread choice: cinnamon raisin bread. The diet ticket also indicated: No cinnamon.</p> <p>On 10/9/24 at 4:03 p.m., R1 stated she frequently received items containing cinnamon, which she was allergic to. She was served a snickerdoodle cookie for lunch earlier on 10/9/24. She only ate one bite of the cookie. She was unaware the cookie contained cinnamon until she ate a bite of it. Her reaction to cinnamon was tongue swelling.</p> <p>On 10/10/24 at 8:56 a.m., R1 was observed to have breakfast served to her room, containing bacon, eggs, fried potatoes, with two pieces of toast over the top. The toast visibly had raisins. The tray lacked a meal ticket. R1 did not eat the food that was served to her. The kitchen was notified.</p>	F 806	<p>Tag Cited: F- 806 § Allergies, Preferences, Substitutes</p> <p>Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p> <p>1. Immediate action(s) taken for the resident(s) found to have been affected include:</p> <p>Resident identified as R1 was provided with a new meal immediately. Nursing and Dietary staff were educated on allergy awareness immediately. The physician for the resident was notified. The daughter and the husband of the resident were notified, both family members noted it was not a true food allergy and more of a preference. R1 was monitored for any S/sx of reaction. No adverse effects were noted.</p> <p>The Dining Manager reviewed R1's remaining meals for the day to ensure no further allergens were included.</p> <p>R1's medical record and care plan were reviewed by the Director of Nursing (DON).</p>	

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F 806	<p>Continued From page 2</p> <p>On 10/10/24 at 9:04 a.m., the culinary director (CD) stated the toast contained cinnamon. The dietary aide (DA) started the plate and the nursing assistant (NA) finished it. The CD removed the plate and offered to make a new breakfast plate for R1.</p> <p>On 10/10/24 at 9:34 a.m., the director of nursing (DON) stated she was aware R1 was served toast containing cinnamon.</p> <p>On 10/10/24 at 9:48 a.m., DA-A stated she was preparing the toast for R1. She was aware what diet and allergies R1 required by the meal ticket. She walked away from the toaster, and when she returned NA-A had taken the tray and the toast.</p> <p>On 10/10/24 at 10:09 a.m., NA-A stated she finished making the toast for R1 and delivered the breakfast tray. Meal tickets noted residents' diets, but she was not aware if they indicated food allergies. She was not sure where food allergies were listed for residents.</p> <p>On 10/10/24 at 10:30 a.m., the CD stated allergies were listed on the meal tickets. Residents were able to choose their meals on an electronic menu system, which contained a safeguard system to deter them from choosing items they were allergic to. R1 selected the cinnamon raisin bread, and the system did not catch this. Staff were also responsible to catch/review for allergies prior to serving the residents' food. There was cinnamon in the snickerdoodle cookies served for lunch on 10/9/24. R1 should not have been served the cookie containing cinnamon.</p>	F 806	<p>2. Identification of other residents having the potential to be affected was accomplished by:</p> <p>The facility determined all residents with a food allergy, preference, or intolerance has the potential to be affected.</p> <p>Meal audit was conducted for all current residents on 10/10/24 to ensure food allergies noted in medical chart were identified on meal tickets.</p> <p>3. Actions taken/systems put into place to reduce the risk of future occurrence include:</p> <p>Healthcare Administrator (HCA) and Director of Nursing DON reviewed policies and procedures.</p> <p>Nursing and dietary staff were in-serviced on the identification of food allergies, intolerance's, and preferences.</p> <p>Life Enrichment team educated on managing and identifying food allergies by HCA.</p> <p>Health Unit Coordinator's educated on managing and identifying food allergies by DON.</p> <p>Nurse Staff educated on managing and identifying food allergies by DON.</p>	

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F 806	<p>Continued From page 3</p> <p>On 10/10/24 at 2:06 p.m., the administrator stated the facility lacked a policy regarding food allergies. The facility was not made aware R1's food allergy upon admission, but became aware of it at her initial care conference and her medical chart was updated at that time, on 9/18/24.</p> <p>On 10/10/24 at 2:42 p.m., nurse practitioner (NP)-A stated it was concerning for R1 to be served food she was known to have an allergy to. A reaction of tongue swelling could lead to a respiratory reaction. She would expect further conversation between the facility staff and R1 if R1 was opting to choose to eat food products containing a known allergen.</p> <p>A facility document Menu for the Week of October 6 through 12, 2024, indicated a snickerdoodle cookie was on the menu for lunch on 10/9/24.</p>	F 806	<p>Additional interventions implemented: Dining Manager to highlight each meal ticket with allergies/preferences listed. Dietary staff audit meals by reviewing current allergy list before each meal, ensuring meal tickets match, and signing updated allergy list before each meal to ensure that all allergies, preferences, and food intolerance's are being followed. All signed allergy lists are reviewed by the Dietary manager and then turned into and reviewed by HCA.</p> <p>Plan of correction reviewed by Medical Director.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur:</p> <p>Dietary staff audit meals by reviewing current allergy list before each meal, ensuring meal tickets match, and signing updated allergy list before each meal to ensure that all allergies, preferences, and food intolerance's are being followed. All signed allergy lists are reviewed by the Dietary manager and then turned into and reviewed by HCA.</p> <p>Audit Schedule:</p> <table border="0"> <tr> <td>Audit</td> <td>Meals</td> <td>Time</td> <td>Staff</td> </tr> <tr> <td>Daily Audits</td> <td>All 3 meals</td> <td></td> <td>One Month</td> </tr> <tr> <td></td> <td>Dietary</td> <td></td> <td></td> </tr> <tr> <td>Daily Audits</td> <td>One meal/day</td> <td></td> <td>One Month</td> </tr> <tr> <td></td> <td>Dietary</td> <td></td> <td></td> </tr> </table>	Audit	Meals	Time	Staff	Daily Audits	All 3 meals		One Month		Dietary			Daily Audits	One meal/day		One Month		Dietary			
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F 806	Continued From page 4	F 806	<p>Weekly Audits One meal/day One Month Dietary</p> <p>Monthly Audits One meal/day</p> <p style="padding-left: 40px;">Determined by QAPI Dietary</p> <p>Audit records will be reviewed by the Risk Management/Quality Assurance Committee until such a time consistent substantial compliance has been achieved as determined by the committee.</p> <p>Allegation of Compliance Date: 11/1/2024</p>	



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
November 7, 2024

Administrator
Saint Therese At Oxbow Lake
9751 Regent Avenue North
Brooklyn Park, MN 55443

RE: CCN: 245619
Cycle Start Date: October 11, 2024

Dear Administrator:

On November 6, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

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

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 27752	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2024
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NAME OF PROVIDER OR SUPPLIER SAINT THERESE AT OXBOW LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 9751 REGENT AVENUE NORTH BROOKLYN PARK, MN 55443
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2 000	<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: On 10/9/24 through 10/11/24, 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>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
10/30/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 27752	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2024
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NAME OF PROVIDER OR SUPPLIER SAINT THERESE AT OXBOW LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 9751 REGENT AVENUE NORTH BROOKLYN PARK, MN 55443
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2 000	<p>Continued From page 1</p> <p>The following complaints were reviewed: H56196769C (MN00105577) H56199260C (MN00107102) H56196782C (MN00105576)</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.</p> <p>Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		