Electronically delivered
November 22, 2022

Administrator
Rochester Rehabilitation And Living Center
1900 Ballington Boulevard NW
Rochester, MN 55901

RE: CCN: 245626
Cycle Start Date: November 4, 2022

Dear Administrator:

On November 4, 2022, 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 immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On October 27, 2022, the situation of immediate jeopardy to potential health and safety cited at F0760 was removed.

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 listed below to the CMS Region V Office forimposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty, (42 CFR 488.430 through 488.444).

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 $11,292; 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.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective November 4, 2022. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Rochester Rehabilitation And Living Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective November 4, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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:

Steven.Delich@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) 565-9462

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 Steven.Delich@cms.hhs.gov.

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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245626	A. BUILDING _____ B. WING _____	C 11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHESTER REHABILITATION AND LIVING CENTER	1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901

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F 000	INITIAL COMMENTS On 11/3/22 and 11/4/22, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was compliant with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. The IJ at F760 began on 10/27/22 when the facility failed to administer the right medications to R1. The administrator and director of nursing were notified of the IJ on 11/4/22, at 3:30 p.m. The IJ was removed, and the deficient practice was corrected on 10/27/22, prior to the start of the survey and was therefore Past Noncompliance. The following complaint was found to be substantiated: H56265490C (MN88033/MN88058), with a deficiency issued at F760 IJ Past Noncompliance. The following complaint was found to be unsubstantiated: H56265254C (MN87734). Although the provider had implemented corrective action prior to survey, harm or immediate jeopardy was sustained prior to the correction. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000		
F 760 SS=J	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.	F 760		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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F 760	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to administer the right prescribed medications to right residents for 2 of 3 residents (R1, R2). R1 had a sudden change in cardiac status and required hospitalized. This resulted in an immediate jeopardy (IJ) for R1, the facility immediately implemented correction and is being issued at past non compliance. The immediate jeopardy (IJ) began on 10/27/22, when registered nurse (RN)-A failed to verify identity of R1 prior to the administration of prescribed medications on the morning of 10/27/22. The administrator and director of nursing were notified of the IJ on 11/4/22, at 3:30 p.m. The IJ was removed on 10/27/22, and the deficient practice was corrected on 10/27/22, prior to the start of the survey and was therefore Past Noncompliance. Findings include: The facility Incident Report #2070 dated 10/27/22, at 10:07 a.m. identified on 10/27/22, at 8:00 a.m. registered nurse (RN)-A mistakenly administered R2's medication to R1 which included Amlodipine Besylate 7.5 mg (blood pressure medication (med)), Aspirin 325 mg, Carvedilol 3.125 mg (blood pressure med), Finasteride 5 mg (prostate med), Isosorbide Mononitrate 60 mg (blood pressure med), Losartan Potassium 25 mg (blood pressure med), Miralax 1 packet (med used for constipation), Ocular Vitamin, Senna Plus (med used for constipation), and Tamsulosin HCL capsule 0.4 mg (prostate med). Incident Report #2070 further identified RN-B	F 760	Past noncompliance: no plan of correction required.	

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F 760	Continued From page 2 called PA-A and new orders were received for checking (R1's) blood pressure and pulse every hour. PA-A was contacted when the blood pressure of 94/52 was obtained, and directed R1 be transported to the hospital for further monitoring. The identified root cause indicated RN-A was not familiar with the residents; when she said a name the resident responded to that name. R1's Face Sheet indicated R1 was admitted to the facility on 10/18/22, and discharged 10/27/22, to hospital. R1's admitting diagnosis included hypertensive heart (heart disease) and chronic kidney disease with heart failure, nonrheumatic aortic valve stenosis (narrowing of heart valve), atrial flutter (irregular heart rhythm), congestive heart failure, and occlusion and stenosis of right carotid artery (narrowing of the blood vessels in the neck). R1's Minimum Date Set (MDS) dated 10/20/22, indicted R1 had moderate cognitive impairment. R1's Care Plan with target date 1/13/22, indicated R1 was a new admit to the short term stay unit and desired to be discharged from the facility to his assisted living apartment; demonstrated cognitive loss and directed staff to allow adequate time for R1 to respond and not rush supply words; had a diagnosis of cardiac disease and to administer medications per physician orders; and required assistance with meal set-up due to blindness in his right eye. R1's physician orders on 10/27/22 included: -Aceon tablet 2 mg (blood pressure medication (med)). Give 2 tablets by mouth one time a day	F 760		

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F 760	Continued From page 3 for stage IV chronic kidney disease. -Daily-Vite multiple vitamin tablet. Give 1 tablet by mouth one time a day for supplement. -Miralax (med to relieve constipation). Give 1 packet by mouth one time a day for constipation. -Protonix 40 mg (acid reflux med). Give 1 tablet by mouth one time a day for gastric bleed; give before breakfast. -Glimepiride1 mg (med to lower blood sugars). Give 1 tablet by mouth one time a day for diabetes. Give with breakfast. -Do not take a laxative within 2 hours before or after taking other medications. Senna Plus Tablet Give 2 tablets by mouth two times a day for constipation. -Metoprolol Succinate tablet extended release 24 Hour 25 mg. Give 0.5 tablet by mouth one time a day for hypertension (HTN). Do not crush or chew. R1's progress note dated 10/27/22, at 10:07 a.m. included (R1) had an incident of medication error this shift. The incident occurred at 10/27/22 8:00 a.m. (R1) was evaluated for injuries, physician, family, and appropriate staff notified. R1's progress note dated 10/27/22, at 10:18 a.m. included Resident received another resident's medication which included Amlodipine Besylate 7.5 mg, Aspirin 325 mg, Carvedilol 3-1.25 mg, Finasteride 5 mg, Isosorbide Mononitrate 60 mg, Larsartan Potassium 25 mg, Miralax 1 packet, Ocular vitamin, Senna Plus, and Tamsulosin. Called the provider and new orders were received of checking blood pressure and pulse every hour. Provider contacted with blood pressure of 94/52 and got order to send him to the hospital for further monitoring.	F 760		

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F 760	Continued From page 4 R1's progress note dated 10/27/22, at 11:48 a.m. included Resident sent to emergency room for follow up monitoring after medication error. Systolic blood pressures ranged anywhere from 88-94 (normal range is between 90 and 120). Resident denied any symptoms but received several blood pressure medications. Resident left facility via ambulance at 11:00 a.m. R1's hospital care summary dated 10/27/22, indicated R1 was admitted to the ED with hypotension (low blood pressure) and drug overdose. Poison Control was contacted and advised to admit R1 to the hospital given R1's severe aortic stenosis and being administered five anti-hypertension agents. R1 was admitted to inpatient care and promptly went into cardiac arrest upon arriving to the medical unit. R1 subsequently died. R2's face sheet indicated R2 was admitted to the facility on 7/18/22 and remains a resident at the facility. R2's admitting diagnosis dated 7/18/22, included hemiplegia and hemiparesis following cerebral infarction (stroke) affecting left non-dominant side, aphasia (difficulty speaking) following cerebral infarction, atherosclerotic heart disease of native coronary artery (narrowing of heart arteries), cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery (stroke), dysphasia (difficulty swallowing), congestive heart failure, hypertension, altered mental status, history of transient ischemic attack and cerebral infarction (small strokes). R2's Care Plan with target date 1/12/23, indicated	F 760		

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F 760	Continued From page 5 R2 demonstrated cognitive loss and allow adequate time to respond, and do not rush or supply words. R2 had cardiac diagnoses that rquired medications. R2 sat at the supervision table for meals. Had hearing loss, had vision problem, and had difficulty with speech. R2's MDS dated 10/5/22, indicated R2 had severe cognitive deficit; had hearing aides; sometimes unable to express his ideas or wants and for staff to understand his needs; and impaired vision. R2's prescribed medication list on 10/27/22 included: -Hydralazine Hydrochloride tablet 25 mg. Give 1 tablet by mouth every 8 hours as needed for blood pressure give if systolic blood pressure is >160. -Miralax for constipation as needed for bowel movement production. -Carvedilol 3 -125 mg. Give 1 tablet by mouth two times a day related to heart disease. -Isosorbide Mononitrate extended release 24 Hour 60 mg. Give 1 tablet by mouth 1 time a day for HTN. -Amlodipine Besylate tablet 2.5 mg. Give 2 tablets by mouth 1 time per day for HTN. -Aspirin Tablet 325 mg. Give 1 tablet per day for prevention. -Atorvastatin Calcium tablet 40 mg (cholesterol med). Give 1 tablet by mouth at bedtime for hyperlipidemia. -Finasteride Tablet 5 mg. Give 1 tablet per day for benign prostate hypertension. -Losartan Potassium tablet 25 mg. Give 1 tablet per day for HTN. -Miralax Powder. Give 1 packet by mouth one time a day for constipation.	F 760		

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F 760	Continued From page 6 -Protonix Tablet Delayed Release 40 mg. Give 1 tablet by mouth in the morning before breakfast for gastroesophageal reflux disease. -Tamsulosin capsule 0.4 mg. Give 2 capsules by mouth one time a day for benign prostatic hypertension. Open and put 1 capsule at a time into applesauce. -Ocular Vitamins. Give 1 tablet 2 times per day for supplement. -Senna Plus Tablet 8.6-50 mg. Give 1 tablet by mouth two times a day for constipation; hold for loose stools. -Acetaminophen tablet 500 mg. Give 2 tablets every 6 hours for pain -Hyoscyamine Sulfate tablets 0.125 mg. Give 1 tablet sublingually every 4 hours for increased secretions. R2's progress note dated 10/27/22, at 10:44 a.m. documented R2 received R1's medication which included Senna Plus, Aceon, Miralax, glimepiride, and daily vitamin tablet. Provider was notified and new orders were given to give R2 his morning meditations and check his blood sugar now and a half hour after lunch and supper. Will continue to monitor. Review of progress notes from 10/27/22 to 10/28/22 identified R2 did not have adverse effects from the medication error. Facility's investigation included hand written statement by RN-A dated 10/27/22. The statement identified RN-A confirmed she switched R1 and R2's morning pass medications. Statement included "it made it hard to tell which resident was who when they were in dining room to eat breakfast and R1 is not usually in the dining room. I said their name, and each responded to	F 760		

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F 760	Continued From page 7 the name. I noticed the mistake after giving R2, R1's medication that was actually R1 and notified someone right away what I did." During interview on 11/4/22, at 10:14 a.m. RN-A indicated that morning R2's medications had been prepared for administration. She had thought it was R2 who had been sitting at the dining room table alone. So, she approached who she thought was R2 and said good morning R2, who responded good morning. Since "R2" responded the medications that had been prepared were administered. Shortly after who she thought was "R1" arrived to the dining room table. RN-A greeted "R1" good morning, and "R1" replied good morning and administered "R1" his pills. RN-A stated in this encounter she did not state "R1's" name but surmised it was R1 because "R2" had already received his medications. RN-A indicated something did not feel right. RN-A returned to the medication cart and accessed R1's electronic medical record and reviewed R1's picture and realized she had made medication errors. RN-A stated she gave R1's medications to R2 and R2's medications to R1. RN-A indicated she should have looked at the pictures of the residents before administering their medications and she did not confirm it was the right resident. RN-A also verbalized that maybe the residents did not hear what she was saying, because she was wearing a mask. During interview on 11/4/22, 8:25 a.m. ADM stated he took the lead on the investigation and root cause analysis with RN-A's medication errors. ADM convened the Quality Assurance and Process Improvement (QAPI) committee to review the facility policies on medication administration. It was determined by QAPI that	F 760		

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F 760	Continued From page 8 the facility had appropriate policies and procedures and RN-A did not follow the facility policies and procedures, nor standard nursing practice for medication administration. RN-A is a supplemental contracted nurse and was terminated from returning to the facility. During an interview on 11/4/22, at 12:47 p.m. physician assistant (PA)-A stated she received a telephone call from the facility regarding the medication errors for R1 and R2. PA-A stated she was most concerned with R1's blood pressure and directed staff to closely monitor R1's blood pressures. PA-A directed if R1's blood pressure is at 90/60 or less, to contact her and she will place an order to transport R1 to the emergency department (ED). PA-A stated R1 was not a fragile patient and was doing well on his own, living in assisted living. Review of the facility 7 Rights of Medication Administration procedure Pathway Health, not dated, directed staff to check if it is the right resident, right medication, right dose, right route, right time, right reason, and right documentation. Review of the facility General Dose Preparation and Medication Administration with revision date 1/1/22, directed staff should verify that the medication name and dose are correct when compared to the medication order on the medication administration record. Review of Oral Drug Administration, Lippincott Medical Books revised 5/20/22, directed staff to confirm the patient's identity using at least two patient identifiers; and verify that you're administering the right medication at the proper time, in the prescribed dose to reduce the risk of	F 760		

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F 760	Continued From page 9 medication errors. The immediate jeopardy that began on 10/27/22, was removed on 10/27/22 when it was verified and confirmed by observation, interview, and document review the facility immediately implemented the following actions: -On 10/27/22 facility immediately suspended, followed by terminating RN-A's employment; further reported to the MN Board of Nursing -On 10/27/22 all licensed staff and trained medication assistants were educated on medication administration policy with focus on 7 rights of medication administration. Followed by developing and implementing a hands-on competency evaluation. Additionally developed an ongoing plan to continue education/competency until all staff have completed prior to their next shift. -On 10/27/22 Facility completed record review audits to ensure all residents potentially effected to ensure no further medication errors were identified. -On 10/27/22 facility reviewed the medication error with QAPI. -By 10/28/22 Reviewed all their policies and procedures relating to medication administration and found to be appropriate. -By 10/28/22 reviewed medication errors to ensure no identifiable trends related to rights of medication administration that could have warranted further analysis and intervention; no trend was identified.	F 760		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 22, 2022

Administrator
Rochester Rehabilitation And Living Center
1900 Ballington Boulevard Nw
Rochester, MN 55901

Re: Event ID: 5Q5X11

Dear Administrator:

The above facility survey was completed on November 4, 2022 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29822	A. BUILDING: _____ B. WING _____	C 11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHESTER REHABILITATION AND LIVING CE	1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901

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2 000	Initial Comments *****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 11/3/22, and 11/4/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health. Your facility was found not in compliance with the Minnesota State Licensure. The following complaint was found to be	2 000		

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2 000	Continued From page 1 substantiated: H56265490C (MN88033/MN88058), however no licensing orders were issued. The following complaint was found to be unsubstantiated: H56265254C (MN87734). 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.	2 000		