



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
August 22, 2024

Administrator
The Villas at Osseo, LLC
501 Second Street Southeast
Osseo, MN 55369

RE: CCN: 245629
Cycle Start Date: July 18, 2024

Dear Administrator:

On August 14, 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.

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 31, 2024

Administrator
The Villas at Osseo LLC
501 Second Street Southeast
Osseo, MN 55369

RE: CCN: 245629
Cycle Start Date: July 18, 2024

Dear Administrator:

On July 18, 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 Villas at Osseo LLC

July 31, 2024

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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, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
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 October 18, 2024 (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 January 18, 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) / 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/lrc_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.

The Villas at Osseo LLC

July 31, 2024

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "H. Zahler". The signature is cursive and somewhat stylized, with the first letter of the last name being a large, prominent 'H'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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

PRINTED: 08/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245629	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2024
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NAME OF PROVIDER OR SUPPLIER THE VILLAS AT OSSEO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 501 SECOND STREET SOUTHEAST OSSEO, MN 55369
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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 7/17/24 through 7/18/24, 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 H56295786C (MN00104888) As a result of the investigation deficiencies were cited at F609 and F610.</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>	F 000		
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in</p>	F 609		8/9/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/05/2024
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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 609	<p>Continued From page 1</p> <p>serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review and interview the facility failed to report to the State Agency (SA) a injury of a hematoma on right leg for 1 of 1 (R1) when reviewed for injury of unknown origin.</p> <p>Findings include:</p> <p>R1's significant change Minimum Data Set (MDS) dated 5/25/24 indicted intact cognition (13)and diagnosis of acute kidney disease, anxiety disorder, muscle weakness, difficulty walking, need for assistance with personal care, type 2 diabetes mellitus, insomnia, delirium and, acute and chronic respiratory failure with hupercapnia and hypoxia.</p> <p>R1's incident report dated 7/9/24 indicated during AM cares, while the staff assisted the resident with transfer from bed to a wheelchair (W/C), the resident sustained a bruise on her left lower</p>	F 609	<p>F609</p> <p>-The process for satisfying this requirement has been reviewed and revised as needed, to ensure allegations of abuse or neglect, along with injuries of unknown origin, are reported to the Administrator and appropriate State agency.</p> <p>- All residents residing in the facility have the potential to be affected if this requirement is not met.</p> <p>- R1's Daughter gave-up her bed-hold on 7/29/24.</p> <p>- Like residents were interviewed and review of their medical record was completed to ensure there was no harm.</p> <p>- All necessary staff have received training on the company abuse prohibition policy, with emphasis on injuries of unknown origin.</p>	

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F 609	<p>Continued From page 2</p> <p>extremities (LLE). Reported indicated the Root cause as full body lift was defective and did not function properly, leading to the incident. Intervention indicated as the full-body lift was removed from the floor and dismantled by maintenance. Another full-body lift was rented. Upper management also purchased a new full-body lift. Resident care plan updated. The resident will need 3 staff members during the transfer. One to guide her leg, one to control the machine, and the other behind the resident with W/C positioning. The care sheet has been updated. Resident updated. The care team and provider updated. Nurses will continue to follow the care plan with care delivery.</p> <p>R1's weekly skin inspection dated 7/11/24 indicated edema remains to right arm, faded bruises to left lower extremities, forehead and left arm. Rest of the skin was intact.</p> <p>R1's progress note dated 7/12/24 indicated at about 10:10 a.m. nursing assistant (NA)-A notified registered nurse (RN)-A that R1 had a lump on her leg and was screaming in pain. R1 was assessed and a swollen lower right extremity (LRE) was noted. R1 rated the pain at 8-10 out of 10. Acetaminophen was administered. Nurse practitioner was updated and ordered to send R1 to the emergency department (ED) for evaluation. R1 agreed and family updated. R1 was later admitted to hospital.</p> <p>During interview on 7/17/24 at 2:48 p.m., administrator indicated they were not aware of how R1 got the LRE injury. Administrator stated the director of nursing was not available to gather further information and was unsure why a report would need to be made to the SA. Administrator</p>	F 609	<ul style="list-style-type: none"> - Audits will be completed to ensure compliance. Audit results will be reviewed at QAPI, with any deficient practice corrected at the time of occurrence. - The Administrator or Designee is the Responsible Party - Corrective Action will be completed by 8/9/24 	

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F 609	<p>Continued From page 3</p> <p>stated R1 was not interviewed due to being in the hospital but had told one of the staff her leg hit the hoyer during a transfer. Administrator stated R1 never said staff intentions were to harm her and there was no grievances related to rough cares which led to the decision to not report injury to SA.</p> <p>During interview on 7/18/24 at 9:47 a.m., hospital care coordinator (HCC) stated R1 had a hematoma on her right lower leg at calf area and it was unknown how this injury occurred. HCC stated the hematoma measured 10 centimeters (cm) by 13 cm and had drained 500 milliliters of fluid from the hematoma. HHC stated there was no plan for a discharge as R1 was still not in stable condition.</p> <p>During interview on 7/18/24 at 2:26 p.m. family member (FM) stated she had witnessed a "rough transfer" on 7/10/24 around 6:10 p.m. when staff transferred R1 from wheel chair to bed. FM recalled staff having R1 in the sling, lifted in the air and hanging low, staff pushed R1 toward the bed, R1 was screaming and her right leg hit a piece of the mechanical lift, adding, that it was the same area where the hematoma was now. FM could not remember which staff assisted in the transfer and that she had met with facility administrator earlier in the week to share this information with her. FM denied any follow up from the facility related to this concern.</p> <p>During an additional interview on 7/18/24 at 3:05 p.m. administrator confirmed meeting with R1's family and discussing initial lift issue but denied the family having any abuse, rough care concerns or grievances.</p>	F 609		

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F 609	Continued From page 4 Facility policy titled Abuse/Probation/Vulnerable Adult Policy revised dated March 2024, indicated incidents to be reported was injuries of unknown sources-an injury should be classified as an "injury of unknown source" when both the following conditions are met: the source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and, the injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is in an area not generally vulnerable to trauma), or the number of injuries observed at one point in time or the incident of injuries overtime. Suspicion of neglect, exploitation, or misappropriation of resident property must be reported to not later than 2 hours if the incident resulted in serious bodily injury.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified	F 610		8/13/24

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F 610	<p>Continued From page 5</p> <p>appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review the facility failed to thoroughly investigate an injury of unknown origin (hematoma on right leg) for 1 of 1 resident (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1's significant change Minimum Data Set (MDS) dated 5/25/24 indicted intact cognition (13) and diagnosis of acute kidney disease, anxiety disorder, muscle weakness, difficulty walking, need for assistance with personal care, type 2 diabetes mellitus, insomnia, delirium and, acute and chronic respiratory failure with hypercapnia and hypoxia.</p> <p>R1's care plan dated 6/12/24, indicated R1 required assist of 2 staff with transfer using full body lift, incident on 7/9/24: during transfers, R1 will need 3 staff members. One will guide legs, one will control the machine, other will assist R1 with wheelchair positioning behind her.</p> <p>R1's progress note dated 7/12/24 indicated at about 10:10 a.m. nursing assistant (NA)-A notified registered nurse (RN)-A that R1 had a lump on her leg and was screaming in pain. R1 was assessed and a swollen lower right extremity (LRE) was noted. R1 rated the pain at 8-10 out of 10. Acetaminophen was administered. Nurse practitioner was updated and ordered to send R1 to the emergency department (ED) for evaluation. R1 agreed and family updated. R1 was later admitted to hospital.</p> <p>During interview on 7/17/24 at 12:18 p.m., RN-A stated there was a lump found on R1 leg, when</p>	F 610	<p>F610</p> <ul style="list-style-type: none"> • The process for satisfying this requirement has been reviewed and revised as needed, to ensure the following: <ul style="list-style-type: none"> - Allegations of abuse, neglect, exploitation, mistreatment, including injuries of unknown origin are reported to the Administrator and appropriate State agency. - Investigations are initiated immediately for allegations of abuse, neglect, exploitation, mistreatment, including injuries of unknown source. - The Administrator or Designee completes a thorough investigation of the allegation. - Administrator or Designee maintains documentation that a thorough investigation was conducted. - Investigation documentation will be readily available for the State agency to review. • All residents residing in the facility have the potential to be affected if this requirement is not met. • R1's Daughter gave-up her bed-hold on 7/29/24. • Like Residents were interviewed and review of their medical record was completed to ensure there was no harm. • All necessary staff have received training on the facility abuse prohibition and vulnerable adult policy, with emphasis on reporting requirements and components of a thorough investigation. 	

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F 610	<p>Continued From page 6</p> <p>getting R1 ready for the day. RN-A stated she called the NP right away and indicated R1 could not remember what happened. RN-A stated R1 was in pain when her leg was touched or moved. RN-A stated the injury was large, long in length and like a blister but dark in color. RN-A indicated no measurements were taken of the injury. RN-A was not aware if there had been an investigation on how R1 was injured.</p> <p>During interview on 7/17/24 at 3:12 p.m., nursing assistant (NA)-A stated R1 had a injury on her right leg and RN-A was present, did an assessment and R1 went to the ED. NA-A stated R1 was in pain when her leg was moved or touched. NA-A stated R1 did not know how she got injured. NA-A recalled the facility had not called to get more information about this injury.</p> <p>During interview on 7/18/24 at 10:43 a.m., nursing assistant (NA)-B stated she had assisted R1 with her transfer and family was present on 7/10/24. NA-B stated the transfer was normal, not rough and R1 had no complaints of pain when transferred. NA-B recalled seeing R1 bump her leg, when doing cares in R1's bed but added she was not aware how R1 got the large bruise on her right leg and the facility had not interviewed NA-B regarding the injury.</p> <p>During interview on 7/18/24 at 9:47 a.m., hospital care coordinator (HCC) stated R1 had a hematoma on her right lower leg at calf area and it was unknown how this injury occurred. HCC stated hematoma measured 10 centimeters (cm) by 13 cm and had drained 500 millimeters of fluid from the hematoma. HHC added there was no plan for a discharge as R1 was still not in stable condition.</p>	F 610	<ul style="list-style-type: none"> Necessary IDT members received more in-depth education on key components of a thorough investigation by utilizing our company investigation guides. Audits will be completed to ensure compliance. Audit results will be reviewed at QAPI, with any deficient practice corrected at the time of occurrence. The Administrator or Designee is the Responsible Party Corrective Action will be completed by 8/13/24 	

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F 610	<p>Continued From page 7</p> <p>During interview on 7/18/24 at 2:26 p.m. family member (FM) stated she had witnessed a "rough transfer" on 7/10/24 around 6:10 p.m. when staff transferred R1 from wheel chair to bed. FM recalled staff having R1 in the sling and lifted in the air and hanging low, staff pushed R1 toward the bed, she screamed out and her right leg hit a piece of the mechanical lift which was the same area where the hematoma was now. FM could not remember which staff assisted in this transfer and FM stated she had met with facility administrator earlier this week to share this information. FM denied any follow up from the facility related to her care concerns.</p> <p>During interview on 7/18/24 3:05 p.m. administrator stated when an injury of unknown origin occurs an investigation would be completed and that was not completely done. Administrator said usually the director of nursing (DON) leads the investigation, however the DON was not available.</p> <p>DON was attempted to be contact via phone, however no return call was completed during this survey.</p> <p>Facility policy titled Abuse Prohibition/Vulnerable Adult Policy revised date March 2024, indicated an investigation will begin immediately and staff will take immediate and appropriate actions to prevent further abuse, neglect, exploitation, and mistreatment from occurring while the investigation is in progress.</p>	F 610		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 31, 2024

Administrator
The Villas at Osseo LLC
501 Second Street Southeast
Osseo, MN 55369

Re: Event ID: 4OZ611

Dear Administrator:

The above facility survey was completed on July 18, 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 black ink that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00733	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2024
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NAME OF PROVIDER OR SUPPLIER THE VILLAS AT OSSEO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 501 SECOND STREET SOUTHEAST OSSEO, MN 55369
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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 7/17/24 through 7/18/24, 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. The following complaints were reviewed: H56295786C (MN00104888). NO licensing</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/05/24
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00733	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2024
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NAME OF PROVIDER OR SUPPLIER THE VILLAS AT OSSEO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 501 SECOND STREET SOUTHEAST OSSEO, MN 55369
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2 000	Continued From page 1 orders were issued. 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		