Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

October 10, 2025

Administrator
MTAI Trillium
306 Westgate Drive, PO Box 246
Winsted, MN 55395

RE: Event ID: M54X11

Dear Administrator:

On September 12, 2025, an abbreviated survey was completed at your facility by the Minnesota Departments of Health to determine if your facility was in compliance with Federal participation requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid program. At the time of the survey, the survey team noted one or more deficiencies.

Federal certification deficiencies are delineated on the electronically delivered form CMS-2567 "Statement of Deficiencies and Plan of Correction". Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action (PoC). **A provider will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview.**

A PoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter.

Failure to submit an acceptable written plan of correction for all Health Federal deficiencies within ten calendar days may result in additional remedies and/or decertification including a loss of federal reimbursement.

Your PoC must include:

- 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 PoC must be placed directly on the CMS-2567, signed and dated by the administrator or your authorized official. If possible, please type and return your plan of correction to ensure legibility. Please

make a copy of the form for your records and return the original. Additional documentation may be attached to Form CMS-2567, if necessary.

DEPARTMENT CONTACT:

Questions regarding all documents submitted as a response to the client care deficiencies (those preceded by an "W" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

Feel free to contact me with any questions related to this letter.

Sincerely,

Kamala Fiske-Downing

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24G467	A. BUILDING _____ B. WING _____	C 09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MTAI TRILLIUM	306 WESTGATE DRIVE, PO BOX 246 WINSTED, MN 55395

(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
W 000	INITIAL COMMENTS On 9/10/25 through 9/12/25, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was not in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The following complaint was reviewed. HG4674040C (MN00115054). Deficient practice was identified related to incidental finding at W153 and W154.	W 000		
W 153	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to report allegations for neglect of care to the state agency (SA) for 1 of 1 client (C1) when C1 was hospitalized after a change in condition and labs indicated severe dehydration. Findings include: C1's profile, undated, indicated C1's medical diagnoses of moderate intellectual disabilities, obsessive-compulsive disorder, autistic disorder. Facility General Event Reports (GER) dated 9/7/25, indicated C1 had overall weakness, did not want to eat breakfast, only drink. Staff called	W 153		

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

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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W 153	Continued From page 1	W 153		

nursing and staff reported C1's symptoms were the same the previous day. C1 was taken to the hospital, admitted for dehydration and bowel blockage.

Hospital admission notes dated 9/7/25, indicated C1 was severely dehydrated due to the volvulus of the colon. C1 was given aggressive intravenous (IV) fluid one liter.

During interview on 9/11/25 at 1:56 a.m., facility registered nurse (RN)-A stated there was no intake of fluids data for C1 or the other clients and would not be aware if C1 was not taking fluids. RN-A stated it was concerning when a client was dehydrated and wondered how this occurred. RN-A was also not aware if an incident of this nature should have been reported to the SA for neglect.

During interview on 9/12/25 at 11:00 a.m., house manager (HM) stated it was not thought to report C1's medical condition to the SA as it was not believed C1 was dehydrated. HM explained C1 drinks "a lot of fluids" at one time and had no concerns that staff were neglecting to offer fluids to C1 or other clients.

During interview on 9/12/25 at 11:31 a.m., administrator stated she was not aware if the incident had been reported to the SA but agreed it should have been considering the hospital found C1 to be dehydrated; we always want to offer fluids to our clients.

Facility policy titled, " Vulnerable Adults Maltreatment Reporting and Internal Review Policy" revision dated 12/11/24, indicated as a

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W 153	Continued From page 2 mandated reporter, if you know or suspect that a vulnerable adult has been maltreated or there has been an injury of unknown origin, you must report it immediately. Policy provided definition of neglect to be the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision.	W 153		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to thoroughly investigate an allegation of neglect for 1 of 1 (C1) client when a C1 was hospitalized for a change in condition and found to be critically dehydrated. Findings include: C1's profile, undated, indicated C1's medical diagnoses of moderate intellectual disabilities, obsessive-compulsive disorder, autistic disorder. Facility General Event Reports (GER) dated 9/7/25, indicated C1 had overall weakness, did not want to eat breakfast, only drink. Staff called nursing and staff reported C1's symptoms were the same the previous day. C1 was taken to the hospital, admitted for dehydration and bowel blockage. Hospital admission notes dated 9/7/25, indicated C1 was severely dehydrated due to the volvulus of the colon. C1 was given aggressive intravenous (IV) fluid one liter.	W 154		

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W 154	Continued From page 3 During interview on 9/11/25 at 1:56 p.m.,. facility registered nurse (RN)-A stated it was unclear why C1 was dehydrated, had not consulted with the doctors at the hospital and was unsure whether the facility had completed an investigation to determine why C1 had a change in condition. RN-A stated she had planned to meet with her supervisor to review new interventions and C1's medical record but had not yet taken those step. Additionally, RN-A agreed the facility should investigate why C1 had a change in condition. During interview on 9/12/25 at 11:00 a.m., house manager (HM) stated C1's hospitalization, after the change in condition was not investigated because the diagnosis of being dehydrated, made no sense, as C1 drinks very well at the facility. HM stated there was no investigation and therefore, no new interventions or education provided to staff following C1's return from the hospital. During interview on 9/12/25 at 11:31 a.m., administrator stated she was not aware if the facility had investigated C1's change in condition however agreed it should have been investigated. Administrator stated clients should not be dehydrated, fluids should always be offered and "they" need to see when staff offer fluids to the clients and develop a plan for the clients safety. During interview on 9/12/25 at 12:10 p.m., director of nursing (DON) stated she had limited communication with C1's hospitalization and agreed it should be investigated and assess how	W 154		

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W 154	Continued From page 4 much fluids the clients were receiving. Facility policy titled, " Vulnerable Adults Maltreatment Reporting and Internal Review Policy" revision dated 12/11/24, indicated when an employee is made aware that a report of possible maltreatment has been made through a source such as an investigator, licensor, Interdisciplinary Team Member-member, or other source, this information should be forwarded to the internal investigator, administrator, or Emergency On-Call QIDP so an internal investigation can be completed and any immediate actions taken to ensure protection of the vulnerable person.	W 154		

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October 10, 2025

Administrator
MTAI Trillium
306 Westgate Drive, PO Box 246
Winsted, MN 55395

Re: Enclosed State Supervised Living Facility Licensing Orders - Event ID: M54X11

Dear Administrator:

The above facility was surveyed on September 10, 2025 through September 12, 2025 for the purpose of assessing compliance with Minnesota Department of Health Supervised Living Facility Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144.56. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Supervised Living Facilities.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings is the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

The first page of the state orders should be signed and submitted along with your federal plan of correction to:

Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact the supervisor listed above. A written plan for correction of licensing orders is not required.

You may request reconsideration of this correction order within 15 calendar days of receipt of this order. To submit a reconsideration, please visit: https://forms.web.health.state.mn.us/form/HRDAppealsForm.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kamala Fiske-Downing

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

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5 000	Initial Comments In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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 or MN Statute indicated below. When a rule or statute 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. On 9/10/25 through 9/12/25, a standard abbreviated survey was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF). The following complaint was reviewed. HG4674040C (MN00115054) with no licensing orders issued.	5 000		

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5 000	Continued From page 1 As a result of the investigation a licensing order was issued at 0815. When corrections are completed, please sign and date, make a copy of these orders and electronically return to: Susie.haben@state.mn.us	5 000		
5 815	MN Statute 626.557 Subd. 3. VA Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a	5 815		

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5 815	Continued From page 2 reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced by: Based on interview and record review the facility failed to report allegations for neglect of care to the state agency (SA) for 1 of 1 client (C1) when C1 was hospitalized after a change in condition and labs indicated severe dehydration. Findings include: C1's profile, undated, indicated C1's medical diagnoses of moderate intellectual disabilities, obsessive-compulsive disorder, autistic disorder. Facility General Event Reports (GER) dated 9/7/25, indicated C1 had overall weakness, did not want to eat breakfast, only drink. Staff called nursing and staff reported C1's symptoms were the same the previous day. C1 was taken to the	5 815		

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5 815	Continued From page 3 hospital, admitted for dehydration and bowel blockage. Hospital admission notes dated 9/7/25, indicated C1 was severely dehydrated due to the volvulus of the colon. C1 was given aggressive intravenous (IV) fluid one liter. During interview on 9/11/25 at 1:56 a.m., facility registered nurse (RN)-A stated there was no intake of fluids data for C1 or the other clients and would not be aware if C1 was not taking fluids. RN-A stated it was concerning when a client was dehydrated and wondered how this occurred. RN-A was also not aware if an incident of this nature should have been reported to the SA for neglect. During interview on 9/12/25 at 11:00 a.m., house manager (HM) stated it was not thought to report C1's medical condition to the SA as it was not believed C1 was dehydrated. HM explained C1 drinks "a lot of fluids" at one time and had no concerns that staff were neglecting to offer fluids to C1 or other clients. During interview on 9/12/25 at 11:31 a.m., administrator stated she was not aware if the incident had been reported to the SA but agreed it should have been considering the hospital found C1 to be dehydrated; we always want to offer fluids to our clients. Facility policy titled, " Vulnerable Adults Maltreatment Reporting and Internal Review Policy" revision dated 12/11/24, indicated as a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated or there has been an injury of unknown origin, you must	5 815		

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5 815	Continued From page 4 report it immediately. Policy provided definition of neglect to be the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	5 815		