STATE LICENSING COMPLIANCE REPORT

Report #: HL329131622C

Date Concluded: February 4, 2025

Name, Address, and County of Facility Investigated:
Volante of Hanover
10875 Settlers Lane North
Hanover, MN 55341
Hennepin County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name: Katherine Barnhardt, RN, Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** ASSISTED LIVING LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.01 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL329131622C On January 27, 2025, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 18 residents receiving services under the assisted living with dementia license. The following correction orders are issued for #HL329131622C, tag identification 1040, 1070, 1110.	0 000	Assisted Living Provider 144G. Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' 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. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01040	Continued From page 1	01040		
01040 SS=D	144G.52 Subd. 7 Notice of contract termination required (a) A facility terminating a contract must issue a written notice of termination according to this section. The facility must also send a copy of the termination notice to the Office of Ombudsman for Long-Term Care and, for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, to the resident's case manager, as soon as practicable after providing notice to the resident. A facility may terminate an assisted living contract only as permitted under subdivisions 3, 4, and 5. (b) A facility terminating a contract under subdivision 3 or 4 must provide a written termination notice at least 30 days before the effective date of the termination to the resident, legal representative, and designated representative. (c) A facility terminating a contract under subdivision 5 must provide a written termination notice at least 15 days before the effective date of the termination to the resident, legal representative, and designated representative. (d) If a resident moves out of a facility or cancels services received from the facility, nothing in this section prohibits a facility from enforcing against the resident any notice periods with which the resident must comply under the assisted living contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to issue a written notice for a termination of contract at least 30 days ahead of the termination, or at least 15 days ahead of an expedited termination for one of one resident	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01040	Continued From page 2 (R1) with records reviewed. R1 was not allowed to return to the facility after being sent to an emergency room. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: Review of R1's medical record indicated R1's diagnoses included fronto-temporal dementia and a history of substance abuse. R1's admission assessment dated September 19, 2024, indicated R1 had a history of occasional disruptive behaviors, made unsafe or verbally and physically inappropriate decisions, had difficulty staying focused on a task, required special tolerance and resisted care at times. Additionally, R1's care may require staff training. R1's unsigned service plan dated September 19, 2024, indicated R1 received services for hygiene, showering, dressing, meal prep, housekeeping, and laundry. R1's electronic medication record (EMAR) dated October 2024 and November 2024, respectively, indicated R1's services included medication management. R1's progress notes dated October 11, 2024, through November 9, 2024, indicated R1 had	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01040	Continued From page 3 been sent to a behavioral health facility and several emergency rooms over a period of a few days and each time was cleared to return to the licensee. R1's progress note dated October 16, 2024, indicated registered nurse (RN)-C forwarded R1's updated behavioral health information to the licensee's regional team for review when R1 was cleared by providers at a behavioral health facility to return to the licensee on October 23, 2024. R1's progress note dated October 22, 2024, written by RN-C indicated the behavioral health facility reported behaviors were improved with no documentation of aggression toward other patients or staff and licensee's vice president (VP) of clinical services approved R1's return with a stipulation R1 did not return to the licensee with any as needed (PRN) psychotropic medication orders. R1 returned on October 24, 2024, without PRN psychotropic medications as requested by licensee. R1's progress note dated November 7, 2024, written by RN-C at 12:41 a.m., indicated unlicensed personnel (ULP) reported R1 was agitated, aggressive, wandering into others rooms and had damaged furniture. RN-C directed ULP's to call 911. R1 was transported to an emergency room, evaluated and returned to licensee the same day. R1 was transported back to licensee by emergency medical technicians (EMT's). R1's progress note dated November 7, 2024, written by RN-C at 4:59 p.m., indicated R1 was delusional and aggressive to staff upon return from the emergency room "before he was off the stretcher" and EMT's refused to transport R1	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01040	Continued From page 4 back to the hospital. 911 was called and R1 was sent to a second emergency room within an hour after returning to licensee from the first emergency room. RN-C requested inpatient treatment and stabilization of R 1 as directed by the licensee's leadership team, however, the request was denied by a provider at the emergency room because the provider did not feel it was needed. The progress note indicated RN-C spoke with the licensee's regional team and legal and termination of R1's contract process to start. R1's progress note dated November 8, 2024, written by RN-C at 10:54 a.m., indicated RN-C had spoke with the emergency room provider and R1 would not be admitted because a psychiatric evaluation had been completed within the last 24 hours at another emergency room and the psychiatric evaluation indicated R1 did not have a need for admission and was cleared to return to the licensee. R1's progress note dated November 8, 2024, written by ULP-D at 1:36 p.m., indicated R1 returned to the licensee, ate lunch peacefully, thanked staff and was being monitored. R1's progress note dated November 9, 2024, written by licensed assisted living director (LALD)-A at 11:17 a.m., indicated R1 was slightly agitated, pale, had sudden weakness and had fallen. 911 was called and R1 was sent back to the first emergency room. R1's record lacked documentation to include any information after R1 was sent to the emergency room on November 9, 2024. R1's record lacked a discharge summary.	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01040	Continued From page 5 R1's record lacked evidence R1 received a written termination notice. R1's record lacked evidence a copy of the termination notice was sent to the Office of Ombudsman for LTC. The licensee's discharged resident roster dated, January 27, 2025, indicated R1 was admitted on September 19, 2024, and "moved out"on November 30, 2024. R1 was sent to an emergency room four times in three days, housed at the last emergency room for five days and not allowed to return to the facility when R1 was ready for discharge. On January 27, 2024, at 1:32 p.m., a family member (FM)-E stated R1 was assessed by RN-C before R1 was accepted by the licensee. FM-E stated within two weeks of R1's admission R 1 was sent to a behavioral health facility on September 25, 2024, where R1 was observed for behaviors and cleared for return to the licensee on October 24, 2024. FM-E stated she had not heard anything from the licensee until November 6, 2024, when RN-C reported R1 had become disruptive. FM-E stated R1 was sent to three different emergency rooms between November 6, 2024, and November 9, 2024. R1 was not allowed to return to licensee after the last emergency transfer on November 9, 2024, and FM-E was told by emergency room staff the licensee had refused R1's return, however, the licensee had not told R1's family. On January 28, 2025, at 11:00 a.m., LALD-A stated R1 was mostly independent however, required a considerable amount of redirection. LALD-A stated typical interventions were used	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01040	Continued From page 6 with R1 and included redirection. LALD-A stated the licensee had a pretermination meeting on November 13, 2024, (5 days after R1 was sent to emergency room and not allowed to return without stipulations) and the licensee never refused to allow R1 to return. R1 was able to return if R1 agreed to a second behavioral health stay, allowed medications to be adjusted and was behavioral free at least two weeks. LALD-A stated R1 did not return after he was sent to the emergency room on November 9, 2024, and family cleaned out R1's apartment on November 30, 2024. LALD-A stated a termination notice was never issued. The licensee's Discharge and Transfer policy dated April 14, 2023, indicated an involuntary discharge must comply with state regulations for involuntary discharges, deliver written notice to resident and/or resident's legal representative 30 days prior to discharge date and the written notice must include: reason for transfer, date of transfer, identify name and address of receiving facility, notification of resident's right to appeal, identify name, address and contact information for the state ombudsman's office. The policy also indicated an immediate discharge or transfer if the resident developed a physical or mental condition requiring an emergency relocation to a facility providing a higher level of care or the resident engaged in a pattern of conduct that endangers the health and safety of others in the community, the community may immediately discharge and transfer the resident. Emergency relocation to a higher level of care under this section must be certified by a physician. TIME PERIOD TO CORRECT: Twenty-one (21) days.	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01070	Continued From page 7	01070		
01070 SS=G	144G.52 Subd. 10 Right to return If a resident is absent from a facility for any reason, including an emergency relocation, the facility shall not refuse to allow a resident to return if a termination of housing has not been effectuated. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee infringed upon a resident's right to return to the facility following an emergency relocation without providing a written notice of termination for one of one (R1) residents reviewed. The facility sent R1 to four emergency rooms within 72 hours and R1 remained in the last emergency room for five days until long term memory care placement could be found because the facility refused R1's return without restrictions. The facility's actions caused emotional distress, increased confusion and an overall decline in R1's health. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: Review of R1's medical record indicated R1's diagnoses included frontotemporal dementia and a history of substance abuse.	01070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01070	Continued From page 8 R1's admission assessment dated September 19, 2024, indicated R1 had a history of occasional disruptive behaviors, made unsafe or verbally and physically inappropriate decisions, had difficulty staying focused on a task, required special tolerance and resisted care at times. Additionally, R1's care might require staff training. R1's unsigned service plan dated September 19, 2024, indicated R1 received services for hygiene, showering, dressing, meal prep, housekeeping, and laundry. R1's electronic medication record (EMAR) dated October 2024 and November 2024, respectively, indicated R1's services included medication management. R1's progress notes dated October 11, 2024, through November 9, 2024, indicated R1 had been sent to a behavioral health facility and several emergency rooms over a period of a few days and each time was cleared to return to the licensee following treatment and/or evaluations. R1's progress note dated October 16, 2024, indicated registered nurse (RN)-C forwarded R1's updated behavioral health information to the licensee's regional team for review when R1 was cleared by providers at a behavioral health facility to return to the licensee on October 23, 2024 . R1's progress note dated October 22, 2024, written by RN-C indicated the behavioral health facility reported behaviors were improved with no documentation of aggression toward other patients or staff and licensee's vice president (VP) of clinical services approved R1's return with a stipulation R1 did not return to the licensee with	01070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01070	Continued From page 9 any as needed (PRN) psychotropic medication orders. R1 returned on October 24, 2024, without PRN psychotropic medications as requested by licensee. R1's progress note dated November 7, 2024, written by RN-C at 12:41 a.m., indicated unlicensed personnel (ULP) reported R1 was agitated, aggressive, wandering into others rooms and had damaged furniture. RN-C directed ULP's to call 911. R1 was transported to an emergency room, evaluated and returned to licensee the same day. R1 was transported back to licensee by emergency medical technicians (EMT's). R1's progress note dated November 7, 2024, written by RN-C at 4:59 p.m., indicated R1 was delusional and aggressive to staff upon return from the emergency room "before he was off the stretcher" and EMT's refused to transport R1 back to the hospital. 911 was called and R1 was sent to a second emergency room within an hour after returning to licensee from the first emergency room. RN-C requested inpatient treatment and stabilization of R1 as directed by the licensee's leadership team, however, the request was denied by a provider at the emergency room because the provider did not feel it was needed. The progress note indicated RN-C spoke with the licensee's regional team and legal and termination of R1's contract process to start. R1's progress note dated November 8, 2024, written by RN-C at 10:54 a.m., indicated RN-C had spoke with the emergency room provider and R1 would not be admitted because a psychiatric evaluation had been completed within the last 24 hours at another emergency room and the	01070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01070	Continued From page 10 psychiatric evaluation indicated R1 did not have a need for admission and was cleared to return to the licensee. R1's progress note dated November 8, 2024, written by ULP-D at 1:36 p.m., indicated R1 returned to the licensee, ate lunch peacefully, thanked staff and was being monitored. R1's progress note dated November 9, 2024, written by licensed assisted living director (LALD)-A at 11:17 a.m., indicated R1 was slightly agitated, pale, had sudden weakness and had fallen. 911 was called and R1 was sent back to the first emergency room. R1's record lacked documentation to include any information after R1 was sent to the third medical facility on November 9, 2024. The licensee's discharged resident roster dated, January 27, 2025, indicated R1 was admitted on September 19, 2024, and "moved out"on November 30, 2024. R1 was sent to an emergency room four times in three days, housed at the last emergency room for five days and not allowed to return to the facility when R1 was ready for discharge. R1's record lacked incident reports or progress notes to indicate resident-to-resident or resident-to-staff altercations had occurred. R1's record lacked a discharge summary. On January 27, 2024, at 1:32 p.m., a family member (FM)-E stated R1 was assessed by RN-C before R1 was accepted by the licensee. FM-E stated within two weeks of R1's admission R 1 was sent to a behavioral health facility on	01070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01070	Continued From page 11 September 25, 2024, where R1 was observed for behaviors and cleared for return to the licensee on October 24, 2024. FM-E stated she had not heard anything from the licensee until November 6, 2024, when RN-C reported R1 had become disruptive. FM-E stated R1 was sent to three different emergency rooms between November 6, 2024, and November 9, 2024. R1 was not allowed to return to licensee after the last emergency transfer on November 9, 2024. FM-E stated R1's overall health declined and his confusion increased as he was moved between emergency rooms and housed for five days in the emergency room. FM-E stated she was told by emergency room staff the licensee had refused R1's return, however, the licensee had not told R1's family. FM-E stated R 1 was transferred from the emergency room to the behavioral health portion of the hospital on day five until a permanent move to another memory care facility could be completed on December 10, 2024. On January 28, 2024, at 10:00 a.m., ULP-D stated she enjoyed working with R1, he was usually very happy but would get confused and was difficult to calm down when he was agitated. ULP-D stated agitation, advanced confusion could be difficult to redirect and it was scary for residents with dementia to be sent out of the facility. ULP-D stated R1 had been sent out three or four times. ULP-D stated ULP's were trained in dementia interventions.. On January 28, 2025, at 11:00 a.m., LALD-A stated R1 admitted from an independent apartment and behaviors were not disclosed during the admission assessment. LALD-A stated R1 was mostly independent however, required a considerable amount of redirection. LALD-A stated typical interventions were used	01070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01070	Continued From page 12 with R1 and included redirection. LALD-A stated there was not time in between the emergency room visits to develop or implement new interventions to manage R1's behaviors. LALD-A stated several altercations had taken place between R1, other residents and staff. LALD-A stated incident reports should have been completed by a licensed staff. LALD-A stated the licensee had a pretermination meeting on November 13, 2024, (5 days after R1 was sent to emergency room and not allowed to return without stipulations) and the licensee never refused to allow R1 to return. R1 was able to return if R1 agreed to a second behavioral health stay, allowed medications to be adjusted and was behavioral free at least for two weeks. LALD-A stated R1 never returned after he was sent to the emergency room on November 9, 2024. LALD-A stated a termination notice was never issued. On January 28, 2025, at 12:15 p.m., RN-C stated documentation for R1 would include any change from baseline and anything that was an exception to normal cares. RN-C stated she had completed the admission assessment on September 19, 2024, and interventions to manage R1's behaviors had not been provided to ULP's in writing. RN-C stated R1 had many emergency room visits and an emergency room provider had reached out to her on November 11, 2024, or November 12, 2024, and R1 was ready to return to the licensee. RN-C stated R1 had been in the emergency room since November 9, 2024, and the emergency room provider stated R1 had not had agitated behaviors with staff and had not required a PRN medication. RN-C stated the emergency room provider did not provide clear direction about how the licensee would keep R1 stabilized nor provide psychiatric interventions. RN-C stated she consulted with licensee's	01070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01070	Continued From page 13 leadership team about the direction to be taken with R1 and a stipulation of return to the licensee was R1's stabilization with medication adjustments (licensee had previously denied R1's return if provider ordered PRN psychotropic medications) and R1's stability to be determined by someone other than an emergency room doctor. RN-C stated the emergency room had reached out to her a couple times after November 9, 2024, and asked that R1 be allowed to return to the licensee. RN-C stated she made two calls to the hospital after November 12, 2024, to track R1 and offer assistance, however, the hospital staff did not return her calls. RN-C stated she was unaware of what the outcome was for R1 or where R1 had relocated. The licensee's Discharge and Transfer policy dated April 14, 2023, indicated an involuntary discharge must comply with state regulations for involuntary discharges, deliver written notice to resident and/or resident's legal representative 30 days prior to discharge date and the written notice must include: reason for transfer, date of transfer, identify name and address of receiving facility, notification of resident's right to appeal, identify name, address and contact information for the state ombudsman's office. The policy also indicated an immediate discharge or transfer if the resident developed a physical or mental condition requiring an emergency relocation to a facility providing a higher level of care or the resident engaged in a pattern of conduct that endangers the health and safety of others in the community, the community may immediately discharge and transfer the resident. Emergency relocation to a higher level of care under this section must be certified by a physician. TIME PERIOD FOR CORRECTION: Seven (7)	01070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01070	Continued From page 14 days.	01070		
01110 SS=D	144G.55 Subdivision 1 Duties of facility (a) If a facility terminates an assisted living contract, reduces services to the extent that a resident needs to move or obtain a new service provider or the facility has its license restricted under section 144G.20, or the facility conducts a planned closure under section 144G.57, the facility: (1) must ensure, subject to paragraph (c), a coordinated move to a safe location that is appropriate for the resident and that is identified by the facility prior to any hearing under section 144G.54; (2) must ensure a coordinated move of the resident to an appropriate service provider identified by the facility prior to any hearing under section 144G.54, provided services are still needed and desired by the resident; and (3) must consult and cooperate with the resident, legal representative, designated representative, case manager for a resident who receives home and community-based waiver services under chapter 256S and section 256B.49, relevant health professionals, and any other persons of the resident's choosing to make arrangements to move the resident, including consideration of the resident's goals. (b) A facility may satisfy the requirements of paragraph (a), clauses (1) and (2), by moving the resident to a different location within the same facility, if appropriate for the resident. (c) A resident may decline to move to the location the facility identifies or to accept services from a service provider the facility identifies, and may choose instead to move to a location of the resident's choosing or receive services from a	01110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01110	Continued From page 15 service provider of the resident's choosing within the timeline prescribed in the termination notice. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure a coordinated move to an appropriate location identified by the facility prior to a pretermination meeting and failed to consult and cooperate with a hospital, the resident and/or the resident's representative to make arrangements to move the resident for one of one (R1) residents reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's medical record indicated R1's diagnoses included frontotemporal dementia and a history of substance abuse. R1's admission assessment dated September 19, 2024, indicated R1 had a history of occasional disruptive behaviors, made unsafe or verbally and physically inappropriate decisions, had difficulty staying focused on a task, required special tolerance and resisted care at times. Additionally, R1's care may require staff training. R1's unsigned service plan dated September 19, 2024, indicated R1 received services for hygiene,	01110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01110	Continued From page 16 showering, dressing, meal prep, housekeeping, and laundry. R1's electronic medication record (EMAR) dated October 2024 and November 2024, respectively, indicated R1's services included medication management. R1's progress notes dated October 11, 2024, through November 9, 2024, indicated R1 had been sent to a behavioral health facility and several emergency rooms over a period of a few days and each time was cleared to return to the licensee. R1's progress note dated October 16, 2024, indicated registered nurse (RN)-C forwarded R1's updated behavioral health information to the licensee's regional team for review when R1 was cleared by providers at a behavioral health facility to return to the licensee on October 23, 2024. R1's progress note dated October 22, 2024, written by RN-C indicated the behavioral health facility reported behaviors were improved with no documentation of aggression toward other patients or staff and licensee's vice president (VP) of clinical services approved R1's return with a stipulation R1 did not return to the licensee with any as needed (PRN) psychotropic medication orders. R1 returned on October 24, 2024, without PRN psychotropic medications as requested by licensee. R1's progress note dated November 7, 2024, written by RN-C at 12:41 a.m., indicated unlicensed personnel (ULP) reported R1 was agitated, aggressive, wandering into others rooms and had damaged furniture. RN-C directed ULP's to call 911. R1 was transported to an emergency room, evaluated and returned to licensee the same day.	01110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01110	Continued From page 17 R1's progress note dated November 7, 2024, written by RN-C at 4:59 p.m., indicated R1 was delusional and aggressive to staff upon return from the emergency room "before he was off the stretcher" and EMT's refused to transport R1 back to the hospital. 911 was called and R1 was sent to a second emergency room within an hour after returning to licensee from the first emergency room. RN-C requested inpatient treatment and stabilization of R1 as directed by the licensee's leadership team, however, the request was denied by a provider at the emergency room because the provider did not feel it was needed. The progress note indicated RN-C spoke with the licensee's regional team and legal and termination of R1's contract process to start. R1's progress note dated November 8, 2024, written by RN-C at 10:54 a.m., indicated RN-C had spoke with the emergency room provider and R1 would not be admitted because a psychiatric evaluation had been completed within the last 24 hours at another emergency room and the psychiatric evaluation indicated R1 did not have a need for admission and was cleared to return to the licensee. R1's progress note dated November 8, 2024, written by ULP-D at 1:36 p.m., indicated R1 returned to the licensee, ate lunch peacefully, thanked staff and was being monitored. R1's progress note dated November 9, 2024, written by licensed assisted living director (LALD)-A at 11:17 a.m., indicated R1 was slightly agitated, pale, had sudden weakness and had fallen. 911 was called and R1 was sent back to the first emergency room where he remained until	01110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01110	Continued From page 18 hospital staff could coordinate a transfer to another memory care facility 30 days after R1 was sent to the emergency room by licensee. The licensee's discharged resident roster dated, January 27, 2025, indicated R1 was admitted on September 19, 2024, and "moved out"on November 30, 2024. R1 was sent from the licensee to a behavioral health unit for 30 days , three different emergency rooms four times in three days and the facility failed to cooperate and coordinate with hospital staff when R1 was ready for discharge. R1 did not return to the facility. On January 27, 2024, at 1:32 p.m., a family member (FM)-E stated within two weeks of R1's admission R 1 was sent to a behavioral health facility on September 25, 2024, where R1 was observed for behaviors and cleared for return to the licensee on October 24, 2024. FM-E stated she had not heard anything from the licensee until November 6, 2024, when RN-C reported R1 had become disruptive. FM-E stated R1 had been sent to three different emergency rooms between November 6, 2024, and November 9, 2024. R1 was not allowed to return to licensee after the last emergency transfer on November 9, 2024. FM-E stated emergency room staff reported to her the licensee had refused R1's return, however, the licensee had not told R1's family. FM-E stated R 1 was housed in the emergency room for five days then transferred from the emergency room to the behavioral health portion of the hospital on day five until a permanent move to another memory care facility could be completed on December 10, 2024. On January 28, 2025, at 11:00 a.m., LALD-A stated R1 admitted from an independent apartment and behaviors were not disclosed	01110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01110	Continued From page 19 during the admission assessment. LALD-A stated R1 was mostly independent however, required a considerable amount of redirection. LALD-A stated typical interventions were used with R1 and included redirection. LALD-A stated the licensee had a pretermination meeting on November 13, 2024, (5 days after R1 was sent to emergency room and not allowed to return without stipulations) and the licensee never refused to allow R1 to return. R1 was able to return if R1 agreed to a second behavioral health stay, allowed medications to be adjusted and was behavioral free at least two weeks. LALD-A stated R1 never returned after he was sent to the emergency room on November 9, 2024. LALD-A stated a termination notice was never issued. On January 28, 2025, at 12:15 p.m., RN-C stated she had completed the admission assessment on September 19, 2024. RN-C stated R1 had many emergency room visits and an emergency room provider had reached out to her on November 11, 2024, or November 12, 2024, and R1 was ready to return to the licensee. RN-C stated R1 had been housed in the emergency room since November 9, 2024, and the emergency room provider stated R1 had not had agitated behaviors and had not required a PRN medication. RN-C stated the emergency room provider did not provide clear direction about how the licensee would keep R1 stabilized nor provide psychiatric interventions. RN-C stated she consulted with licensee's leadership team about the direction to be taken with R1 and a stipulation was offered to R1. R1 had to agree to stabilization with medication adjustments (licensee had previously denied R1's return if provider ordered PRN psychotropic medications) and R1's stability to be determined by someone other than an emergency room doctor. RN-C	01110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01110	Continued From page 20 stated the emergency room had reached out to her a couple times after November 9, 2024, and asked that R1 be allowed to return to the licensee. RN-C stated she made two calls to the hospital after November 12, 2024, to track R1 and offer assistance, however, the hospital staff did not return her calls. RN-C stated she was unaware of what the outcome was for R1 or where R1 had relocated. R1's record lacked a discharge summary. R1's record lacked evidence R1 received a written termination notice. R1's record lacked evidence a copy of the termination notice was sent to the Office of Ombudsman for Long Term Care. The licensee's Discharge and Transfer policy dated April 14, 2023, indicated an involuntary discharge must comply with state regulations for involuntary discharges, deliver written notice to resident and/or resident's legal representative 30 days prior to discharge date and the written notice must include: reason for transfer, date of transfer, identify name and address of receiving facility, notification of resident's right to appeal, identify name, address and contact information for the state ombudsman's office. The licensee's Discharge and Transfer policy dated April 14, 2023, indicated an immediate discharge or transfer if the resident developed a physical or mental condition requiring an emergency relocation to a facility providing a higher level of care or the resident engaged in a pattern of conduct that endangers the health and safety of others in the community, the community may immediately discharge and transfer the	01110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32913	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF HANOVER	10875 SETTLERS LANE HANOVER, MN 55341

(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) COMPLETE DATE
01110	Continued From page 21 resident. Emergency relocation to a higher level of care under this section must be certified by a physician. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01110		