



Protecting, Maintaining and Improving the Health of All Minnesotans

December 9, 2020

Administrator
Anoka-Metro Reg Treatment Ctr
3301 Seventh Ave North
Anoka, MN 55303

RE: Event ID 8IST11

Dear Administrator:

On November 10, 2020, a substantial allegation investigation was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with the Medicare Conditions of Participation.

The investigators determined that the complaint associated with this allegation investigation was substantiated. However, your facility was found to be in compliance because corrective action was taken prior to the substantial allegation investigation.

Please note it is your responsibility to share the information contained in this letter and the results of the visit with the President of your Governing Body.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Douglas Larson'.

Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4118 Fax: 651-215-9697
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 12/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 244002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/10/2020
NAME OF PROVIDER OR SUPPLIER ANOKA-METRO REG TREATMENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 3301 SEVENTH AVE NORTH ANOKA, MN 55303		
(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	
A 000	<p>INITIAL COMMENTS</p> <p>On 11/9/20, through 11/10/20, a substantial allegation investigation was conducted to investigate an alleged violation of the Conditions of Participation for Hospitals participating in Medicare, specifically the Condition of Participation Patient Rights 42 CFR §482.13. Your facility was found not in compliance.</p> <p>The following complaints were substantiated: H4002132C, H4002133C, and H4002135C. However, no deficiencies were cited. The following complaint was unsubstantiated: H4002134C.</p>	A 000			
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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/10/2020
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NAME OF PROVIDER OR SUPPLIER ANOKA-METRO REG TREATMENT CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 3301 SEVENTH AVE NORTH ANOKA, MN 55303
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6 000	<p>INITIAL COMMENTS</p> <p>In accordance with MN State Statute 144.55 Subd 3., for the purpose of hospital licensure, the commissioner of health shall use as minimum standards the hospital certification regulations. Refer to the CMS 2567.</p> <p>An unannounced complaint investigation was conducted at Anoka-Metro Regional Treatment Center from 11/9/20, through 11/10/20.</p> <p>The investigation for complaints H4002132C, H4002133C and H4002135C regarding an alleged violation of the Conditions of Participation for Patient Rights was conducted and found to be substantiated, without deficiency. The investigation for complaint H4002134C regarding an alleged violation of the Conditions of Participation for Patient Rights was conducted and found to be unsubstantiated.</p>	6 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____