



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 26, 2026

Administrator
Highland Chateau Health and Rehabilitation Center
2319 WEST SEVENTH STREET
SAINT PAUL, MN 55116

RE: CCN: 245028

Cycle Start Date: June 12, 2026

Dear Administrator:

Please note that this facility has been chosen as a Special Focus Facility (SFF). CMS' policy of progressive enforcement means that any SFF nursing home that reveals a pattern of persistent poor quality is subject to increasingly stringent enforcement action, including stronger civil monetary penalties, denial of payment for new admissions and/or termination of the Medicare provider agreement.

On June 12, 2026, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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 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:

Lyla Burkman, Supervisor
Health Regulation Division
Minnesota Department of Health
705 5th Street Northwest, Suite A
Bemidji, Minnesota 56601-2933
Email: lyla.burkman@state.mn.us

Mobile: (218) 766-0923

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 September 12, 2026 (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 December 12, 2026 (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)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us



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June 26, 2026

Administrator
Highland Chateau Health and Rehabilitation Center
2319 WEST SEVENTH STREET
SAINT PAUL, MN 55116

Re: State Nursing Home Licensing Orders

Event ID: 235BD3-H1

Dear Administrator:

The above facility survey was completed on June 12, 2026 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 one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. 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 and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. 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 Nursing Homes.

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 or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and 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.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. 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:

Lyla Burkman, Supervisor
Health Regulation Division
Minnesota Department of Health
705 5th Street Northwest, Suite A
Bemidji, Minnesota 56601-2933
Email: lyla.burkman@state.mn.us
Mobile: (218) 766-0923

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.

Please feel free to call me with any questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division

Minnesota Department of Health

P.O. Box 64900

Saint Paul, MN 55164-0900

Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/12/2026	
NAME OF PROVIDER OR SUPPLIER Highland Chateau Health and Rehabilitation Center				STREET ADDRESS, CITY, STATE, ZIP CODE 2319 WEST SEVENTH STREET , SAINT PAUL, Minnesota, 55116			
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20000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 6/11/26 and 6/12/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed. The following complaints were reviewed: H50282892C (3037839) and H50282880C (3040218)		20000			06/29/2026	

Office of Primary Care and Health Systems Management

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/12/2026	
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20000	Continued from page 1 with licensing orders issued at 4658.1415 Subp. 2 and 4658.1415 Subp. 6 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 Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. 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.		20000			06/29/2026	
21685	Plant Housekeeping, Operation, & Maintenance CFR(s): MN Rule 4658.1415 Subp. 2 Subp. 2. Physical plant. The physical plant, including walls, floors, ceilings, all furnishings, systems, and equipment must be kept in a continuous state of good repair and operation with regard to the health, comfort, safety, and well-being of the residents according to a written routine maintenance and		21685	Corrected		07/09/2026	

Minnesota Department of Health

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21685	Continued from page 2 repair program. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the walk-in cooler remained functional and in good repair which had the potential to affect all 44 residents who received perishable food from the kitchen. In addition, the facility failed to maintain safe working air temperatures in the kitchen which had the potential to affect 2 of 2 shifts daily/ 6 of 6 staff members working per day. Findings Include: On 6/10/26 at 4:30 p.m., cook-A was observed reading the temperature inside the walk-in cooler in the main kitchen. The thermometer read at 50 F. Cook-A stated the walk-in cooler was currently broken down and had periodically broken down, particularly during the last few weeks which has caused the temperatures to be too high. During interview and observation on 6/11/26, at 2:30 p.m., the Food Service Director (FSD) stated when the staff arrived on 6/10/26, at 5:55 a.m., the power was found to be out. The walk-in cooler temperature was already too warm to maintain safe food temperatures. An action plan was implemented which included throwing away all perishable foods not maintained at a safe and appropriate temperature, and alternate meals were planned. The walk-in cooler temperature was 46 degrees Fahrenheit (F.) and was noted to have a missing/broken gasket around the door, as well as a large ¼ to ½ inch deep and 5-inch-wide gap between the kitchen and the cooler floor. A large towel was inserted into the gap so that food carts could be pushed across the threshold. The reach-in freezer was noted to be off and the FSD stated the freezer had not worked for about a week. FSD stated she had talked to the administrator, who had approved replacing this freezer unit with a reach in cooler, but she was unsure when the new reach in cooler unit would arrive, or if that meant it had been ordered yet, or not. The FSD stated the walk-in cooler was always breaking down, so the maintenance company was frequently at the facility to defrost it and add coolant to get it working again. When asked, the FSD stated the kitchen runs two shifts per day with each including one cook and two dietary aides. During an observation on 6/11/26, at 4:00 p.m., the		21685			07/09/2026	

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21685	Continued from page 3 walk-in cooler was again inspected. The rubber gasket around the door was ripped in several places with several missing sections and hanging loosely from the door as well as from the door frame. The towel covering the kitchen and cooler transition piece was removed and revealed a rusty, dirty area. During interview with the refrigerator repair technician on 6/10/26, at 12:30 p.m., he stated he was able to do a temporary fix on the walk-in cooler. However, it was not a long-term solution to the ongoing issues. During interview on 6/11/26 at 4:30 p.m., the FSD reported this was week three of a three-week of excessively hot weather temperatures. The FSD stated yesterday, 6/10/26, the kitchen temperature was 119 degrees F. The staff were intermittently leaving the kitchen area to cool off and maintenance staff had been making rounds in the kitchen to monitor the temperatures and get the equipment functional again. Due to the power outage, the menu was changed to a BBQ meal cooked on a grill which will also allow for the kitchen air temperature to cool down. The power came back on in the kitchen around 11 a.m. at which time the maintenance staff provided additional fans and portable AC unit. During interview on 6/12/26 at 1:00 p.m., the FSD stated the walk-in cooler had been repaired, frozen coils were defrosted, and refrigerant was added. A Custom Refrigeration invoice dated 2/16/26, (pdf 81213) indicated the company was called out due to the walk-in cooler “running in the mid 50’s”. A slight leak in the evaporator fan area was noted. Refrigerant was added. A Custom Refrigeration invoice dated 6/1/26, (pdf 825975) indicated the unit had been worked on the previous week. However, an invoice for this visit was not provided. The invoice revealed the evaporator unit was iced over, the floor drain was clogged, the door gasket was severely torn, and the door sweep was almost nonexistent creating a huge air gap causing the unit to have to run longer to maintain adequate temperature. Given the temperature was noted to be dropping, and the condition of the equipment, the unit was doing everything it could to maintain temperature.			21685			07/09/2026

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21685	Continued from page 4 A Custom Refrigeration invoice (pdf 83274) dated 6/12/26, identified ice-up issues including the fan motor, and the “door seal is in really rough shape”. The undated facility Standard Operating Procedure (SOP): Walk-in Cooler Failure Response form directed the staff to notify maintenance of malfunction so the approved refrigeration company could be contacted for immediate emergency service and to also alert management of the issue. The AC Outage Incident Report-Table Top Exercise (true event) indicated on 6/27/26, indicated a power outage of the AC/Chiller system had occurred which affected indoor ventilation and temperature. The report did not address an action plan for staff, specifically kitchen staff. SUGGESTED METHOD OF CORRECTION: The administrator, director of maintenance, food service director or designee(s) could review options for ensuring a functional refrigeration system to ensure the walk-in cooler maintains safe food storage temperatures with a qualified technician. The administrator could implement one or more of the options. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.		21685			07/09/2026	
21705	Plant Housekeeping, Operation, & Maintenance CFR(s): MN Rule 4658.1415 Subp. 6 Subp. 6. Heating, air conditioning, and ventilation. A nursing home must operate and maintain the mechanical systems to provide comfortable and safe temperatures, air changes, and humidity levels. Temperatures in all resident areas must be maintained according to items A to C: A. For construction of a new physical plant, a nursing home must maintain a temperature range of 71 degrees Fahrenheit to 81 degrees Fahrenheit at all times. B. For existing facilities, a nursing home must maintain a minimum temperature of 71 degrees Fahrenheit during the heating season. C. Variations of the temperatures required by items A and B are allowed if the variations are based on		21705	Corrected		07/09/2026	

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21705	Continued from page 5 documented resident preferences. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and document review, the facility failed to maintain comfortable temperatures for 4 of 10 residents reviewed (R5, R6, R4, R2) and had the potential to affect all 44 residents who resided in the facility. Findings include: R5's Minimum Data Set (MDS) dated 4/30/26, indicated he was cognitively intact, required staff assistance for dressing and mobility tasks, required oxygen therapy and a non-invasive mechanical ventilator. R5's care plan last revised 6/9/26, indicated R5's diagnoses included acute respiratory failure with hypoxia (insufficient oxygen for the body to function properly), moderate persistent asthma, and sleep apnea. During observation and interview on 6/11/26 at 3:00 p.m., R5 was observed sitting in the dining room with portable oxygen in use via nasal cannula. R5 was wearing a t-shirt, shorts, and socks. R5 stated in the past month, the facility had been very hot, so much so, that he had an increase in shortness of breath with the feeling of gasping for air. R5 stated the facility utilized portable fans and air conditioners but they did not help that much. R6's MDS dated 5/14/26, noted R6 was cognitively intact and was independent with mobility tasks. R6's care plan last revised 5/14/26, indicated R6 had diagnoses of chronic obstructive pulmonary disease (COPD) and anxiety. During interview and observation on 6/12/26 at 1:18 p.m., R6 was observed sitting in their room with a standing fan on. A portable fan and air conditioning unit was located outside R6's room and were on. When it was on, the fan made a constant noise which was heard in R6's room when the door was open. R6's room had a private connected bathroom. R6 stated it had been very hot since the last day of May 2026 and he would ask his personal smart sensors, positioned on his windowsill, what the temperature was. The sensor responded with a temperature ranging between 85F and 113F. R6 reported the previous weekend was "especially brutal" because it was so hot in here that he felt as if he was breathing through cotton and would profusely sweat when just walking from his bed to			21705			07/09/2026

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21705	Continued from page 6 the bathroom. R6 reported the excessive heat made him irritable and cranky. R6 said his standing fan helped some, but not enough, and noted it didn't always stand up straight, pointing to one of the four fan legs missing. R6 stated his room was near the portable air conditioner and fan and sometimes he would open his door for increased airflow. However, the fans created a lot of noise, so he had to choose between adequate airflow or quiet and privacy. R6 reported the fans and portable air conditioners did not help cool his room and unit much when it was very hot. R4's MDS dated 5/27/26, indicated R4 was cognitively intact and was dependent for upper and lower body dressing. During observation and interview on 6/11/26 at 3:07p.m., R4 was observed in R4's room wearing a long sleeve shirt and an incontinence brief. R1 reported it was not hot today but had been the last couple of days. R2's MDS dated 3/3/26, indicated R2 had intact cognition, was independent with activities of daily living, and diagnoses included COPD, cellulitis, diabetes, and neuropathy. During interview on 6/12/26, at 11:30 a.m., R2 stated that although today was comfortable in the building, as soon as it heats up outside again, it will get uncomfortable in here. R2 stated the beginning of this week and last it was "pretty uncomfortable" in the building. An undated AC Outage Incident Report – Tabletop Exercise (true event) for Wednesday May 27th, 2026, was emailed by the administrator on 6/15/26. Review of the incident report revealed, "At approximately 11:05am on Wednesday, May 27th, 2026, the facility experienced an outage of the AC/chiller system, affecting indoor ventilation and temperature." Vendor contacted regarding repair status and estimated restoration time – communicated temporary industrial sized AC Units could be delivered 5/30/26, and noted lead time for new chiller would be 10-12 weeks out." "COO met with vendor to place portable AC units throughout the facility on Saturday, 5/30/26." "Monday, 6/1/26, multiple vendors began arriving at facility to give quotes on chiller or other options to resolve system failure." "20 additional portable AC units to be delivered 6/16/26. Vendor finalized agreement with HVAC for new chiller to arrive around 6/30/26"			21705			07/09/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/12/2026	
NAME OF PROVIDER OR SUPPLIER Highland Chateau Health and Rehabilitation Center				STREET ADDRESS, CITY, STATE, ZIP CODE 2319 WEST SEVENTH STREET , SAINT PAUL, Minnesota, 55116			
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21705	Continued from page 7 According to the National Weather Service's website, for the "Twin Cities" in Minnesota, the high temperature on June 7, June 8, and June 9, 2026, was 89 degrees Fahrenheit (F), and Jun10, 2026, was 91 degrees F, all with high humidity; and June 11, 2026, was 73F; and June 12, 2026, was 82F. Review of the facility's Room Temperature Audit forms for 6/3/26, through 6/12/26, indicated temperatures were measured and recorded between 7:00 a.m. and 7:30 a.m. The audits revealed the following resident room and care area temperatures: 6/3/26: -room 223E was 82F, -room 110W was 82.1F -the beauty salon was 83.7F. 6/4/26: -room 238E was 82.6F, -an illegible room number was 82.1F. 6/5/26: -room 225E was 83.F. 6/9/26: -room 113E was 83.1F -room 121E was 81.7F -room 227E was 81.3F -2C shower was 84.2F, -room 220E was 82.1F -room 201W was 85.1F. -room 121E was 81.7F, -room 220E was 82.1 -room 101W was 85.1F.			21705			07/09/2026

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21705	Continued from page 8 There were no temperature audit logs for 6/6/26 and 6/7/26. During interview on 6/11/26, at 2:30 p.m. the Food Service Director (FSD) stated on 6/10/26, when staff arrived around 5:55 a.m. yesterday morning, the power was out. The outage affected kitchen equipment and the fans and portable AC units. The FSD stated the power was restored by 11 a.m. Yesterday, the temperature in the kitchen was 119 degrees F. and when the power returned, an additional portable AC unit was brought in to assist with cooling the kitchen. The FSD verified the weather had been very hot the past three weeks. During observation on 6/11/26 at 2:22 p.m., the temperature in the first-floor dining area was 82 degrees F. First floor West was 84 degrees F. The front portion of the kitchen was 79 degrees F. During observation on 6/11/26 at 3:00 p.m., the temperature in the back of kitchen was 78 degrees F. During interview on 6/11/26 at 2:40 p.m., health unit coordinator (HUC)-A stated the residents were complaining of how hot it was the previous few days. There were portable air conditioning units in the hallway that helped somewhat, but also created some heat of their own, along with residents having windows open letting heat in. HUC-A stated the residents asked her when the air conditioning would be fixed and she directed them to speak to administrator and maintenance staff, which was not a satisfactory response for many residents. Some of the residents were wearing minimal clothing to keep cool. During observation on 6/12/26, at 9:38 a.m., the first floor West hallway was 77 degrees F. The East hallway was 75 degrees F. During interview on 6/11/26 at 2:51 p.m., a registered nurse (RN)-B stated the facility had been using fans and portable air conditioners to help cool the building but, some residents still found it to be too hot.			21705			07/09/2026

Minnesota Department of Health

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21705	Continued from page 9 During interview on 6/11/26, at 3:55 p.m., a licensed practical nurse (LPN)-A reported it was not hot today, but it had been in the building the last few days, and residents had complained about the heat and how it made it hard to sleep. During interview on 6/11/26, at 4:00 p.m., a nursing assistant (NA)-A reported it was not hot today, but it had been hot in the building the three previous days. NA-A reported residents had complained about the heat. During interview on 6/11/26, at 4:09 p.m., NA-B reported in the previous few days, the residents had complained about the heat. During interview with community member (C2) on 6/12/26, at 10:55 a.m., stated the temperature in the building and resultant living conditions due to the heat, was quite concerning. C2 stated when she was at the facility on Monday 6/8/26, it was 85 degrees F. in the common areas, and it was uncomfortable. The second floor temperature was even hotter. C2 reported the staff had told her the indoor temperature at the facility could be pretty “bad and uncomfortable” for them, but they were more concerned about the resident's comfort. C2 stated although the staff were providing the residents with popsicles, extra ice water, and cool cloths in an attempt to minimize the effects of the heat, it was still very uncomfortable. C2 stated every year when the outside temperature gets warm, the AC unit has not been able to cool the building. When asked, C2 stated she did not know how many years the AC unit was not able to maintain a comfortable inside temperature during warm weather months. During observation on 6/12/26, at 11:45 a.m., the temperature in the second floor main lounge area was 78 degrees F. The second floor West nurses station was 74 degrees F. Review of an email correspondence from C1 received 6/12/26, at 12:20 p.m. read: “The most current concern is the air conditioning that has been reported by residents to not be working. This was an issue last summer as well. I was just informed by resident via email yesterday that it's been extremely hot with the recent warm weather. Residents have been complaining, and they do have some portable AC units going but they are not getting to the			21705			07/09/2026

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21705	Continued from page 10 rooms... Staff were reportedly doing hourly checks and nurses were doing heat assessments, but I don't know what else was offered, besides popsicles.” . During interview on 6/12/26 at 1:30 p.m., a registered nurse (RN)-A reported the current day, and the previous day was comfortable, but the previous Friday, Saturday and Sunday were very hot. During interview on 6/12/26, at 1:33 p.m., NA-C reported the facility air conditioning system recently broke and during the past few days, the residents had been complaining about the heat. During interview on 6/12/26, at 2:08 p.m., the administrator stated the facility temperature was to be maintained between 71F and 81F. The administrator stated around May 28th or 29th, was when the chiller went out and the residents started to report to her that the temperature in the facility was too high. During this time the facility started renting fans and portable air conditioning units to help lower the inside temperature. The administrator verified that room temperature audits had not been conducted over the previous hot weekend, and she had not been notified of the facility being too hot over the weekend. Document review of a proposed project agreement with a heating, ventilation and air conditioning (HVAC) service company, was created 6/2/26, and signed by both the HVAC service company and facility administration on 6/12/26, read "The existing remote air-cooled chiller system has long exceeded its useful life. Current condition warrants complete replacement. The Quality of Life-Homelike Environment policy last reviewed 6/12/2026, read "The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: ...Comfortable and safe temperatures (71°F - 81°F). SUGGESTED METHOD OF CORRECTION: The administrator, director of maintenance, or designee(s)			21705			07/09/2026

Minnesota Department of Health

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21705	Continued from page 11 could review options for ensuring a functional chiller system to ensure the facility maintains comfortable temperatures with a qualified technician. The administrator could implement one or more of the options. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.			21705			07/09/2026



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
August 17, 2026

Administrator
HIGHLAND CHATEAU HEALTH AND REHABILITATION CENTER
2319 WEST SEVENTH STREET
SAINT PAUL, MN 55116

RE: CCN: 245028
Cycle Start Date: June 12, 2026

Dear Administrator:

On July 29, 2026, the Minnesota Department(s) of Health and Public Safety, 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.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 17, 2026

Administrator
HIGHLAND CHATEAU HEALTH AND REHABILITATION CENTER
2319 WEST SEVENTH STREET
SAINT PAUL, MN 55116

Re: Reinspection Results
Event ID: 235BD3-H2

Dear Administrator:

On July 29, 2026 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on June 12, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

An equal opportunity employer.

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F0000	INITIAL COMMENTS On 6/11/26 and 6/12/26, 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. The following complaints were reviewed: H50282892C (3037839) and H50282880C (3040218) with deficiencies issued at F584 and F921. 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. 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.			F0000			06/29/2026
F0921 SS = F	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the walk-in cooler remained functional and in good repair which had the potential to affect all 44 residents who received perishable food from the kitchen. In addition, the facility failed to maintain safe working air temperatures in the kitchen which had the potential to affect 2 of 2 shifts daily/ 6 of 6 staff members working per day. Findings Include:			F0921	F921 – F Safe/Functional/Sanitary Environment The walk-in cooler was evaluated upon identification of the concern. A licensed refrigeration contractor was contacted, and repairs were completed on 6/12/2026 to restore the cooler to proper operating condition. All food items determined to be outside safe temperature parameters were discarded in accordance with food safety guidelines. There were no ill effects experienced by residents during this event. The kitchen air conditioning system was also evaluated, and additional air conditioners were used to provide a safe working temperature for kitchen staff along with increased hydration, and additional rest breaks, were implemented until permanent repairs are completed. All kitchen staff working during both daily shifts had the potential to be affected by elevated kitchen temperatures. Dietary staff were in-serviced on the General Hazard Analysis Critical Control Points Guideline for Food		07/09/2026

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 reverse for further 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.

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

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F0921 SS = F	Continued from page 1 On 6/10/26 at 4:30 p.m., cook-A was observed reading the temperature inside the walk-in cooler in the main kitchen. The thermometer read at 50 F. Cook-A stated the walk-in cooler was currently broken down and had periodically broken down, particularly during the last few weeks which has caused the temperatures to be too high. During interview and observation on 6/11/26, at 2:30 p.m., the Food Service Director (FSD) stated when the staff arrived on 6/10/26, at 5:55 a.m., the power was found to be out. The walk-in cooler temperature was already too warm to maintain safe food temperatures. An action plan was implemented which included throwing away all perishable foods not maintained at a safe and appropriate temperature, and alternate meals were planned. The walk-in cooler temperature was 46 degrees Fahrenheit (F.) and was noted to have a missing/broken gasket around the door, as well as a large ¼ to ½ inch deep and 5-inch-wide gap between the kitchen and the cooler floor. A large towel was inserted into the gap so that food carts could be pushed across the threshold. The reach-in freezer was noted to be off and the FSD stated the freezer had not worked for about a week. FSD stated she had talked to the administrator, who had approved replacing this freezer unit with a reach in cooler, but she was unsure when the new reach in cooler unit would arrive, or if that meant it had been ordered yet, or not. The FSD stated the walk-in cooler was always breaking down, so the maintenance company was frequently at the facility to defrost it and add coolant to get it working again. When asked, the FSD stated the kitchen runs two shifts per day with each including one cook and two dietary aides. During an observation on 6/11/26, at 4:00 p.m., the walk-in cooler was again inspected. The rubber gasket around the door was ripped in several places with several missing sections and hanging loosely from the door as well as from the door frame. The towel covering the kitchen and cooler transition piece was removed and revealed a rusty, dirty area. During interview with the refrigerator repair technician on 6/10/26, at 12:30 p.m., he stated he was able to do a temporary fix on the walk-in cooler. However, it was not a long-term solution to the ongoing issues. During interview on 6/11/26 at 4:30 p.m., the FSD reported this was week three of a three-week of			F0921	Continued from page 1 Safety Policy with emphasis on item #9 that instructs the dietary staff to take temperatures on each unit and if temperatures are not acceptable, call for repair immediately and foods that are questionable must be discarded and/or transferred to a temperature-controlled refrigerator or freezer. Dietary staff were also in-serviced on the Food Storage Policy with focus on the entire policy but with emphasis on item #11 that explains that refrigerated food temperatures should be maintained at or below 41 degrees and freezer temperatures to keep food frozen solid. Maintenance will continue every 6-month task via TELs to inspect dietary refrigerator and freezer components for proper functioning. Dietary Manager is responsible for compliance. The Administrator and Dietary Manager will audit refrigerator and freezer temperature logs and kitchen area temperatures weekly for four weeks, then monthly to ensure ongoing compliance. Preventive maintenance records will be reviewed monthly. Audit findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee for review, and additional corrective actions will be implemented as needed to maintain compliance. Compliance: 07/09/2026		07/09/2026

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F0921 SS = F	Continued from page 2 excessively hot weather temperatures. The FSD stated yesterday, 6/10/26, the kitchen temperature was 119 degrees F. The staff were intermittently leaving the kitchen area to cool off and maintenance staff had been making rounds in the kitchen to monitor the temperatures and get the equipment functional again. Due to the power outage, the menu was changed to a BBQ meal cooked on a grill which will also allow for the kitchen air temperature to cool down. The power came back on in the kitchen around 11 a.m. at which time the maintenance staff provided additional fans and portable AC unit. During interview on 6/12/26 at 1:00 p.m., the FSD stated the walk-in cooler had been repaired, frozen coils were defrosted, and refrigerant was added. A Custom Refrigeration invoice dated 2/16/26, (pdf 81213) indicated the company was called out due to the walk-in cooler “running in the mid 50’s”. A slight leak in the evaporator fan area was noted. Refrigerant was added. A Custom Refrigeration invoice dated 6/1/26, (pdf 825975) indicated the unit had been worked on the previous week. However, an invoice for this visit was not provided. The invoice revealed the evaporator unit was iced over, the floor drain was clogged, the door gasket was severely torn, and the door sweep was almost nonexistent creating a huge air gap causing the unit to have to run longer to maintain adequate temperature. Given the temperature was noted to be dropping, and the condition of the equipment, the unit was doing everything it could to maintain temperature. A Custom Refrigeration invoice (pdf 83274) dated 6/12/26, identified ice-up issues including the fan motor, and the “door seal is in really rough shape”. The undated facility Standard Operating Procedure (SOP): Walk-in Cooler Failure Response form directed the staff to notify maintenance of malfunction so the approved refrigeration company could be contacted for immediate emergency service and to also alert management of the issue. The AC Outage Incident Report-Table Top Exercise (true event) indicated on 6/27/26, indicated a power outage of the AC/Chiller system had occurred which			F0921			07/09/2026

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F0921 SS = F	Continued from page 3 affected indoor ventilation and temperature. The report did not address an action plan for staff, specifically kitchen staff.		F0921			07/09/2026	
F0584 SS = E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels.		F0584	F584 – E Safe/Clean Homelike Environment Residents R2, R4, R5, and R6 were supplied portable cooling units and fans were placed in common areas of the facility. All other current residents were reviewed, and residents were observed for signs and symptoms of heat-related discomfort until appropriate temperatures were restored. Any resident who was uncomfortable with room temperatures were moved to cooler rooms within the facility. There were no ill effects experienced by residents during this event. Portable air conditioner units were delivered on 5/30/2026 additional industrial cooling units fans were obtained throughout the event, and additional portable air conditioner units were installed as they became available. The facility immediately contracted with Owens Companies for full chiller replacement after multiple vendors advised extended lead times. Electrical, plumbing, and engineering work was initiated while awaiting delivery of the replacement chiller. Over thirty portable air conditioning units have been deployed throughout resident care areas, temperatures are monitored routinely, residents are being encouraged to remain in cooled areas, hydration rounds were increased, disposable service ware is utilized to reduce kitchen heat load, and overnight outside air has been utilized when weather conditions allowed. Staff received frequent communication regarding hydration, rest breaks, and monitoring residents for heat-related concerns. The replacement chiller is scheduled for delivery at the end of June following expedited procurement. Facility staff were in-serviced on the on the Heat Exposure Policy and Procedure with emphasis on all precautionary procedures such as keeping outdoor activities to a minimum, ensuring residents are dressed appropriately and reporting any changes in condition to the assigned provider. Staff were also in-serviced on the Quality-of-Life Policy with focus on item # 2h, that the environmental temperatures measure between 71-81 degrees. Preventive maintenance schedules for the HVAC system will continue every 6 months and as needed. Maintenance director is responsible for compliance. The Maintenance Director will audit documented environmental temperature logs daily x 2 weeks, weekly for four weeks, then monthly to ensure		07/09/2026	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245028		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/12/2026	
NAME OF PROVIDER OR SUPPLIER Highland Chateau Health and Rehabilitation Center				STREET ADDRESS, CITY, STATE, ZIP CODE 2319 WEST SEVENTH STREET , SAINT PAUL, Minnesota, 55116			
(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
F0584 SS = E	Continued from page 4 This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and document review, the facility failed to maintain comfortable temperatures for 4 of 10 residents reviewed (R2, R4, R5 and R6), which had to potential to affect all 44 residents who resided in the facility. Findings include: R5's Minimum Data Set (MDS) dated 4/30/26, indicated he was cognitively intact, required staff assistance for dressing and mobility tasks, required oxygen therapy and a non-invasive mechanical ventilator. R5's care plan last revised 6/9/26, indicated R5's diagnoses included acute respiratory failure with hypoxia (insufficient oxygen for the body to function properly), moderate persistent asthma, and sleep apnea. During observation and interview on 6/11/26 at 3:00 p.m., R5 was observed sitting in the dining room with portable oxygen in use via nasal cannula. R5 was wearing a t-shirt, shorts, and socks. R5 stated in the past month, the facility had been very hot, so much so, that he had an increase in shortness of breath with the feeling of gasping for air. R5 stated the facility utilized portable fans and air conditioners but they did not help that much. R6's MDS dated 5/14/26, noted R6 was cognitively intact and was independent with mobility tasks. R6's care plan last revised 5/14/26, indicated R6 had diagnoses of chronic obstructive pulmonary disease (COPD) and anxiety. During interview and observation on 6/12/26 at 1:18 p.m., R6 was observed sitting in their room with a standing fan on. A portable fan and air conditioning unit was located outside R6's room and were on. When it was on, the fan made a constant noise which was heard in R6's room when the door was open. R6's room had a private connected bathroom. R6 stated it had been very hot since the last day of May 2026 and he would ask his personal smart sensors, positioned on his windowsill, what the temperature was. The sensor responded with a temperature ranging between 85F and 113F. R6 reported the previous weekend was "especially brutal" because it was so hot in here that he felt as if he was breathing through cotton and would profusely sweat when just walking from his bed to the bathroom. R6 reported the excessive heat made him irritable and cranky. R6 said his standing fan helped some, but not enough, and noted it didn't			F0584	Continued from page 4 resident areas remain within a comfortable temperature range. Any identified concerns will be addressed immediately. Audit results will be reviewed by the Quality Assurance and Performance Improvement (QAPI) Committee to ensure ongoing compliance and determine whether additional corrective actions are necessary. Compliance: 07/09/2026		07/09/2026

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F0584 SS = E	Continued from page 5 always stand up straight, pointing to one of the four fan legs missing. R6 stated his room was near the portable air conditioner and fan and sometimes he would open his door for increased airflow. However, the fans created a lot of noise, so he had to choose between adequate airflow or quiet and privacy. R6 reported the fans and portable air conditioners did not help cool his room and unit much when it was very hot. R4's MDS dated 5/27/26, indicated R4 was cognitively intact and was dependent for upper and lower body dressing. During observation and interview on 6/11/26 at 3:07p.m., R4 was observed in R4's room wearing a long sleeve shirt and an incontinence brief. R1 reported it was not hot today but had been the last couple of days. R2's MDS dated 3/3/26, indicated R2 had intact cognition, was independent with activities of daily living, and diagnoses included COPD, cellulitis, diabetes, and neuropathy. During interview on 6/12/26, at 11:30 a.m., R2 stated that although today was comfortable in the building, as soon as it heats up outside again, it will get uncomfortable in here. R2 stated the beginning of this week and last it was "pretty uncomfortable" in the building. An undated AC Outage Incident Report – Tabletop Exercise (true event) for Wednesday May 27th, 2026, was emailed by the administrator on 6/15/26. Review of the incident report revealed, "At approximately 11:05am on Wednesday, May 27th, 2026, the facility experienced an outage of the AC/chiller system, affecting indoor ventilation and temperature." Vendor contacted regarding repair status and estimated restoration time – communicated temporary industrial sized AC Units could be delivered 5/30/26, and noted lead time for new chiller would be 10-12 weeks out." "COO met with vendor to place portable AC units throughout the facility on Saturday, 5/30/26." "Monday, 6/1/26, multiple vendors began arriving at facility to give quotes on chiller or other options to resolve system failure." "20 additional portable AC units to be delivered 6/16/26. Vendor finalized agreement with HVAC for new chiller to arrive around 6/30/26" According to the National Weather Service's website, for the "Twin Cities" in Minnesota, the high			F0584			07/09/2026

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F0584 SS = E	Continued from page 6 temperature on June 7, June 8, and June 9, 2026, was 89 degrees Fahrenheit (F), and Jun10, 2026, was 91 degrees F, all with high humidity; and June 11, 2026, was 73F; and June 12, 2026, was 82F. Review of the facility's Room Temperature Audit forms for 6/3/26, through 6/12/26, indicated temperatures were measured and recorded between 7:00 a.m. and 7:30 a.m. The audits revealed the following resident room and care area temperatures: 6/3/26: -room 223E was 82F, -room 110W was 82.1F -the beauty salon was 83.7F. 6/4/26: -room 238E was 82.6F, -an illegible room number was 82.1F. 6/5/26: -room 225E was 83.F. 6/9/26: -room 113E was 83.1F -room 121E was 81.7F -room 227E was 81.3F -2C shower was 84.2F, -room 220E was 82.1F -room 201W was 85.1F. -room 121E was 81.7F, -room 220E was 82.1 -room 101W was 85.1F. There were no temperature audit logs for 6/6/26 and 6/7/26.			F0584			07/09/2026

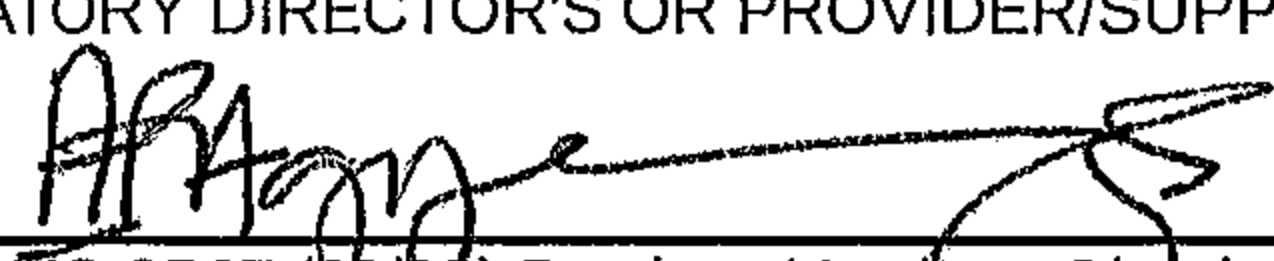
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F0584 SS = E	Continued from page 7 During interview on 6/11/26, at 2:30 p.m. the Food Service Director (FSD) stated on 6/10/26, when staff arrived around 5:55 a.m. yesterday morning, the power was out. The outage affected kitchen equipment and the fans and portable AC units. The FSD stated the power was restored by 11 a.m. Yesterday, the temperature in the kitchen was 119 degrees F. and when the power returned, an additional portable AC unit was brought in to assist with cooling the kitchen. The FSD verified the weather had been very hot the past three weeks. During observation on 6/11/26 at 2:22 p.m., the temperature in the first-floor dining area was 82 degrees F. First floor West was 84 degrees F. The front portion of the kitchen was 79 degrees F. During observation on 6/11/26 at 3:00 p.m., the temperature in the back of kitchen was 78 degrees F. During interview on 6/11/26 at 2:40 p.m., health unit coordinator (HUC)-A stated the residents were complaining of how hot it was the previous few days. There were portable air conditioning units in the hallway that helped somewhat, but also created some heat of their own, along with residents having windows open letting heat in. HUC-A stated the residents asked her when the air conditioning would be fixed and she directed them to speak to administrator and maintenance staff, which was not a satisfactory response for many residents. Some of the residents were wearing minimal clothing to keep cool. During observation on 6/12/26, at 9:38 a.m., the first floor West hallway was 77 degrees F. The East hallway was 75 degrees F. During interview on 6/11/26 at 2:51 p.m., a registered nurse (RN)-B stated the facility had been using fans and portable air conditioners to help cool the building but, some residents still found it to be too hot. During interview on 6/11/26, at 3:55 p.m., a licensed practical nurse (LPN)-A reported it was not hot today, but it had been in the building the last few			F0584			07/09/2026

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F0584 SS = E	Continued from page 8 days, and residents had complained about the heat and how it made it hard to sleep. During interview on 6/11/26, at 4:00 p.m., a nursing assistant (NA)-A reported it was not hot today, but it had been hot in the building the three previous days. NA-A reported residents had complained about the heat. During interview on 6/11/26, at 4:09 p.m., NA-B reported in the previous few days, the residents had complained about the heat. During interview with community member (C2) on 6/12/26, at 10:55 a.m., stated the temperature in the building and resultant living conditions due to the heat, was quite concerning. C2 stated when she was at the facility on Monday 6/8/26, it was 85 degrees F. in the common areas, and it was uncomfortable. The second floor temperature was even hotter. C2 reported the staff had told her the indoor temperature at the facility could be pretty “bad and uncomfortable” for them, but they were more concerned about the resident's comfort. C2 stated although the staff were providing the residents with popsicles, extra ice water, and cool cloths in an attempt to minimize the effects of the heat, it was still very uncomfortable. C2 stated every year when the outside temperature gets warm, the AC unit has not been able to cool the building. When asked, C2 stated she did not know how many years the AC unit was not able to maintain a comfortable inside temperature during warm weather months. During observation on 6/12/26, at 11:45 a.m., the temperature in the second floor main lounge area was 78 degrees F. The second floor West nurses station was 74 degrees F. Review of an email correspondence from C1 received 6/12/26, at 12:20 p.m. read: “The most current concern is the air conditioning that has been reported by residents to not be working. This was an issue last summer as well. I was just informed by resident via email yesterday that it's been extremely hot with the recent warm weather. Residents have been complaining, and they do have some portable AC units going but they are not getting to the rooms... Staff were reportedly doing hourly checks and nurses were doing heat assessments, but I don't know what else was offered, besides			F0584			07/09/2026

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F0584 SS = E	Continued from page 9 popsicles.” . During interview on 6/12/26 at 1:30 p.m., a registered nurse (RN)-A reported the current day, and the previous day was comfortable, but the previous Friday, Saturday and Sunday were very hot. During interview on 6/12/26, at 1:33 p.m., NA-C reported the facility air conditioning system recently broke and during the past few days, the residents had been complaining about the heat. During interview on 6/12/26, at 2:08 p.m., the administrator stated the facility temperature was to be maintained between 71F and 81F. The administrator stated around May 28th or 29th, was when the chiller went out and the residents started to report to her that the temperature in the facility was too high. During this time the facility started renting fans and portable air conditioning units to help lower the inside temperature. The administrator verified that room temperature audits had not been conducted over the previous hot weekend, and she had not been notified of the facility being too hot over the weekend. Document review of a proposed project agreement with a heating, ventilation and air conditioning (HVAC) service company, was created 6/2/26, and signed by both the HVAC service company and facility administration on 6/12/26, read "The existing remote air-cooled chiller system has long exceeded its useful life. Current condition warrants complete replacement. The Quality of Life-Homelike Environment policy last reviewed 6/12/2026, read "The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: ...Comfortable and safe temperatures (71°F - 81°F).			F0584			07/09/2026

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W0000	INITIAL COMMENTS On 6/30/26, an onsite revisit was conducted to follow up on deficiencies related to a standard abbreviated survey exited 5/06/26. The facility was found to be not in compliance with the requirements of 42 CFR Part 483, Subpart I, Intermediate Care Facilities for Individuals with Intellectual Disabilities. 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.	W0000		
W0140	CLIENT FINANCES CFR(s): 483.420(b)(1)(i) The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. This STANDARD is NOT MET as evidenced by: Based on observation, interview and document review, the facility failed to ensure complete accounting of client personal funds for 1 of 1 client (C5) in the sample who were dependent on the facility for financial management. Findings include: C5's C5's Emergency Data Form (EDF) dated 3/23/25, indicated C5 had moderate intellectual disability, anxiety disorder and elevated blood pressure. C5's Individual Abuse Prevention Plan (IAPP) dated 1/21/26, indicated C5 had inability to handle financial matters. The facility's site supervisor (HS), service coordinator, and designated manager provided management all of C5's finances. "For all purchases, staff will assist [C5] in handling her money and get receipts for purchases." A petty cash	W0140	Client Finances: Upon admission and on a continued basis, the Area Director will ensure that client guardian signs off on client's consent form indicating how often they would prefer receiving financial reports. The Program Manager obtained the signed financial consent form for C5, and confirmed all other clients have signed the consent form.	7/27/26

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Area Director	(X6) DATE 7/29/26
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W0140	Continued from page 1 ledger is kept to monitor C5's expenditures and staff document all transactions. C5's account was balanced on a monthly basis. Quarterly reports on C5's expenditures should be sent to her guardian and case manager. C5's Annual Consents and Acknowledgements, undated, indicated C5 would like to receive quarterly financial audit reports. C5's record failed to include documentation to support quarterly reports were sent to C5's guardian. Review of C5's Petty Cash Ledgers requested from May 6th to June 30th ,2026, indicated the following: May 2026 -No ledger was present except. April 2026 which indicated C5 had \$7.61 of petty cash. June 2026- No ledger was present. During observation and interview on 6/30/26 at 2:00 p.m., with the area director (AD) stated he was at the facility during the second week of June 2026 and completed an audit of all of the client's petty cash. All of the ledgers were correct. C5's April 2026 ledger indicated she had \$7.61. AD verified there was no ledger present for May 2026 or June 2026. In addition, when looking into C5's petty cash bag there was no money present. Facility policy, Management of Personal Funds revised 2/2024, indicated Whenever Mary T. Inc. is responsible for the safekeeping of funds or other property belonging to a person served: 1. Individuals served retain the use and availability of my personal funds or property unless restrictions are justified and documented. 2. Funds must be kept separate from funds of other persons served and from funds of the home, Mary T. Inc, or staff. 3. Mary T. Inc. staff are responsible to document the receipt and disbursement of funds or other property at the time of receipt or disbursement. 4. Mary T. Inc. Is responsible to return funds and property in the program's possession and according to any justified and documented restrictions, as soon as Whenever Mary T. Inc. is responsible for the safekeeping of funds or other property belonging to a person served:	W0140	W0140 continues-The Area Director has trained all staff on the updated Mary T petty cash policy and protocols for assisting clients with financial management. The Area Director has also trained the Program Manager and the Site Supervisor on how to use Mary T financial report form to prepare financial statements for C5 and all other clients. The Program Manager will send this financial statement to clients' guardians and case managers on the frequency they requested. Four of the clients ledgers were updated, reviewed and emailed to their teams. For the 5th client, Mary T staff do not manage her finances, so she does not have a ledger. To prevent this incident from recurring, the Area Director will review all clients' transactions including C5 at least once a month. The Program Manager will review C5 and all other clients' financials once weekly.	7/18/26 7/27/26 7/27/26

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W0140	Continued from page 2 Itemized financial statements: The program must complete itemized financial statements when it is responsible for safekeeping of my funds and property. The financial statements will itemize receipt (money or property received) and disbursement (money spent or property disposed). These itemized financial statements will be provided to me, my legal representative, and case manager according to our preference.	W0140		
W0331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is NOT MET as evidenced by: Based on interview and document review the facility failed to complete monthly vital signs checks including temperature, pulse, respirations, oxygen saturation, blood pressure and weight, for 2 of 2 clients (C2 and C3) reviewed for nursing services. Findings include: C2 C2's Emergency Data Form (EDF) dated 3/23/25, indicated C2 had elevated blood pressure without diagnosis of hypertension and moderate intellectual disability. C2's Physician orders included monthly vital signs and weights to be completed on the 10th of every month. Review of C2's Medical Record indicated the following vital signs and weights documented from May 2026 to June 30th, 2026: C2's vitals for the month of May 2026 included: 5/10/26, documented leave of absence (LOA). 5/12/26, documented blood pressure 132/78 and pulse of 72. There was no temperature, respiration or weight documented for the month of May and no reason was given. C2's vitals for the month of June 2026 included: 6/10/26, Initialed vital signs were taken although no numbers were documented in the medical record for the month of June 2026 and no reason was given. C3 C3's EDF dated 3/18/25, indicated C3 had moderate intellectual disorder, cardiac murmur, and unspecified convulsions. C3's Physician orders	W0331	W0331: Nursing Services The Area Director and the Program Manager talked to staff about the importance of completing vital signs monthly for C2, C3, and all other clients. The Area Director and the Program Manager reviewed the vital sign recordings on the MAR and staff have been completing and recording the results on the MAR. Vital signs were taken, recorded, and reviewed in July of 2026. Moving forward on an ongoing basis, the Program Manager will check monthly that vital signs have been completed for each client monthly. The Area Director will also check on this monthly. In addition, the Program Manager will check all vital sign equipment once a month to ensure that all equipment is operational.	7/22/26 7/27/26

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NAME OF PROVIDER OR SUPPLIER MTAI RICE CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 5402 FAIRVIEW AVENUE NORTH , CRYSTAL, Minnesota, 55429		
(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	
W0331	Continued from page 3 indicated monthly vital signs and weights to be completed on the 10th of every month. Review of C3's Medical Record indicated the following vital signs and weights documented from May 2026 to June 30th, 2026: C3's vitals for the month of May 2026 included: 5/10/26, documented vitals were refused. 5/12/26, documented blood pressure 139/90 and pulse 87. There was no temperature, respiration or weight documented for the month of May and no reason was given. C3's vitals for the month of June 2026 included: 6/10/26, initialed vital signs were taken although no numbers were documented in the medical record for the month of June 2026 and no reason was given. During interview on 6/30/26 at 1:00 p.m., licensed practical nurse (LPN)-A stated the site supervisor was supposed to be completing weekly checks to make sure the weights and vital signs were completed. LPN-A stated she noticed this morning they were not being completed like they should have been done. A policy for monthly vital signs was requested but was not provided.	W0331			