DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 6, 2023

Administrator
The Villas At St Louis Park LLC
7500 West 22nd Street
Saint Louis Park, MN 55426

RE: CCN: 245182
Cycle Start Date: August 24, 2023

Dear Administrator:

On August 24, 2023, 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 immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On August 16, 2023, the situation of immediate jeopardy to potential health and safety cited at F689 was removed.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS Region V Office forimposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty, (42 CFR 488.430 through 488.444).

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered

professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,995; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective August 24, 2023. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, The Villas At St Louis Park Llc is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective August 24, 2023. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F"and/or an "E" tag), i.e., the plan of correction should be directed to:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions

are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245182	A. BUILDING _____ B. WING _____	C 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT ST LOUIS PARK LLC	7500 WEST 22ND STREET SAINT LOUIS PARK, MN 55426

(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
F 000	INITIAL COMMENTS On 8/23/23 and 8/24/23, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was Reviewed H51824719C (MN00096105) and a deficiency was issued at F689 PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure R1's safety when a mechanical lift was not used in accordance with the manufacturer's instructions resulting in life threatening injury for 1 of 3 residents (R1) reviewed who used mechanical lifts. This resulted in an Immediate Jeopardy (IJ) when R1 fell from	F 689	Past noncompliance: no plan of correction required.	

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

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	Continued From page 1 the mechanical lift sling during a transfer, landing with his head on the mechanical lift legs, and his legs partially suspended in the air. The IJ began on 8/15/23 at 7:42 a.m. when staff were transferring R1 from his bed to his wheelchair using the mechanical lift. While transferring R1, staff did not ensure the sling loops were properly secured to the mechanical lift prior to removing him from his bed. R1 was partially suspended in the air when R1 fell from the sling landing on his head. The administrator and the director of nursing (DON) were informed of the IJ on 8/15/23 at approximately 8:05 a.m. The facility implemented corrective action as of 8/16/23, and the IJ was issued at past non-compliance. Findings Include: R1's admission Minimum Data Set (MDS) assessment, dated 6/16/23, indicated R1 was admitted to the facility on 6/9/23. R1's admitting diagnoses included pulmonary embolism, congestive heart failure, atrial fibrillation, dysphagia, and generalized muscle weakness. R1's care plan, dated 6/12/23, indicated R1 was only to be transferred using a mechanical lift. R1's facility Lift/Mobility Status form, dated 7/16/23, indicated R1 required a full body mechanical lift with the assistance of two staff for transfers. R1's significant change in status MDS assessment, dated 7/17/23, indicated R1 was dependent on staff for all transfers. R1's Brief Interview for Mental Status (BIMS) score was 14	F 689		

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F 689	Continued From page 2 out of 15, indicating he was cognitively intact. R1's incident note dated 8/15/23, indicated R1 sustained a fall from a mechanical lift. R1 was hanging from the sling with his feet up in the air and his head was on the base of the of the mechanical lift. Family and EMS were immediately called. R1 was transported by EMS to the hospital. Video footage of R1 was reviewed with the administrator on 8/23/23 at 2:50 p.m., of the hallway outside R1's room. This video footage revealed the following: On 8/15/23 at 7:24 a.m., nursing assistant (NA)-A and NA-B brought the mechanical lift into R1's room and shut the door. At 7:42 a.m., NA-B opened the door and called for licensed practical nurse (LPN)-A to come to the room. LPN-A entered the room immediately and closed the door. NA-A and NA-B left the room to retrieve supplies and additional staff. Nursing staff ran into the room for support, and others began making phone calls to emergency medical services (EMS). At 7:47 a.m., LPN-A exited the room and paged a code blue (emergency staff response) then immediately returned to R1's room. Multiple staff ran to the room, brought an AED, and crash cart. EMS arrived at 7:53 a.m., and R1 was transported out of his room at 8:06 a.m. R1's hospital record dated 8/15/23 to 8/18/23, indicated R1 arrived at the hospital emergency department (ED) via EMS at 8:50 a.m. after he fell from a mechanical lift at his home facility on 8/15/23. ED records indicated R1 presented with multiple lacerations to his head, extremities with altered mental status (AMS) following a loss of consciousness during the initial fall. R1 had age	F 689		

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F 689	Continued From page 3 indeterminate fractures of the T12, L1 and L2 that were most likely acute as evidenced by characteristics of the fractures. R1 was awake and alert, without the ability to follow commands or answer all questions appropriately. R1's was admitted to the hospital for emergent interventions for life-threatening injuries. Palliative medicine was contacted and through discussion with family member (FA)-A, R1 was transitioned to partial comfort cares with medicinal interventions for comfort. Hospital nursing notes on 8/16/23, indicated R1 had become unresponsive and did not increase level of consciousness for the remainder of his hospitalization. R1's physician evaluation indicated R1 had a "high probability of imminent life or limb-threatening deterioration due to closed head injury with AMS with multiple trauma from a fall". R1 was being treated for acute metabolic/toxic encephalopathy, and FM-A had transitioned to full comfort cares. R1 expired 8/18/23. During an interview on 8/23/23 at 1:31 p.m., FM-A stated he was informed by hospital physicians R1 had passed away from injuries sustained during the fall on 8/15/23. During an interview on 8/23/23 at 2:07 p.m., licensed practical nurse (LPN)-A stated she was called into R1's room by (NA)-A on 8/15/23 at approximately 7:40 a.m. LPN-A stated when she entered the room, she saw R1 partially suspended by his legs in the mechanical lift sling, and the right side of his head resting at an unnatural angle on the mechanical lift support legs. LPN-A stated all the sling clips on the left side were completely intact, and only two of the straps on the right side of the sling were attached	F 689		

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F 689	Continued From page 4 to the mechanical lift. LPN-A stated she worked with NA-A and NA-B to reposition R1, and immediately noted a bloody laceration to R1's posterior scalp. LPN-A stated R1 was not responding to verbal or tactile stimuli and his face from the neck up was unnaturally cyanotic. LPN-A stated she had NA-A and NA-B retrieve additional staff and EMS were contacted. LPN-A stated she placed supplemental oxygen on R1 and activated a code blue. LPN-A stated she was aware R1 was DNR and activated a code blue at that time to get additional nursing staff to help her. LPN-A stated NA-A and NA-B could not explain to her what happened. LPN-A stated staff must always pause when using a mechanical lift and ensure all sling loops are engaged prior to transferring a resident away from a stationary surface. During an interview on 8/23/23 at 2:50 p.m., the Administrator stated NA-A and NA-B were immediately removed from the patient care following this incident. The Administrator stated NA-A had completed her mechanical lift competency upon hire in 2023 and NA-B was rehired within the last 30 days and had completed a lift competency for the facility in 2021. The Administrator stated following this incident, R1's sling was inspected and found to be without defect. The Administrator stated the mechanical lift from the incident was removed from patient care, inspected by maintenance, and had no functional defects. During an interview on 8/23/23 at 3:41 p.m., NA-A stated she had entered R1's room the morning of 8/15/23 with NA-B to provide bowel and bladder care and intended to transfer R1 to his wheelchair for breakfast. NA-A stated R1 had been incontinent of bowel that morning, and once they	F 689		

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F 689	Continued From page 5 had completed with a brief change, they placed the sling underneath him. NA-A stated she attached all three loops on the left side of the sling, then verbally reminded NA-B to place all three loops on the right side of the sling into the appropriate clip. NA-A stated she turned to the side to use the bed remote to slightly lower the bed so they could use the scale function of the mechanical lift to obtain a daily weight on R1. NA-A stated NA-B then pulled the mechanical lift away from the bed and began to turn without communicating to NA-A. NA-A stated R1 fell out of the sling and she told NA-B to go get LPN-A. NA-A stated she did not check to ensure all loops were attached to the mechanical lift at any point. NA-A stated she had completed her mechanical lift competency during her orientation, and she knew she needed to check the loops for secure attachment prior to transferring a resident. During an interview on 8/23/23 at 3:54 p.m., NA-B stated she had entered R1's room the morning of 8/15/23 with NA-A to provide bowel and bladder care and intended to transfer R1 to his wheelchair for breakfast. NA-B stated after they had cleaned R1 up, she and NA-B placed the sling underneath R1 and attached the loops to mechanical lift. NA-B stated she attached all loops on the right side and did not notice one of them was not properly attached. NA-B stated when NA-A lowered R1's bed, NA-B slightly raised the lift. NA-B stated she did not notify NA-A of her intentions and pulled the mechanical lift away from the bed. NA-B stated R1 immediately fell out of the sling. NA-B stated she notified LPN-A of the fall immediately. NA-B stated she did not check to ensure all loops were attached to the mechanical lift at any point. NA-B stated she had completed her mechanical lift competency when	F 689		

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F 689	Continued From page 6 she was originally hired in 2021, and she knew she needed to check the loops for secure attachment prior to transferring a resident. During an interview on 8/24/23 at 11:25 a.m., NA-C stated prior to moving a resident with a mechanical lift, you must pause and ensure all loops are securely connected to the mechanical lift. During an interview on 8/24/23 at 11:29 a.m., NA-D stated prior to moving a resident with a mechanical lift, you must pause and ensure all loops are securely connected to the mechanical lift. During an interview on 8/24/23 at 11:33 a.m., LPN-B stated prior to moving a resident with a mechanical lift, you must pause and ensure all loops are securely connected to the mechanical lift. During an interview on 8/24/23 at 11:55 a.m., the Director of Nursing (DON) stated NA-A and NA-B were immediately removed from direct patient care following the incident. The DON stated NA-B admitted she must not have attached one of the loops on the left side of R1's sling. The DON stated every time a mechanical lift is used to transfer residents, operating staff must ensure the sling loops are attached securely prior to continuing. An electronic communication from the DON on 8/24/23 at 11:20 a.m. indicated the facility does not have a mechanical lift policy, and directly follow the manufacturer instructions while training staff.	F 689		

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F 689	Continued From page 7 An electronic communication from the administrator on 8/25/23 at 3:14 p.m., indicated NA-A completed her mechanical lift competency on 7/3/23, and NA-B completed hers on 4/30/21. During an interview on 8/25/23 at 4:42 p.m., physician-A stated the injuries R1 sustained during his fall were lift-threatening and contributed to his decompensation and death. Physician-A stated she discussed the option of completing an autopsy with FA-A to determine R1's exact cause of death. A facility document titled "Facility Competency 2.0 for Mechanical Lifts" indicated step 7 for transferring a resident with a mechanical lift is to ensure all sling loops are secured appropriately prior to moving the resident. The Invacare Reliant 600 RPL600-2 Battery Powered Patient Lift User Manual, dated 2018, indicated each time the sling is used to transfer a resident, the operator must ensure the sling loops are securely attached prior to removing the resident from the original object. The past noncompliant immediate jeopardy began on 8/15/23 at 7:42 a.m. The immediate jeopardy was removed, and the deficient practice was corrected by 8/16/23, after the facility implemented a systemic plan that included the following actions: - The mechanical lift was removed from the unit for further inspection by maintenance staff - Both NA-A and NA-B were placed on administrative suspension during the investigation and their employment has been terminated by the facility - Facility removed and inspected all	F 689		

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F 689	Continued From page 8 mechanical lifts in the building and completed any necessary repairs. - Facility completed an audit of all employee's mechanical lift competencies and ensured all staff and agency staff had current competencies before their next working shift. - Facility completed education for all applicable staff to focus on pausing over the original stationary object and ensuring the sling loops are secured before continuing. - Facility completed daily audits of staff using mechanical lifts on residents and will continue to do so five times per week. - Facility completed a thorough investigation which resulted in the identification of a root cause. As a result of the facility implementation, this will be issued at past noncompliance.	F 689		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 6, 2023

Administrator
The Villas At St Louis Park LLC
7500 West 22nd Street
Saint Louis Park, MN 55426

Re: Event ID: T7GZ11

Dear Administrator:

The above facility survey was completed on August 24, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00278	A. BUILDING: _____ B. WING _____	C 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT ST LOUIS PARK LLC	7500 WEST 22ND STREET SAINT LOUIS PARK, MN 55426

(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
2 000	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 8/2323 and 8/24/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure The following complaints were reviewed during	2 000		

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2 000	Continued From page 1 the survey. H51824719C (MN00096105) Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		