



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 13, 2026

Administrator
PROVIDENCE PLACE
3720 23RD AVENUE SOUTH
MINNEAPOLIS, MN 55407

RE: CCN: 245271

Cycle Start Date: May 14, 2026

Dear Administrator:

On July 17, 2026, we notified you a remedy was imposed. On August 7, 2026, the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of August 4, 2026.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective August 14, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter of July 17, 2026, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 14, 2026 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 4, 2026, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Poepping'.

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



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August 13, 2026

Administrator
PROVIDENCE PLACE
3720 23RD AVENUE SOUTH
MINNEAPOLIS, MN 55407

Re: Reinspection Results
Event ID: 285122-H2

Dear Administrator:

On August 6, 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 July 14, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Poepping', with a stylized, cursive script.

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
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Protecting, Maintaining and Improving the Health of All Minnesotans

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July 27, 2026

Administrator

PROVIDENCE PLACE
3720 23RD AVENUE SOUTH
MINNEAPOLIS, MN 55407

RE: CCN: 245271

Cycle Start Date: May 14, 2026

Dear Administrator:

On June 4, 2026, we informed you that we may impose enforcement remedies.

On July 17, 2026, we informed you of imposed enforcement remedies.

On July 14, 2026, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level E), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

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(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective August 14, 2026.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective August 14, 2026. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 14, 2026.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed

care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

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 \$13,343, 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.

If you have not achieved substantial compliance by August 14, 2026, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, PROVIDENCE PLACE will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 14, 2026. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558**

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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by November 14, 2026 if your facility does not achieve substantial compliance. This action is mandated by the Social Security

Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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.

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:

tamika.brown@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 tamika.brown@cms.hhs.gov.

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,

A handwritten signature in black ink, appearing to read 'M. Poepping', with a stylized, cursive script.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 27, 2026

Administrator
PROVIDENCE PLACE
NO DATA

Re: State Nursing Home Licensing Orders
Event ID: 285122-H1

Dear Administrator:

The above facility survey was completed on July 14, 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:

**Annette Winters, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558**

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.



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 CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245271		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/14/2026	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 3720 23RD AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55407			
(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
F0000	INITIAL COMMENTS On 7/14/26, 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: H52713023C (3052274 and 3065739) with a deficiency issued at F677. 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			07/29/2026
F0677 SS = E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and document review, the facility failed to ensure fingernails were trimmed and fingernail hygiene was maintained for 3 of 3 (R1,R3,R4) dependent residents reviewed for personal care. Findings include:			F0677	The facility acknowledges receipt of this deficiency and submits this Plan of Correction as its allegation of compliance. Submission of this Plan of Correction does not constitute an admission that the deficiency existed or that the facility was not in compliance with federal regulations. Corrective action was initiated immediately for the residents identified during the survey. Resident #1's fingernails were assessed by a licensed nurse and, with the resident's consent, were trimmed and filed to remove jagged edges. The resident's care plan was reviewed and updated to reflect her preference for maintaining longer, polished nails while ensuring that nail length and condition do not pose a risk for injury. Resident #3's fingernails were cleaned immediately upon identification. Although the resident declined nail trimming, the refusal was documented in the		08/04/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245271		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/14/2026	
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F0677 SS = E	Continued from page 1 During an observation on 7/14/26, at 11:45 a.m., R1's left index finger was shaped triangular with a point in the center measuring approximately 0.5 centimeters (cm) in length. The rest of her fingers and thumb were trimmed but appeared jagged and uneven. During an observation on 7/14/26, at 12:20 p.m., all ten of R3's fingernails had black matter under them from the finger to the end of the nail. Her nails were about 0.5 cm and shaped unevenly. During an observation on 7/14/26, at 12:42 p.m., LPN-A asked R3 if she could cut her nails. R3 stated nails could be cleaned but not cut. During an observation on 7/14/26, at 12:45 p.m., R4's thumb nails and index fingernails were observed to have a rust-colored substance under them. His left 5th digit was approximately 1 cm in length. His right and left thumbs were approximately 0.5 cm in length. R1's quarterly minimum data set (MDS), dated 6/18/26, indicated she had diagnoses of diabetes mellitus Type 2 with complications, bilateral above knee amputation, macular degeneration, and moderate cognitive impairment. She rejected care and was dependent on staff for personal hygiene. R1's treatment administration record (TAR) directed staff to complete finger and toenail care and indicated nail care was completed on 7/9/26. R1's care plan, dated 7/14/26, directed assistance from one staff to perform personal hygiene and indicated she refused care at times. She likes her nails long and polished. R1's progress notes, skin checks and TAR lacked documentation of R1 refusal of care. R3's quarterly MDS, dated 6/19/26, indicated she had diagnoses of diabetes mellitus and dementia, had moderate cognitive impairment, refused care and was dependent on staff for personal hygiene.			F0677	Continued from page 1 medical record. Education was provided regarding the importance of nail hygiene, and staff will continue to re-approach the resident for nail care while honoring the resident's right to refuse. Resident #4's fingernails were assessed, cleaned, and trimmed as tolerated. The resident's care plan was reviewed and updated to include interventions for re-approaching nail care following a refusal, documenting refusals, and notifying the responsible party, as appropriate, when persistent refusals place the resident at risk for compromised hygiene. To identify any other residents who may have been affected, the facility completed a facility-wide audit of residents who require assistance with nail care. The audit verified that nail care was provided as needed, resident refusals were documented appropriately, care plans reflected resident preferences and individualized interventions, and responsible parties were notified when clinically indicated. To prevent recurrence, education was provided to all licensed nurses and nursing assistants regarding the requirements of F677, proper nail hygiene practices, documentation of care provided, documentation of resident refusals and re-approaches, incorporation of resident preferences into individualized care plans, and timely communication of unresolved hygiene concerns to nursing leadership. To ensure continued compliance, the Director of Nursing, Assistant Director of Nursing, or designee will conduct random audits of resident nail care weekly for three weeks and then monthly for one month. Audit findings will be reviewed by the Quality Assurance and Performance Improvement (QAPI) Committee monthly for a minimum of three months. Any identified concerns or trends will result in immediate corrective action, additional staff education, and continued monitoring until sustained compliance is achieved.		08/04/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245271		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/14/2026	
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F0677 SS = E	Continued from page 2 R3's care plan, dated 6/19/26, directed moderate assistance of one staff person for personal hygiene and nurse to cut nails. Her care plan indicated she had a history of refusal of personal care. R3's TAR directed to complete finger and toenail care on bath day and indicated nail care was completed on 7/11/26. R3's progress notes, skin checks and TAR lacked documentation of refusals of care. R4's care plan, dated 8/30/24, indicated he required substantial assistance of one staff for personal hygiene needs and the nurse for nail care on bath day. It directed to keep R4s fingernails short and nurse or podiatry to cut long nails. It indicated he had a history of care refusals. R4's annual MDS, dated 5/26/26, indicated he had diagnoses of paranoid schizophrenia, dementia, bilateral myopia (blurry distance vision in both eyes) and severe cognitive impairment. R4 required maximal assistance of staff for personal hygiene and did not refuse care. R4's TAR directed to complete finger and toenail care on Saturdays. It indicated toenail and fingernail was completed on 7/11/26. R4's progress notes, skin checks and TAR lacked documentation of R1 refusal of care. During an interview on 7/14/26, at 11:45 a.m., nursing assistant (NA)-A stated nurses do all nail care for diabetic residents. During an interview on 7/14/26, at 12:20 p.m., R3 stated her nails were cleaned about two days prior. She asked if they were dirty and stated if they were dirty, she would want them cleaned. During an interview on 7/14/26, at 12:40 p.m., NA-B stated he was responsible for R3's personal hygiene but not her nail care as the nurses were required to perform her nail care.			F0677			08/04/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245271		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/14/2026	
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F0677 SS = E	Continued from page 3 During an interview on 7/14/26, at 12:39 p.m., licensed practical nurse (LPN)-A stated R3 gets her nails cleaned on her bath day and they were cleaned last on 7/9/26. She said the staff have tried to perform nail care a couple times a week but R3 refused, and refusal of care should be documented. She was unsure when the dark matter was under her nails. During an interview with registered nurse (RN)-A on 7/14/26, at 12:48 p.m., she stated nurses were responsible for all nail care for diabetics. She stated R4 was not diabetic. NA's were responsible for providing R4's nail care and the nurses were responsible for ensuring nail care was done. She stated if nail care is not provided the nurse is responsible to assign it to another NA or complete it themself. She stated his long nails were concerning and she would attempt to cut them. During an interview on 7/14/26, at 1:00 pm, RN-B stated nurses conduct skin checks with residents' bath/shower and nail observation was expected to be included as a part of the assessment. She stated the nurses were responsible for nail care for residents with diabetes and the nail care was expected to be completed on the residents' bath/shower day. She stated the NA's were responsible for hand hygiene with morning and evening care. During an interview following observation of R1's nails on 7/14/26, at 1:05 p.m., RN-A stated R1's nails were "just trimmed". She stated they should be filed to avoid injury. She stated R1 often refuses to allow them to cut her nails. RN asked R1 if she would allow her nails to be cut. R1 agreed to nail care. During an interview on 7/14/26, at 1:20 p.m., the assistant director of nursing (ADON) stated nurses should perform nail care for diabetic residents on their shower day. The ADON stated R4 frequently refuses cares and requested a NA to attempt to cut his nails. ADON stated refusal of nail care should be documented. The NA's were responsible for the residents' primary personal hygiene. During an interview on 7/14/26, at 1:43 p.m., the director of nursing (DON) stated nurses were			F0677			08/04/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245271		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/14/2026	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 3720 23RD AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55407			
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F0677 SS = E	Continued from page 4 responsible to perform nail care for diabetic residents' fingernails and toenails on their bath day, as it was "part of the bath". If care is refused, it should be documented. She expected the nurses to reapproach if care was refused. She stated concerns of jagged or long nails were the residents getting skin tears or hurt themselves and concerns of dirty nails were infection control. During an interview on 7/14/26, at 2:24 p.m., family member (FM)-A stated she was concerned about the lack of personal hygiene provided by the facility to R1, and she provided personal care to R1 during her visits. During an interview on 7/14/26, at 2:39 p.m., FM-B stated she was not informed that R4 was refusing nail care but expected his nails would be clean and trimmed. During an interview on 7/14/26, at 3:30 p.m., the assistant executive director (AED) stated it was hard to convince R4 to allow nail care as he refuses care. He stated refusal of care should be documented. During an interview on 7/14/26, at 3:55 p.m., the administrator stated preferences should be listed on the resident care plan and refusal should be documented. He stated the facility did not have a policy specifically for nail care. The facility Activities of Daily Living policy, dated 4/1/26, directed a resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene.			F0677			08/04/2026

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 07/14/2026	
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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 7/15/26, 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 order(s) (was/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: H52713023C (3052274 and 3065739) with a licensing			20000			07/29/2026

Office of Primary Care and Health Systems Management

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

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20000	Continued from page 1 order issued at 4658.0525 Subp. 6 (A)(1) 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			07/29/2026
20915	Rehab - ADLs CFR(s): MN Rule 4658.0525 Subp. 6 A Subp. 6. Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that: A. a resident is given the appropriate treatments and services to maintain or improve abilities in activities of daily living unless deterioration is a normal or			20915	Per letter, no plan of correction is needed for state deficiencies.		08/04/2026

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20915	Continued from page 2 characteristic part of the resident's condition. For purposes of this part, activities of daily living includes the resident's ability to: (1) bathe, dress, and groom; (2) transfer and ambulate; (3) use the toilet; (4) eat; and (5) use speech, language, or other functional communication systems; and This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and document review, the facility failed to ensure fingernails were trimmed and fingernail hygiene was maintained for 3 of 3 (R1,R3,R4) dependent residents reviewed for personal care. Findings include: During an observation on 7/14/26, at 11:45 a.m., R1's left index finger was shaped triangular with a point in the center measuring approximately 0.5 centimeters (cm) in length. The rest of her fingers and thumb were trimmed but appeared jagged and uneven. During an observation on 7/14/26, at 12:20 p.m., all ten of R3's fingernails had black matter under them from the finger to the end of the nail. Her nails were about 0.5 cm and shaped unevenly. During an observation on 7/14/26, at 12:42 p.m., LPN-A asked R3 if she could cut her nails. R3 stated nails could be cleaned but not cut. During an observation on 7/14/26, at 12:45 p.m., R4's thumb nails and index fingernails were observed to have a rust-colored substance under them. His left 5th digit was approximately 1 cm in length. His right and left thumbs were approximately 0.5 cm in length. R1's quarterly minimum data set (MDS), dated 6/18/26, indicated she had diagnoses of diabetes			20915			08/04/2026

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20915	Continued from page 3 mellitus Type 2 with complications, bilateral above knee amputation, macular degeneration, and moderate cognitive impairment. She rejected care and was dependent on staff for personal hygiene. R1's treatment administration record (TAR) directed staff to complete finger and toenail care and indicated nail care was completed on 7/9/26. R1's care plan, dated 7/14/26, directed assistance from one staff to perform personal hygiene and indicated she refused care at times. She likes her nails long and polished. R1's progress notes, skin checks and TAR lacked documentation of R1 refusal of care. R3's quarterly MDS, dated 6/19/26, indicated she had diagnoses of diabetes mellitus and dementia, had moderate cognitive impairment, refused care and was dependent on staff for personal hygiene. R3's care plan, dated 6/19/26, directed moderate assistance of one staff person for personal hygiene and nurse to cut nails. Her care plan indicated she had a history of refusal of personal care. R3's TAR directed to complete finger and toenail care on bath day and indicated nail care was completed on 7/11/26. R3's progress notes, skin checks and TAR lacked documentation of refusals of care. R4's care plan, dated 8/30/24, indicated he required substantial assistance of one staff for personal hygiene needs and the nurse for nail care on bath day. It directed to keep R4s fingernails short and nurse or podiatry to cut long nails. It indicated he had a history of care refusals. R4's annual MDS, dated 5/26/26, indicated he had diagnoses of paranoid schizophrenia, dementia, bilateral myopia (blurry distance vision in both eyes) and severe cognitive impairment. R4 required maximal assistance of staff for personal hygiene and did not refuse care.			20915			08/04/2026

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20915	Continued from page 4 R4's TAR directed to complete finger and toenail care on Saturdays. It indicated toenail and fingernail was completed on 7/11/26. R4's progress notes, skin checks and TAR lacked documentation of R1 refusal of care. During an interview on 7/14/26, at 11:45 a.m., nursing assistant (NA)-A stated nurses do all nail care for diabetic residents. During an interview on 7/14/26, at 12:20 p.m., R3 stated her nails were cleaned about two days prior. She asked if they were dirty and stated if they were dirty, she would want them cleaned. During an interview on 7/14/26, at 12:40 p.m., NA-B stated he was responsible for R3's personal hygiene but not her nail care as the nurses were required to perform her nail care. During an interview on 7/14/26, at 12:39 p.m., licensed practical nurse (LPN)-A stated R3 gets her nails cleaned on her bath day and they were cleaned last on 7/9/26. She said the staff have tried to perform nail care a couple times a week but R3 refused, and refusal of care should be documented. She was unsure when the dark matter was under her nails. During an interview with registered nurse (RN)-A on 7/14/26, at 12:48 p.m., she stated nurses were responsible for all nail care for diabetics. She stated R4 was not diabetic. NA's were responsible for providing R4's nail care and the nurses were responsible for ensuring nail care was done. She stated if nail care is not provided the nurse is responsible to assign it to another NA or complete it themselves. She stated his long nails were concerning and she would attempt to cut them. During an interview on 7/14/26, at 1:00 pm, RN-B stated nurses conduct skin checks with residents' bath/shower and nail observation was expected to be included as a part of the assessment. She stated the nurses were responsible for nail care for residents with diabetes and the nail care was			20915			08/04/2026

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20915	Continued from page 5 expected to be completed on the residents' bath/shower day. She stated the NA's were responsible for hand hygiene with morning and evening care. During an interview following observation of R1's nails on 7/14/26, at 1:05 p.m., RN-A stated R1's nails were "just trimmed". She stated they should be filed to avoid injury. She stated R1 often refuses to allow them to cut her nails. RN asked R1 if she would allow her nails to be cut. R1 agreed to nail care. During an interview on 7/14/26, at 1:20 p.m., the assistant director of nursing (ADON) stated nurses should perform nail care for diabetic residents on their shower day. The ADON stated R4 frequently refuses cares and requested a NA to attempt to cut his nails. ADON stated refusal of nail care should be documented. The NA's were responsible for the residents' primary personal hygiene. During an interview on 7/14/26, at 1:43 p.m., the director of nursing (DON) stated nurses were responsible to perform nail care for diabetic residents' fingernails and toenails on their bath day, as it was "part of the bath". If care is refused, it should be documented. She expected the nurses to reapproach if care was refused. She stated concerns of jagged or long nails were the residents getting skin tears or hurt themselves and concerns of dirty nails were infection control. During an interview on 7/14/26, at 2:24 p.m., family member (FM)-A stated she was concerned about the lack of personal hygiene provided by the facility to R1, and she provided personal care to R1 during her visits. During an interview on 7/14/26, at 2:39 p.m., FM-B stated she was not informed that R4 was refusing nail care but expected his nails would be clean and trimmed. During an interview on 7/14/26, at 3:30 p.m., the assistant executive director (AED) stated it was hard to convince R4 to allow nail care as he refuses care. He stated refusal of care should be documented.			20915			08/04/2026

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20915	Continued from page 6 During an interview on 7/14/26, at 3:55 p.m., the administrator stated preferences should be listed on the resident care plan and refusal should be documented. He stated the facility did not have a policy specifically for nail care. The facility Activities of Daily Living policy, dated 4/1/26, directed a resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene. SUGGESTED METHOD OF CORRECTION: the director of nursing (DON) or designee could provide education to the nursing staff regarding the expectations and facility process to ensure nail hygiene and nail care is completed as a regular part of resident care for dependent residents. They could conduct audits to ensure nail care and nail hygiene is performed. The DON or designee could communicate the results with the Quality Assessment and Performance Improvement Committee to monitor results and provide suggestions for ongoing monitoring. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.			20915			08/04/2026