



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
January 4, 2021

Administrator
Rose Of Sharon A Villa Center
1000 Lovell Avenue
Roseville, MN 55113

RE: CCN: 245326
Cycle Start Date: October 5, 2020

Dear Administrator:

On November 10, 2020, the Minnesota Department of Health 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.

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

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
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
October 12, 2020

Administrator
Rose Of Sharon A Villa Center
1000 Lovell Avenue
Roseville, MN 55113

RE: CCN: 245326
Cycle Start Date: October 5, 2020

Dear Administrator:

On October 5, 2020, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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 no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), 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

Rose Of Sharon A Villa Center

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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" tag), i.e., the plan of correction should be directed to:

Susanne Reuss, Unit Supervisor
Metro A District 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: susanne.reuss@state.mn.us
Office: (651) 201-3793

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 January 5, 2021 (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

Rose Of Sharon A Villa Center

October 12, 2020

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Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by April 5, 2021 (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) / 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/ltr_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 Poeping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poeping@state.mn.us

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

PRINTED: 10/15/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/05/2020
NAME OF PROVIDER OR SUPPLIER ROSE OF SHARON A VILLA CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LOVELL AVENUE ROSEVILLE, MN 55113		
(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 October 5, 2020, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found NOT to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5326096C, with a deficiency cited at F684 The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.	F 684		11/10/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/15/2020

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 684	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure a medication order for Lorazepam (anti-anxiety) was transcribed accurately for 1 of 3 residents (R1) reviewed for notification of change and activities of daily living (ADL's).</p> <p>Findings include:</p> <p>R1's quarterly minimum data set (MDS) dated 9/10/20, indicated R1 had severely impaired cognition with diagnoses which included anxiety disorder and Schizophrenia. In addition, the MDS indicated R1 required one person physical assist for all activities of daily living.</p> <p>When interviewed on 10/5/20, at 11:18 a.m., family (F)-A expressed concern regarding how staff were administering prescribed, "medications with shock treatments", to R1 and stated. "I don't think they are following the psych orders".</p> <p>On 10/5/20, at 11:24 a.m. R1 was observed seated in the wheelchair in her room next to her bed doing a crossword puzzle. A staff member was in the room and indicated R1 had just returned from a doctors appointment. R1 repeatedly asked, "What do I do now?"</p> <p>During observation on 10/5/20, at 11:28 a.m., licensed practical nurse (LPN)-A came into R1's room and indicated she had medications for R1. LPN-A handed R1 the small cup of medications with pills and a small cup of water. R1 looked at both cups and asked LPN-A, "what do I do?" R1 set the cups with medications and water on the</p>	F 684	<p>R1's medication orders have been reviewed and correct transcription has been validated. Facility completed a TSI (risk management) for R1's medication that wasn't administered as ordered on 10/05/20.</p> <p>All residents who reside at Rose of Sharon, a Villa Center have the potential to be affected by these practices. The facility has reviewed policies and procedures relating to medication orders and medication administration, and the policies remain current. Staff are practicing appropriate transcription of medication orders and medication administration.</p> <p>Education will be provided to all staff who enter in medication orders and administer medications. Education will specifically address facility's current Medication Orders and Medication Administration policies which include receiving and recording medication orders and following the rights of medication administration. Director of Nursing or designee will audit medication orders transcription and medication administration weekly. Audit results will be reviewed in QAPI to determine any need for changes.</p>		

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F 684	<p>Continued From page 2</p> <p>bedside table in front of her. LPN-A asked R1 if help was needed which R1 accepted and LPN-A placed the medications into R1's mouth, except for one pill. LPN-A asked R1 to take a sip of water and then put the last pill into R1's mouth and gave R1 another sip of water. LPN-A left R1's room and went to the medication cart down the hallway. LPN-A stated she had administered R1 medications that included, Lorazepam (anti-anxiety medication), Vitamin B12, Vitamin D and Amantadine (Parkinson's medication) a total of 4 pills.</p> <p>Document review of R1's physician order dated 10/2/20, by the psychiatrist directed the following: "Start Lorazepam 1 milligram [mg] by mouth [PO]: Electroconvulsive therapy [ECT] scheduled Days Mondays and Fridays give 1200 Noon and 2000 HS (No AM dose) Day before ECT scheduled Sunday and Thursday give 800 AM and 1200 Noon (NO HS Dose) Other Days Tuesday, Wednesday and Saturday give three times daily [TID] at 800 AM, 1200 Noon and 2000 HS." The order had the psychiatrist name and the name of LPN-B who wrote and transcribed the order into the Medication Administration Record (MAR).</p> <p>Document review of the October 2020 MAR, it was revealed the order for Lorazepam for the Day before ECT scheduled Sunday and Thursday had been entered however on the spot to sign for the 8:00 AM and 1200 Noon dose had been "X" out and subsequently R1 had missed two doses of the medication on 10/4/20.</p> <p>Document review of R1's Narcotic Book sign out pages verified R1's Lorazepam was not signed out as given for the 8:00 AM and 12:00 noon doses on 10/4/20.</p>	F 684			

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F 684	Continued From page 3 When interviewed on 10/5/20, at 1:11 p.m., registered nurse (RN)-A reviewed the MAR then verified she was going to do a "TIS" (a report in the facility risk management platform) and was going to investigate the inaccurate transcription of the order with the missed medication. RN-A reviewed the interdisciplinary notes and verified there was no progress note that identified R1 had refused the medication. RN-A explained that the nurses were supposed to do the "seven checks", and explained there were instructions for the medication and the instructions should have been followed. RN-A stated that the procedure for when an order was received, was that it was transcribed into the MAR. RN-A explained that, "Usually you will see two nurses in the audit." RN-A reviewed the order for Lorazepam entered on 10/2/20, and verified LPN-B was the only nurse who had entered and revised it. Document review, on 10/5/20 at 1:21 p.m., of the Narcotic Book sign out, it was revealed LPN-A had given R1, one 0.5 mg tablet instead of 2 tablets, for a total of 1 mg. RN-A and LPN-A acknowledged R1 had received half the dose of the medication. RN-A stated she was going to call the ECT clinic to ask if it was okay to administer the medication then. RN-A verified R1 had Lorazepam 0.5 mg dose on page 163 and Lorazepam 1 mg dose tablets on page 177, and no Lorazepam had been signed off on 10/4/20. When interviewed on 10/5/20, at 1:43 p.m. the director of nursing (DON) verified when an order was received the receiving nurse was supposed to transcribe the order and the orders were supposed to be reviewed by a second nurse before adding it into the MAR.	F 684			

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

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F 684	Continued From page 4 On 10/5/20, at 3:21 p.m. the facility administrator identified, via e-mail, "A nurse can approve their own orders with the exception of insulin and coumadin. If someone like our health unit coordinator [HUC] or dietician enters an order in, it would need to be approved by a nurse." On 10/6/20, at 7:55 a.m. R1's psychiatrist via a telephone call stated he would have expected the facility to administer R1's medications as ordered as this was an important medication for R1's current treatment plan. The Med-Pass Inc Medication Orders policy revised October 2010, did not address the procedure or the facility policy on how a new order was transcribed and added to the Medication Administration Record (MAR) to ensure it was accurately written and administered as ordered.	F 684			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 12, 2020

Administrator
Rose Of Sharon A Villa Center
1000 Lovell Avenue
Roseville, MN 55113

Re: Event ID: BGH711

Dear Administrator:

The above facility survey was completed on October 5, 2020 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,

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

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/05/2020
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NAME OF PROVIDER OR SUPPLIER ROSE OF SHARON A VILLA CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LOVELL AVENUE ROSEVILLE, MN 55113
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS: On October 5, 2020, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be IN compliance with the MN State Licensure.</p> <p>The following complaint was found to be SUBSTANTIATED: H5189121C, however, NO</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

10/15/20

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/05/2020
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NAME OF PROVIDER OR SUPPLIER ROSE OF SHARON A VILLA CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LOVELL AVENUE ROSEVILLE, MN 55113
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2 000	Continued From page 1 licensing orders were issued. 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		

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number 245326	Provider/Supplier Name ROSE OF SHARON A VILLA CENTER
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Type of Survey (select all that apply):

A	K				
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- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life safety Code
- I Recertification
- J Sanction/Hearing
- K State License
- L Chow

Extent of Survey (Select all that apply):

D	D				
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- A Routine/Standard (all providers/suppliers)
- B Extended Survey (HHA or long term care facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's information number.

Surveyor Id Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 30921	10-05-2020	10-05-2020	0.00	0.00	4.00	0.00	0.00	1.00
2. Team Leader 32982	10-05-2020	10-05-2020	0.50	0.00	5.50	0.00	0.00	1.00
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Total Supervisory Review Hours 1.00
 Total Clerical/Data Entry Hours..... 2
 Was Statement of Deficiencies given to the provider on-site at completion of the survey? N