



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 23, 2021

Administrator
Camilia Rose Care Center LLC
11800 Xeon Boulevard
Coon Rapids, MN 55448

RE: CCN: 245353
Cycle Start Date: March 3, 2021

Dear Administrator:

On March 3, 2021, 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.

Camilia Rose Care Center Llc

March 23, 2021

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The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Susie Haben, Unit Supervisor
St. Cloud B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 June 3, 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 Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 3, 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/lrc_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.

Camilia Rose Care Center Llc

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas Larson", with a long horizontal flourish extending to the right.

Douglas Larson, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 03/31/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2021
NAME OF PROVIDER OR SUPPLIER CAMILIA ROSE CARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 11800 XEON BOULEVARD COON RAPIDS, MN 55448		
(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	<p>INITIAL COMMENTS</p> <p>On 3/3/21, 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.</p> <p>The following complaints were found to be SUBSTANTIATED with no citation issued: H5353103C/MN70493 H5353105C/MN66982</p> <p>The following complaint was found to be Unsubstantiated: H5353104C (MN67633), however, as a result of the investigation a deficiency was identified at F609.</p> <p>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. 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.</p>	F 000			
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown</p>	F 609		4/30/21	

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

TITLE

(X6) DATE

Electronically Signed

03/30/2021

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 609	<p>Continued From page 1</p> <p>source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and documentation review, the facility failed to report allegations of missing money to the State agency within 24 hours, as required, for 1 of 3 residents (R2) who alleged to be missing money.</p> <p>Findings include:</p> <p>R2's admission Minimum Data Set (MDS) dated 11/19/20, R2 had intact cognition and required one assist with transfers and bed mobility.</p> <p>R2's plan of care revised 12/11/20, indicated diagnoses of respiratory failure, pulmonary fibrosis, major depressive disorder and weakness. The plan of care also indicated R2</p>	F 609	<p>F609</p> <p>The Administrator reviewed the Camilia Rose Abuse Prevention Program. The policy addresses the requirement to report to the State Agency timely. The policy includes the reporting of misappropriation of property. The citation was issued for an event that happened in 11/2020. Team members have since been educated on the policy and reporting by the Director of Social Services on 12/8/20. Corrective actions were issued to team member on 2/3/21, 2/4/21 and education was provided on abuse reporting to staff during huddles the week of 2/5/21. Abuse</p>		

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F 609	<p>Continued From page 2</p> <p>was at risk for falls due to weakness and at risk for abuse/neglect by others.</p> <p>The facility investigation report dated 11/25/20, indicated, a week prior, registered nurse (RN)-A had reported to the administrator that R2 was missing money. However, this was not reported to the State until a week later, on 11/25/20, and not within 24 hours as required.</p> <p>During interview on 3/3/21, at 11:58 a.m. RN-B stated all incidents of abuse including misappropriation should be reported immediately to the administrator and State agency.</p> <p>During interview on 3/3/21, at 1:59 p.m. the social worker verified the report indicated that RN-A had reported R2's missing money to the administrator a week prior to it being reported to the State agency and stated it should have been reported to the State agency within 24 hours of the notification of the missing money.</p> <p>During interview on 3/3/21, at 2:18 p.m. the administrator stated that although the report had been made to the previous administrator, the allegation should have also been reported to the State agency, as required.</p> <p>During interview on 3/3/21, at 2:43 p.m. RN-A stated R2 had told her about missing money and wanted to speak with the administrator therefore she had immediately informed the administrator. RN-A confirmed she had reported the missing money to the administrator about a week prior to it actually being reported to the State agency on 11/25/20. RN-A stated all abuse allegations including misappropriation was to be reported immediately to the administrator and State</p>	F 609	<p>training and reporting is scheduled annually for all team member and all new hires receive the education at orientation. The last annual education was assigned in October of 2020. Abuse reporting will be assigned to all team members in April of 2021. The Community uses Educare for online training. Audits will be performed of all reports to the State Agency checking for timely reporting. The audits will be conducted by the Administrator/designee 1x per week x 4 weeks. QAPI will provide oversight and make recommendations. Team members have one month to complete the April assignment.</p>		

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F 609	Continued From page 3 agency. The facility's Abuse Investigation and Reporting policy dated March 26, 2020, indicated "An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: two hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or twenty-four hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury."	F 609			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 23, 2021

Administrator
Camilia Rose Care Center LLC
11800 Xeon Boulevard
Coon Rapids, MN 55448

Re: State Nursing Home Licensing Orders
Event ID: IT4P11

Dear Administrator:

The above facility was surveyed on March 3, 2021 through March 3, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. 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

Camilia Rose Care Center LLC

March 23, 2021

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"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:

Susie Haben, Unit Supervisor
St. Cloud B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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

Please feel free to call me with any questions.

Sincerely,



Douglas Larson, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program

Camilia Rose Care Center LLC

March 23, 2021

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Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4118 Fax: 651-215-9697

Email: doug.larson@state.mn.us

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2021
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NAME OF PROVIDER OR SUPPLIER CAMILIA ROSE CARE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11800 XEON BOULEVARD COON RAPIDS, MN 55448
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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 3/3/21, a standard 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 complaints were found to be SUBSTANTIATED with no licensing orders</p>	2 000	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.	

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

Electronically Signed

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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>issued: H5353103C (MN70493) H5353105C (MN66982)</p> <p>The following complaint was found to be unsubstantiated: H5353104C (MN67633): however, as a result of the investigation an order was issued at 1995. 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.</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</p>	2 000	<p>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 which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	

Minnesota Department of Health

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2 000	Continued From page 2 the Department within 15 days of receipt of a notice of assessment for non-compliance.	2 000		
21995	<p>MN St. Statute 626.557 Subd. 4a Reporting - Maltreatment of Vulnerable Adults</p> <p>Subd. 4a. Internal reporting of maltreatment. (a) Each facility shall establish and enforce an ongoing written procedure in compliance with applicable licensing rules to ensure that all cases of suspected maltreatment are reported. If a facility has an internal reporting procedure, a mandated reporter may meet the reporting requirements of this section by reporting internally. However, the facility remains responsible for complying with the immediate reporting requirements of this section.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and documentation review, the facility failed to report allegations of missing money to the State agency within 24 hours, as required, for 1 of 3 residents (R2) who alleged to be missing money.</p> <p>Findings include:</p> <p>R2's admission Minimum Data Set (MDS) dated 11/19/20, R2 had intact cognition and required one assist with transfers and bed mobility.</p> <p>R2's plan of care revised 12/11/20, indicated diagnoses of respiratory failure, pulmonary fibrosis, major depressive disorder and weakness. The plan of care also indicated R2 was at risk for falls due to weakness and at risk for abuse/neglect by others.</p>	21995	corrected	4/30/21

Minnesota Department of Health

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21995	<p>Continued From page 3</p> <p>The facility investigation report dated 11/25/20, indicated, a week prior, registered nurse (RN)-A had reported to the administrator that R2 was missing money. However, this was not reported to the State until a week later, on 11/25/20, and not within 24 hours as required.</p> <p>During interview on 3/3/21, at 11:58 a.m. RN-B stated all incidents of abuse including misappropriation should be reported immediately to the administrator and State agency.</p> <p>During interview on 3/3/21, at 1:59 p.m. the social worker verified the report indicated that RN-A had reported R2's missing money to the administrator a week prior to it being reported to the State agency and stated it should have been reported to the State agency within 24 hours of the notification of the missing money.</p> <p>During interview on 3/3/21, at 2:18 p.m. the administrator stated that although the report had been made to the previous administrator, the allegation should have also been reported to the State agency, as required.</p> <p>During interview on 3/3/21, at 2:43 p.m. RN-A stated R2 had told her about missing money and wanted to speak with the administrator therefore she had immediately informed the administrator. RN-A confirmed she had reported the missing money to the administrator about a week prior to it actually being reported to the State agency on 11/25/20. RN-A stated all abuse allegations including misappropriation was to be reported immediately to the administrator and State agency.</p> <p>The facility's Abuse Investigation and Reporting policy dated March 26, 2020, indicated "An</p>	21995		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2021
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NAME OF PROVIDER OR SUPPLIER CAMILIA ROSE CARE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11800 XEON BOULEVARD COON RAPIDS, MN 55448
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(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
21995	<p>Continued From page 4</p> <p>alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: two hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or twenty-four hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury."</p> <p>SUGGESTED METHOD OF CORRECTION: The Administrator and/or designee could review and/or revise policies related to the timely reporting of misappropriation or property to the State agency. The administrator and/or designee could educate staff on ensuring reports are submitted in a timely manner and conducts audits to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21995		