



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 8, 2023

Administrator
Wabasso Restorative Care Center
660 Maple Street
Wabasso, MN 56293

RE: CCN: 245400
Cycle Start Date: June 29, 2023

Dear Administrator:

On August 2, 2023, we notified you a remedy was imposed. On August 15, 2023 the Minnesota Department(s) 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 28, 2023.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective August 17, 2023 be discontinued as of August 28, 2023. (42 CFR 488.417 (b))

In our letter of August 2, 2023, 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 is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from July 12, 2023. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office 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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 3, 2023

Administrator
Wabasso Restorative Care Center
660 Maple Street
Wabasso, MN 56293

RE: CCN: 245400
Cycle Start Date: June 29, 2023

Dear Administrator:

On August 2, 2023, we informed you of imposed enforcement remedies.

On July 26, 2023, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective August 17, 2023, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective August 17, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 17, 2023.

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.

As we notified you in our letter of August 2, 2023, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years

An equal opportunity employer.

Wabasso Restorative Care Center

August 3, 2023

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from August 12, 2023.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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.

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 December 29, 2023 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

APPEAL RIGHTS

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

Steven.Delich@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION/ 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 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

Wabasso Restorative Care Center

August 3, 2023

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specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive, flowing style.

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: Kamala.Fiske-Downing@state.mn.us



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August 3, 2023

Administrator
Wabasso Restorative Care Center
660 Maple Street
Wabasso, MN 56293

Re: Event ID: 3XKP11

Dear Administrator:

The above facility survey was completed on July 26, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 08/24/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2023
NAME OF PROVIDER OR SUPPLIER WABASSO RESTORATIVE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 MAPLE STREET WABASSO, MN 56293		
(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 7/25/23 and 7/26/23, 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. H54003948C (MN00095446) with a deficiency issued at F835 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.	F 000			
F 835 SS=D	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility's administration failed to ensure a thorough review of a admission referral to assess their ability to provide appropriate	F 835	F835 1: R1 have the potential to a serious adverse outcome. No other residents were identified.		8/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/04/2023

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 835	Continued From page 1 medical care and resources to meet the critical medical needs for 1 of 3 residents (R1) reviewed for dialysis and new admissions. The deficient practice resulted in the facility transferring R1 to the emergency department (ED) for care immediately following admission and a delay in dialysis. Findings include: A Vulnerable Adult Maltreatment Report submitted to the state agency (SA) on 7/21/23 at 7:55 a.m., indicated the facility admitted R1 and were not aware that R1 received peritoneal dialysis (PD) daily. The facility then transferred R1 to the ED immediately after admission stating they couldn't meet R1's medical needs as their facility did not do PD and they had forgot to secure a spot at an outpatient dialysis facility. According to mayoclinic.org, peritoneal dialysis (PD) is a way to remove waste products from the blood. It's a treatment for kidney failure, a condition where the kidneys can't filter blood well enough any longer. During peritoneal dialysis, a cleansing fluid flows through a tube into part of the stomach area, also called the abdomen. The inner lining of the abdomen, known as the peritoneum, acts as a filter and removes wastes from blood. After a set amount of time, the fluid with the filtered waste flows out of the abdomen and is thrown away. Because peritoneal dialysis works inside the body, it's different from a more-common procedure to clean the blood called hemodialysis. That procedure filters blood outside the body in a machine. During an observation and interview on 7/26/23 at 11:40 a.m., an automated peritoneal dialysis			F 835	2: All new admissions with skill clinical care needs have the potential to be affected in this area. 3: All nurses have been trained to provide peritoneal dialysis and all new licensed staff hired or from outside agencies will be trained by resident's dialysis provider prior to providing peritoneal dialysis in facility. 4: An admission review form has been developed and will be used to screen all referrals for potential clinical needs requiring education to provide service prior to admission to facility by the DON or designee. 5: Referral forms for appropriateness and needed training will be reviewed Daily x 7 days then Weekly x 3 weeks then monthly x 3 months by the DON or Designee and results brought to the QAPI committee for further recommendation		

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F 835	Continued From page 2 (APD) cycler was on R1's bedside table. R1 stated he was admitted on 7/20/23 from a hospital for wound care, infection, physical therapy, and dialysis. R1 further stated the facility misunderstood the type of dialysis he needed. The nurses could not do that type of dialysis at the facility so he was sent to the ED to get dialysis until they got some training. The ED doctor said he could wait until the next day for dialysis and sent him back to the facility. R1 then stated, "it was a fiasco", his mother, significant other, and daughter had to get involved and contacted his previous dialysis provider. R1's dialysis provider drove 4 ½ hours to bring his machine (APD cycler) and trained the nurses in front of him the next day. R1's referral document dated 7/17/23, indicated R1 had a history of end-stage renal disease and on peritoneal dialysis. Further identified R1 had successfully AVF (arteriovenous fistula) ligation (surgical procedure of closing off a blood vessel or other duct or tube in the body by means of a ligature or clip) on 7/13/23. R1's diagnosis list included end stage renal disease, peritoneal dialysis, and diabetes. R1's Nurse Admission document dated 7/20/23 at 4:55 p.m., indicated R1 was admitted from the hospital for physical and occupational therapy and wound care. R1's progress note dated 7/20/23 at 7:04 p.m., R1 was transferred to the ED for dialysis treatment and will work with outside dialysis center to get a "chair" (spot reserved). A subsequent progress note at 11:51 p.m., ED provider called and stated R1 did not need	F 835			

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F 835	Continued From page 3 dialysis until the next day (7/21/23) and would be returning to the facility. R1's progress note dated 7/21/23 at 12:30 a.m., R1 returned to the facility. Late entry social service progress note at 3:25 a.m. indicated an outside dialysis center cannot provide for him unless R1 were to see a surgeon R1 does not want that type of dialysis (hemodialysis). Worked with hospital case worker and R1's previous dialysis provider to come to the facility with R1's supplies and train staff. R1's progress note dated 7/22/23 at 6:39 a.m. R1 received peritoneal dialysis throughout the night and tolerated the procedure well. During an interview on 7/26/23 at 12:15 p.m., the DON stated she had read R1's referral and saw that he had dialysis but did not recognize the PD part of it. Further stated that R1 had a spot at the local outpatient dialysis center so they accepted him. She was notified by R1 that he did home peritoneal dialysis and notified the medical director for further direction. The DON then stated she sent R1 to the ED for dialysis until the facility nurses could get trained to administer the peritoneal dialysis. During an interivew on 7/26/23 at 2:00 p.m., outside dialysis center registered nurse (RN)-A indicated there was "confusion" with R1's discharge process from the hospital. RN-A further stated she was notified of R1's discharge to the facility by R1's family members. R1's family members reported that the facility could not take care of R1's dialysis needs and had sent him to the ED. RN-A contacted the DON and arranged to get a contract started, pick up R1's			F 835			

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F 835	Continued From page 4 peritoneal dialysis equipment and supplies from his home, and go to the facility on 7/21/23 early evening to train the facility nurses on the process. RN-A indicated R1 had been completing this process independently at home and could also verbally cue the nurses if necessary. RN-A explained the benefit of peritoneal dialysis was the removal of toxins from the blood supply every night. Missing one night of PD would not necessarily be harmful to R1 but could not miss a second night. Durign an interview on 7/26/23 at 2:25 p.m., social service designee (SSD) stated referrals usually came electronically and the resident referral is reviewed by SSD, DON, RN-B, and business office manager. SSD stated they had followed this process when reviewing R1's referral but was not aware of R1's medical need of dialysis and did talk to the outside dialysis center in advance to assure they could provide services for R1. SSD verified that arranging outside dialysis services and transportation was her responsibility but was not aware of R1's dialysis needs. During a follow up interview on 7/26/23 at approximately 2:30 p.m., the DON indicated she reviews "so many" referrals and doesn't have the time to look through all the notes. Indicated she did review R1's referral but didn't understand what the PD part of it (instructions) meant. During an interview on 7/27/23 at 9:35 a.m., the case management supervisor from the dishcarging hospital RN-B indicated R1's family notified her that the the facility accepted R1 without being able to provide peritoneal dialysis. RN-B stated she provided R1's hospital stay			F 835			

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F 835	Continued From page 5 information, the physician orders for dialysis to the facility on 7/14/23. R1 needed continued wound care, strengthening, and peritoneal dialysis. RN-B further stated the SSD assured her during two follow up phone calls that they could meet R1's dialysis needs. RN-B then followed up with the facility and stated that the DON admitted to not understanding what PD was and made a mistake admitting R1. During an interview on 7/26/23 at 2:56 p.m., the administrator indicated admission referral process includes two clinical staff, one social services, and one financial staff. Further stated she tried to look at the referrals but does not look at every single one and does not have a clinical (medical) background and leaves the clinical decision making to the clinical staff. Administrator indicated the facility took appropriate actions after they had realized R1 had been admitted for a service the facility did not have the capacity to provide upon admission. The facility policy titled, Admission Criteria last revised 3/2019, indicates the facility admits only residents whose medical and nursing care needs can be met. The administrator, through the admission department, ensures that the resident and facility follow applicable admission policies. The document titled, Facility Assessment dated 8/22, section 1.3 titled Types of Diseases and Conditions indicates their ability to care for residents with the diagnosis of end stage renal disease but does not include their ability to provide for resident's in need of dialysis services. In section 1.4 titled, Decisions Regarding Caring for Residents Not Listed Above indicates if a facility admission has a new diagnosis or			F 835			

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F 835	Continued From page 6 condition, the facility assesses if they are clinically able to meet the residents needs in the facility with the assistance of the medical director, regional clinical nurse, director of nursing, regional nurse assessment coordinator, and administrator. The diagnosis or condition is evaluated for complexity and the need for additional services and/or resources. Training and technical assistance is provided to nursing staff to ensure they can care for the new diagnosis/condition.	F 835			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00949	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2023
NAME OF PROVIDER OR SUPPLIER WABASSO RESTORATIVE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 MAPLE STREET WABASSO, MN 56293		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
2 000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 7/25/23 and 7/26/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed:	2 000			

Minnesota Department of Health

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

Electronically Signed

TITLE

(X6) DATE

08/04/23

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00949	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2023
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2 000	Continued From page 1 H54003948C (MN00095446). No licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000			