



00788  
file

*Protecting, Maintaining and Improving the Health of Minnesotans*

July 2, 2010

Mr. Charles Cox, Administrator  
Minnesota Veterans Home Hastings  
1200 East 18th Street  
Hastings, Minnesota 55033

Re: Enclosed Reinspection Results - Project Number SL00788019

Dear Mr. Cox:

On June 23, 2010 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on May 5, 2010, with orders received by you on May 13, 2010. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

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,

A handwritten signature in cursive script that reads "Susanne Reuss".

Susanne Reuss, Unit Supervisor  
Licensing and Certification Program  
Division of Compliance Monitoring  
Telephone: (651) 201-3793 Fax: (651) 201-3790

Enclosure(s)

cc: Original - Facility  
Licensing and Certification File

L0078r10.rtf

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 00788	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 6/23/2010 <i>CG</i>
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<b>Name of Facility</b> MN VETERANS HOME HASTINGS	<b>Street Address, City, State, Zip Code</b> 1200 EAST 18TH STREET HASTINGS, MN 55033
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>30585</u> Reg. # <u>MN Rule 4655.3000 Subp.</u> LSC _____	Correction Completed 05/20/2010	ID Prefix <u>30590</u> Reg. # <u>MN Rule 4655.3000 Subp.</u> LSC _____	Correction Completed 06/15/2010	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <i>SP/SNL</i>	Date: <i>7/2/10</i>	Signature of Surveyor: <i>19200</i>	Date: <i>6/23/10</i>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 5/5/2010	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?    YES    NO
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**Minnesota Department Of Health  
Division of Compliance Monitoring  
Licensing and Certification Program**

INFORMATIONAL MEMORANDUM

**PROVIDER:** Mn Veterans Home Hastings  
1200 East 18th Street  
Hastings, MN 55033

**DATE OF SURVEY:** June 23, 2010

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: 200 SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: \_\_\_\_\_ BCH: 169 SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: \_\_\_\_\_ NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER: \_\_\_\_\_

**NAME(S) AND TITLE(S) OF PERSONS INTERVIEWED:**

**SUBJECT:** Post Licensing Revisit

**ITEMS NOTED AND DISCUSSED:**

An onsite re-visit was made to follow up state licensing deficiencies issued as a result of a survey completed on May 5, 2010. The results of this visit were delineated during an exit conference. Refer to Exit Conference Attendance Sheet (HR116) for the names of individuals attending the exit conference. Refer to the State 2567B for the status of state licensing deficiencies.

Project Nbr:  PCR:  Amend:  Medicare Nbr:   
 Facility Nbr:  Name:   
 Type of Survey:  K      Extent of Survey:  A       
 Tot Super Hrs:  Tot Clerk Hrs:  Statement of Deficiencies:

T L	Survey ID	First Date Arrived	Last Date Departed	Pre-Sur Prep Hours	On Site Hours			Travel Hours	Off-Site Rept Prep Hours	Modify Date
					12am 8am	8am 6pm	6pm 12am			
<input checked="" type="checkbox"/>	19200	05-03-2010	05-03-2010	0.00	0.00	8.00	0.00	0.00	0.00	06-09-2010
<input type="checkbox"/>	22581	05-03-2010	05-05-2010	0.00	0.00	24.25	0.00	5.75	0.00	06-09-2010
<input type="checkbox"/>	20810	05-03-2010	05-05-2010	1.50	0.00	22.00	0.00	2.25	3.00	06-09-2010
<input type="checkbox"/>	21242	05-03-2010	05-05-2010	0.00	0.00	24.00	0.00	0.50	0.00	06-09-2010
<input type="checkbox"/>										
<input type="checkbox"/>										

*670 time would not print MD*