



File
00788

Protecting, Maintaining and Improving the Health of Minnesotans

November 23, 2011

Ms. Kari Everson, Administrator
Mn Veterans Home Hastings
1200 East 18th Street
Hastings, Minnesota 55033

Re: Enclosed Reinspection Results - Project Number SL00788020

Dear Ms. Everson:

On November 21, 2011 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 September 21, 2011, with orders received by you on October 6, 2011. 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,

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

L00788r11.rtf

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00788	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/21/2011 <i>C.</i>
Name of Facility MN VETERANS HOME HASTINGS		Street Address, City, State, Zip Code 1200 EAST 18TH STREET HASTINGS, MN 55033

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>30945</u> Reg. # <u>MN Rule 4655.6400 Subd.</u> LSC _____	Correction Completed 11/21/2011	ID Prefix <u>32000</u> Reg. # <u>MN Rule 626.557 Subd. 14</u> LSC _____	Correction Completed 11/21/2011	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed 11/21/2011
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 <u>GD/SML</u>	Date: <u>11/23/11</u>	Signature of Surveyor: <u>22580</u>	Date: <u>11/21/11</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 9/21/2011

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**