



File
00233
NHBCH

Protecting, Maintaining and Improving the Health of Minnesotans

November 21, 2011

Ms. Shelley Kendrick, Administrator
Mn Veterans Home Minneapolis
5101 Minnehaha Avenue South
Minneapolis, Minnesota 55417

Re: Enclosed Reinspection Results - Project Number SL00233022

Dear Ms. Kendrick:

On September 29, 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 29, 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,

A handwritten signature in cursive script that reads "Gloria Derfus".

Gloria Derfus, Unit Supervisor
Licensing and Certification Program
Division of Compliance Monitoring
Telephone: (651) 201-3792 Fax: (651) 201-3790

Enclosure(s)

cc: Original - Facility
Licensing and Certification File

L00233r111.rtf

11/21/2011

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00233	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/16/2011
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Name of Facility MN VETERANS HOME MINNEAPOLIS	Street Address, City, State, Zip Code 5101 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417
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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>20900</u> Reg. # <u>MN Rule 4658.0525 Subp.</u> LSC _____	Correction Completed 11/16/2011	ID Prefix <u>21685</u> Reg. # <u>MN Rule 4658.1415 Subp.</u> LSC _____	Correction Completed 11/16/2011	ID Prefix <u>21995</u> Reg. # <u>MN St. Statute 626.557 Subp.</u> LSC _____	Correction Completed 11/16/2011
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>GD150</u>	Date: <u>11-2-11</u>	Signature of Surveyor: <u>O 3010</u>	Date: <u>11-16-11</u>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 9/29/2011	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?
	YES NO