

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Highland Chateau Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2319 West Seventh Street Saint Paul, MN 55116	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review the facility failed to ensure the contents of a 30-day discharge notice included the correct information for 2 of 2 residents (R2, R7) reviewed for admission/discharge. Findings include: Findings include: R2's face sheet dated 1/15/26, identified diagnosis of alcoholic cirrhosis (a final irreversible stage of alcohol associated liver disease), chronic viral hepatitis C (a bloodborne virus that causes liver inflammation), chronic obstructive pulmonary disease (a lung disease that causes severe airflow blockage), absence of left leg above the knee, anxiety disorder (a mental health condition involving persistent, excessive fear of worry) and depression (a common serious mood disorder characterized by persistent sadness). R2's minimum data set (MDS) dated [DATE], identified R2 was independent with transfers and was cognitively intact. R2's smoking focus care plan dated 9/15/25, identified R2 was a smoker. Goal to not suffer injury from unsafe smoking practices. Interventions as followed: instruct resident about the facility policy on smoking locations, times and safety; notify charge nurse immediately if it is suspected resident has violated facility smoking policy. R2's progress note dated 12/28/25 at 9:40 p.m., identified R2 had been observed smoking inside his room. Staff reminded R2 that smoking inside the room is against facility policy. R2 was educated on the safety risk associated on smoking indoors, and R2 stated he had been kicked out several times and expressed that he does not care and it was too cold to go outside to smoke. R2 stated he is aware of the risks and the facility policy, but stated he does not care. R2's progress note dated 12/28/25 at 10:32 p.m., identified R2 continued to smoke in his room, multiple staff asked R2 to not smoke. R2 continued to smoke anyway. R2's progress note dated 12/29/25, identified R2 was given a 30-day notice. R2's progress did not identify specific reasons why R2 was provided with a 30-day notice R2's discharge form dated 12/29/25, identified R2 would be transferred on 1/29/25 (incorrect date) and the reason for the transfer was as followed: The safety of individuals in the facility is endangered; The health of individuals in the facility would otherwise be endangered. The form was signed by the assistant director of nursing (ADON) on 12/29/25. The form did not identify an email address to the state agency (SA) appeals coordinator, nor, contact information to the Office of the Ombudsman for Long-Term Care for information or assistance. During an observation and interview on 1/14/26 at 1:31 p.m., R2 stated he had received an eviction notice a couple times recently. R2 went to his drawer and removed an initial discharge notice from a drawer in his room with a date of 11/17/25. R2 stated the facility must have forgot about it because he is still in the facility. R2 then removed a second discharge notice dated 12/29/25 out of his drawer, with a list of homeless shelters in the area stapled to the back. R2 stated he was being kicked out because he was being mean to other residents, however, he gets along with everyone. R2 was not aware of the notice being given to him because he violated the smoking policy. R2 stated the contact information for the ombudsman had not been listed on the form that was given to him, and he had to find the number from a</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>staff member in the facility a few days ago. R2 stated the facility just gave him a list of homeless shelters to reach out to but I am not going to homeless shelter, and I don't want to go anywhere. During an interview on 1/14/26 at 10:58 a.m., assistant director of nursing (ADON) stated on 12/29/25 she had been informed R2 had been violating the smoking policy repeatedly and had been caught smoking in his room and had been instructed by the administrator in training (AIT) to give R2 a 30-day discharge notice. ADON stated she had been given the form by the AIT, however, she did not notice that the area where the ombudsman's contact information was supposed to be entered was blank. R7's face sheet dated 1/15/26, identified diagnoses of diabetes mellitus (a condition where the body uses blood sugar as fuel), chronic pain syndrome, opioid dependence, depression, and anxiety.R7's Quarterly MDS dated [DATE], identified R7 was independent with transfers, activities of daily living, and was cognitively intact.R7's care plan dated 7/23/25, identified R7 is a vulnerable adult due to alcohol/substance abuse and traumatic life event. Goal to remain safe. Interventions as followed: if poses a potential threat to injure self or others notify provider, if safe allow resident personal space.R7's discharge form dated 12/29/25, identified R7 would be transferred on 1/29/26 and the reason for the transfer is as followed:-The safety of individuals in the facility is endangered.-The health of individuals in the facility would otherwise be endangered.The form did not identify an email address to the state agency (SA) appeals coordinator, nor, contact information to the Office of the Ombudsman for Long-Term Care for information or assistance.The form was signed by the assistant director of nursing (ADON) on 12/29/25.During an interview on 1/14/26 at 10:58 a.m., ADON stated R7 was given a 30-day notice because he was found to be using illicit drugs while in the facility and staff had to call 911 and be sent to the hospital for treatment. During an interview on 1/14/26 at 10:28 a.m., R7 stated the facility had given him a 30-day notice, however, the information to reach out to the ombudsman was not on the form. R7 further stated he finally was able to contact the ombudsman and they are assisting him. R7 thought the only option was to beg the administrator to stay because the facility had not done anything to help him find somewhere to go. During an interview on 1/15/26 at 12:15 p.m., the long term care ombudsman (LTCO) stated the 30-day notice forms should have included contact information to the ombudsman office to all the her to offer assistance with the appeal process for each resident that is given a 30 day notice. LTCO came to the facility on 1/7/26 to request a copy of the discharge notices given to R2 and R7, however, she did not received the requested information until 1/14/26.During an interview on 1/14/26 at 3:00 p.m., administrator in training (AIT) stated R2 had been given a 30-day notice on 12/29/25 due to not following the smoking policy and had repeatedly been found smoking in his room. DON further stated she was not aware the ombudsman's contact information had not been put on the forms before they had been given to both R2 and R7. AIT further stated the ombudsman came to the facility on 1/7/26 and inquired about the discharge notices for both R2 and R7, due to not being received by their office. AIT stated an email had been sent to the ombudsman office on 12/30/25, however, did not verify that the ombudsman's office received the forms. Review of the facility's Transfer or Discharge Notice Policy dated 3/2/25, identified Our facility shall provide a resident and/or the resident's representative (sponsor) with a thirty (30)-day written notice of an impending transfer or discharge.Except as specified below, a resident, and/or his or her representative (sponsor) will be given a thirty (30)-day advance notice of an impending transfer or discharge from our facility and a bed hold notice given to the resident and/or representative for emergent transfers or therapeutic leave:The transfer is necessary for the resident's welfare and the resident's needs cannot be met in the facility;The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided</p> <p>(continued on next page)</p>		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	by the facility. The safety of individuals in the facility is endangered. The health of individuals in the facility would otherwise be endangered. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. An immediate transfer or discharge is required by the resident's urgent medical needs. The resident has not resided in the facility for thirty (30) days; and/or The facility ceases to operate. The resident and/or representative (sponsor) will be provided with the following information: The reason for the transfer or discharge. The effective date of the transfer or discharge. The location to which the resident is being transferred or discharged. The name, address, and telephone number of the state long-term care ombudsman. The name, address, and telephone number of each individual or agency responsible for the protection and advocacy of mentally ill or developmental disabled individuals (as applies); and The name, address, and telephone number of the state health department agency that has been designated to handle appeals of transfers and discharge notices.		