STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245028	A. Building B. Wing	02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Chateau Health and Rehabilitation Center	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to ensure appropriate interventions to prevent elopement for 1 of 3 residents (R1) who was assessed to be an elopement risk. This resulted in an Immediate Jeopardy (IJ) when R1 was able to leave the facility, get on a city bus where she was found three hours and 15 minutes later at the Mall of America (5.8 miles away). The immediate jeopardy began on 2/10/26 at approximately 2:30 p.m. when R1 was able to leave the facility after demonstrating exit seeking behaviors without appropriate individualized interventions to prevent elopement. The immediate jeopardy was identified on 2/13/26, and the administrator and director of nursing were notified of the immediate jeopardy at 2/13/26 at 4:10 p.m. The immediate jeopardy was removed on 2/10/26, and the deficient practice was corrected prior to the start of the survey and was therefore issued at past noncompliance. Findings include: R1's face sheet dated 2/12/26, identified she was admitted to the facility on [DATE] with diagnoses of repeated falls, dizziness and giddiness, unspecified mental disorder and dementia with other behavioral disturbance. R1's Medicare 5-day Minimum Data Set (MDS) assessment dated [DATE] indicated R1 was cognitively intact, would reject care 1-3 days of the week and required partial or moderate assistance for activities of daily living. R1 used a wheelchair. R1's elopement risk assessment dated [DATE] indicated R1 was an elopement risk (score of 3) because she had verbally expressed the desire to go home, had wandering behavior, was recently admitted to the facility and was not accepting the situation. Clinical suggestions included notifying staff of wandering and elopement risk, utilizing exit alarms, and monitoring location frequently. R1's care plan dated 2/3/26 had a focus section for wandering/elopement. Goal of R1 would not leave the facility unattended and would remain safe. Interventions as follows; -2/3/26 identify wandering/elopement de-escalation behaviors -2/3/26 provide reorientation to surroundings, environment R1's nursing order dated 2/4/26, directed to check R1's wander guard on her wrist daily and check wander guard function weekly. R1's progress note dated 2/3/26 included R1 indicated she wanted to go back to where she was before, could not elaborate where that place was. Elopement assessment completed. Wander Guard placed. R1's progress note dated 2/6/26 included returned from hospital alert with confusion. R1's progress note dated 2/7/26 included R1 was wandering, attempting to elope and hitting staff. R1 was sitting on floor, said she was looking for husband. R1 is alert and oriented to self with confusion at baseline. R1's progress note dated 2/8/26 included R1 was one on one previous shift, attempted to leave facility. R1 became aggressive toward staff when redirected, refused to go to bed. R1's progress note dated 2/10/26 at 10:00 a.m., included R1 came out to the hallway undressed and started kicking and cursing at staff. At 2:08 p.m. staff could not locate R1. R1 was waiting in the common area for her transportation that did not show up. Management was notified and staff started a search. R1 was found safe at the Mall of America and transferred to the new facility. R1's incident report dated 2/10/26, included the following description of the incident; The DON was informed that resident was not in the facility. Facility search (continued on next page)

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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