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No. 0938-0391

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	02/20/2026

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 - Minimal harm or potential for actual harm 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** Based on observation, interview, and record review, the facility failed to assess and implement individualized interventions to ensure safe independent community access for 1 of 3 residents (R1) who had expressive aphasia and cognitive impairment and went on community outings independently placing R1 at risk for inability to effectively communicate needs or obtain assistance while unsupervised in the community.Findings include:A vulnerable adult maltreatment report dated 2/14/26 indicated R1 had been out in the community independently without staff or family escort. R1 was unable to articulate clear responses to questions or needs, and information could not be obtained easily.R1's diagnoses list dated 2/20/26 included stroke, bipolar disorder, aphasia (a communication disorder resulting from brain damage), diabetes type II, anxiety disorder, other symptoms and signs involving cognitive functions and awareness, and encephalopathy. R1's admission Minimum Data Set, dated [DATE] indicated R1 had moderate cognitive impairment, had no speech but could be understood by others (verbally and non-verbal). R1 did not have functional range of motion deficits and did not use assistive devices to ambulate. The MDS identified R1's ability to ambulate functional community distances, navigate uneven surfaces, manage curbs/steps, or perform car transfers were marked Not assessed/no information. R1's care plan dated 12/19/25 indicated R1 was independent with all activities of daily living, transfers, and ambulation. R1's care plan included a focus of resident is a vulnerable adult due to communication impairment with an intervention of provide clear, simple instructions and a focus of risk for impaired communication evidenced by aphasia with intervention of incorporate visual prompting, cues or gestures.R1's nursing note dated 2/12/26 at 11:22 a.m., informed R1 had left for an outing at 10:45 a.m. to be back at 12:30 per R1.R1's nursing note dated 2/14/26 at 9:54 a.m. informed R1 had left for an outing and had received breakfast and morning medications.R1's nursing note dated 2/19/26 at 9:54 a.m. informed R1 had left the facility at 9:00 a.m. and was expected to return at 1:00 p.m.In review of R1's record between 12/19/25 through 2/19/26, there was no documentation of a completed assessment determining R1's ability to safely navigate community environments, manage emergencies, or obtain assistance while outside the facility.During an observation and interview on 2/19/2026 at 1:42 p.m., R1 was observed walking independently in his room. During interview, R1 was slow to respond with words. He used arm gestures to assist with communication. R1 indicated through hand gestures he had left the facility (pointed to himself in place of the word me and stated, I can do everything. R1 would use his cell phone to call family if he needed help and demonstrated how to call two family members. R1's contact list did not contain a phone number and address for the facility. (R1 ended the interview before any other questions could be asked.) During an interview on 2/19/2026 at 4:13 p.m., nursing assistant (NA)-A stated if a resident could walk, was independent and did not wear a Wander guard (a device used to alert staff when a resident attempted leave the facility) the resident could leave the facility independently if they signed out. NA-A would alert the nurse if a resident (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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