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	06/12/2026

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to maintain comfortable temperatures for 4 of 10 residents reviewed (R2, R4, R5 and R6), which had to potential to affect all 44 residents who resided in the facility. Findings include:R5's Minimum Data Set (MDS) dated [DATE], indicated he was cognitively intact, required staff assistance for dressing and mobility tasks, required oxygen therapy and a non-invasive mechanical ventilator. R5's care plan last revised 6/9/26, indicated R5's diagnoses included acute respiratory failure with hypoxia (insufficient oxygen for the body to function properly), moderate persistent asthma, and sleep apnea.During observation and interview on 6/11/26 at 3:00 p.m., R5 was observed sitting in the dining room with portable oxygen in use via nasal cannula. R5 was wearing a t-shirt, shorts, and socks. R5 stated in the past month, the facility had been very hot, so much so, that he had an increase in shortness of breath with the feeling of gasping for air. R5 stated the facility utilized portable fans and air conditioners but they did not help that much. R6's MDS dated [DATE], noted R6 was cognitively intact and was independent with mobility tasks. R6's care plan last revised 5/14/26, indicated R6 had diagnoses of chronic obstructive pulmonary disease (COPD) and anxiety.During interview and observation on 6/12/26 at 1:18 p.m., R6 was observed sitting in their room with a standing fan on. A portable fan and air conditioning unit was located outside R6's room and were on. When it was on, the fan made a constant noise which was heard in R6's room when the door was open. R6's room had a private connected bathroom. R6 stated it had been very hot since the last day of May 2026 and he would ask his personal smart sensors, positioned on his windowsill, what the temperature was. The sensor responded with a temperature ranging between 85F and 113F. R6 reported the previous weekend was especially brutal because it was so hot in here that he felt as if he was breathing through cotton and would profusely sweat when just walking from his bed to the bathroom. R6 reported the excessive heat made him irritable and cranky. R6 said his standing fan helped some, but not enough, and noted it didn't always stand up straight, pointing to one of the four fan legs missing. R6 stated his room was near the portable air conditioner and fan and sometimes he would open his door for increased airflow. However, the fans created a lot of noise, so he had to choose between adequate airflow or quiet and privacy. R6 reported the fans and portable air conditioners did not help cool his room and unit much when it was very hot. R4's MDS dated [DATE], indicated R4 was cognitively intact and was dependent for upper and lower body dressing.During observation and interview on 6/11/26 at 3:07p.m., R4 was observed in R4's room wearing a long sleeve shirt and an incontinence brief. R1 reported it was not hot today but had been the last couple of days. R2's MDS dated [DATE], indicated R2 had intact cognition, was independent with activities of daily living, and diagnoses included COPD, cellulitis, diabetes, and neuropathy.During interview on 6/12/26, at 11:30 a.m., R2 stated that although today was comfortable in the building, as soon as it heats up outside again, it will get uncomfortable in here. R2 stated the beginning of this week and last it was pretty uncomfortable in the building. An undated AC Outage Incident Report - Tabletop Exercise (true event) for Wednesday May 27th, 2026, was emailed by the administrator on 6/15/26. Review of the incident report revealed, At approximately 11:05am on Wednesday, May 27th, (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2026, the facility experienced an outage of the AC/chiller system, affecting indoor ventilation and temperature. Vendor contacted regarding repair status and estimated restoration time - communicated temporary industrial sized AC Units could be delivered 5/30/26, and noted lead time for new chiller would be 10-12 weeks out. COO met with vendor to place portable AC units throughout the facility on Saturday, 5/30/26. Monday, 6/1/26, multiple vendors began arriving at facility to give quotes on chiller or other options to resolve system failure. 20 additional portable AC units to be delivered 6/16/26. Vendor finalized agreement with HVAC for new chiller to arrive around 6/30/26According to the National Weather Service's website, for the Twin Cities in Minnesota, the high temperature on June 7, June 8, and June 9, 2026, was 89 degrees Fahrenheit (F), and Jun10, 2026, was 91 degrees F, all with high humidity; and June 11, 2026, was 73F; and June 12, 2026, was 82F. Review of the facility's Room Temperature Audit forms for 6/3/26, through 6/12/26, indicated temperatures were measured and recorded between 7:00 a.m. and 7:30 a.m. The audits revealed the following resident room and care area temperatures: 6/3/26:-room [ROOM NUMBER]E was 82F,-room [ROOM NUMBER]W was 82.1F-the beauty salon was 83.7F. 6/4/26:-room [ROOM NUMBER]E was 82.6F,-an illegible room number was 82.1F. 6/5/26:-room [ROOM NUMBER]E was 83.F. 6/9/26:-room [ROOM NUMBER]E was 83.1F-room [ROOM NUMBER]E was 81.7F-room [ROOM NUMBER]E was 81.3F-2C shower was 84.2F,-room [ROOM NUMBER]E was 82.1F-room [ROOM NUMBER]W was 85.1F.-room [ROOM NUMBER]E was 81.7F,-room [ROOM NUMBER]E was 82.1-room [ROOM NUMBER]W was 85.1F. There were no temperature audit logs for 6/6/26 and 6/7/26. During interview on 6/11/26, at 2:30 p.m. the Food Service Director (FSD) stated on 6/10/26, when staff arrived around 5:55 a.m. yesterday morning, the power was out. The outage affected kitchen equipment and the fans and portable AC units. The FSD stated the power was restored by 11 a.m. Yesterday, the temperature in the kitchen was 119 degrees F. and when the power returned, an additional portable AC unit was brought in to assist with cooling the kitchen. The FSD verified the weather had been very hot the past three weeks. During observation on 6/11/26 at 2:22 p.m., the temperature in the first-floor dining area was 82 degrees F. First floor [NAME] was 84 degrees F. The front portion of the kitchen was 79 degrees F. During observation on 6/11/26 at 3:00 p.m., the temperature in the back of kitchen was 78 degrees F. During interview on 6/11/26 at 2:40 p.m., health unit coordinator (HUC)-A stated the residents were complaining of how hot it was the previous few days. There were portable air conditioning units in the hallway that helped somewhat, but also created some heat of their own, along with residents having windows open letting heat in. HUC-A stated the residents asked her when the air conditioning would be fixed and she directed them to speak to administrator and maintenance staff, which was not a satisfactory response for many residents. Some of the residents were wearing minimal clothing to keep cool. During observation on 6/12/26, at 9:38 a.m., the first floor [NAME] hallway was 77 degrees F. The East hallway was 75 degrees F. During interview on 6/11/26 at 2:51 p.m., a registered nurse (RN)-B stated the facility had been using fans and portable air conditioners to help cool the building but, some residents still found it to be too hot. During interview on 6/11/26, at 3:55 p.m., a licensed practical nurse (LPN)-A reported it was not hot today, but it had been in the building the last few days, and residents had complained about the heat and how it made it hard to sleep. During interview on 6/11/26, at 4:00 p.m., a nursing assistant (NA)-A reported it was not hot today, but it had been hot in the building the three previous days. NA-A reported residents had complained about the heat. During interview on 6/11/26, at 4:09 p.m., NA-B reported in the previous few days, the residents had complained about the heat. During interview with community member (C2) on 6/12/26, at 10:55 a.m., stated the temperature in the building and resultant living conditions due to the heat, was quite concerning. C2 stated when she was at the facility on Monday 6/8/26, it was 85 degrees F. in the common areas, and it was uncomfortable. The second floor temperature was even hotter. C2 reported the staff had told her the indoor temperature at the facility could be pretty bad and uncomfortable for them, but they were more concerned about the resident's comfort. C2 stated although the staff were providing the residents with popsicles, extra ice water, and cool cloths in an (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	attempt to minimize the effects of the heat, it was still very uncomfortable. C2 stated every year when the outside temperature gets warm, the AC unit has not been able to cool the building. When asked, C2 stated she did not know how many years the AC unit was not able to maintain a comfortable inside temperature during warm weather months. During observation on 6/12/26, at 11:45 a.m., the temperature in the second floor main lounge area was 78 degrees F. The second floor [NAME] nurses station was 74 degrees F. Review of an email correspondence from C1 received 6/12/26, at 12:20 p.m. read: The most current concern is the air conditioning that has been reported by residents to not be working. This was an issue last summer as well. I was just informed by resident via email yesterday that it's been extremely hot with the recent warm weather. Residents have been complaining, and they do have some portable AC units going but they are not getting to the rooms . Staff were reportedly doing hourly checks and nurses were doing heat assessments, but I don't know what else was offered, besides popsicles. During interview on 6/12/26 at 1:30 p.m., a registered nurse (RN)-A reported the current day, and the previous day was comfortable, but the previous Friday, Saturday and Sunday were very hot. During interview on 6/12/26, at 1:33 p.m., NA-C reported the facility air conditioning system recently broke and during the past few days, the residents had been complaining about the heat. During interview on 6/12/26, at 2:08 p.m., the administrator stated the facility temperature was to be maintained between 71F and 81F. The administrator stated around May 28th or 29th, was when the chiller went out and the residents started to report to her that the temperature in the facility was too high. During this time the facility started renting fans and portable air conditioning units to help lower the inside temperature. The administrator verified that room temperature audits had not been conducted over the previous hot weekend, and she had not been notified of the facility being too hot over the weekend. Document review of a proposed project agreement with a heating, ventilation and air conditioning (HVAC) service company, was created 6/2/26, and signed by both the HVAC service company and facility administration on 6/12/26, read The existing remote air-cooled chiller system has long exceeded its useful life. Current condition warrants complete replacement. The Quality of Life-Homelike Environment policy last reviewed 6/12/2026, read The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: .Comfortable and safe temperatures (71 F - 81 F).

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and document review, the facility failed to ensure the walk-in cooler remained functional and in good repair which had the potential to affect all 44 residents who received perishable food from the kitchen. In addition, the facility failed to maintain safe working air temperatures in the kitchen which had the potential to affect 2 of 2 shifts daily/ 6 of 6 staff members working per day.Findings Include: On 6/10/26 at 4:30 p.m., cook-A was observed reading the temperature inside the walk-in cooler in the main kitchen. The thermometer read at 50 F. Cook-A stated the walk-in cooler was currently broken down and had periodically broken down, particularly during the last few weeks which has caused the temperatures to be too high. During interview and observation on 6/11/26, at 2:30 p.m., the Food Service Director (FSD) stated when the staff arrived on 6/10/26, at 5:55 a.m., the power was found to be out. The walk-in cooler temperature was already too warm to maintain safe food temperatures. An action plan was implemented which included throwing away all perishable foods not maintained at a safe and appropriate temperature, and alternate meals were planned. The walk-in cooler temperature was 46 degrees Fahrenheit (F.) and was noted to have a missing/broken gasket around the door, as well as a large 1/4 to 1/2 inch deep and 5-inch-wide gap between the kitchen and the cooler floor. A large towel was inserted into the gap so that food carts could be pushed across the threshold. The reach-in freezer was noted to be off and the FSD stated the freezer had not worked for about a week. FSD stated she had talked to the administrator, who had approved replacing this freezer unit with a reach in cooler, but she was unsure when the new reach in cooler unit would arrive, or if that meant it had been ordered yet, or not. The FSD stated the walk-in cooler was always breaking down, so the maintenance company was frequently at the facility to defrost it and add coolant to get it working again. When asked, the FSD stated the kitchen runs two shifts per day with each including one cook and two dietary aides.During an observation on 6/11/26, at 4:00 p.m., the walk-in cooler was again inspected. The rubber gasket around the door was ripped in several places with several missing sections and hanging loosely from the door as well as from the door frame. The towel covering the kitchen and cooler transition piece was removed and revealed a rusty, dirty area.During interview with the refrigerator repair technician on 6/10/26, at 12:30 p.m., he stated he was able to do a temporary fix on the walk-in cooler. However, it was not a long-term solution to the ongoing issues. During interview on 6/11/26 at 4:30 p.m., the FSD reported this was week three of a three-week of excessively hot weather temperatures. The FSD stated yesterday, 6/10/26, the kitchen temperature was 119 degrees F. The staff were intermittently leaving the kitchen area to cool off and maintenance staff had been making rounds in the kitchen to monitor the temperatures and get the equipment functional again. Due to the power outage, the menu was changed to a BBQ meal cooked on a grill which will also allow for the kitchen air temperature to cool down. The power came back on in the kitchen around 11 a.m. at which time the maintenance staff provided additional fans and portable AC unit. During interview on 6/12/26 at 1:00 p.m., the FSD stated the walk-in cooler had been repaired, frozen coils were defrosted, and refrigerant was added. A Custom Refrigeration invoice dated 2/16/26, (pdf 81213) indicated the company was called out due to the walk-in cooler running in the mid 50's. A slight leak in the evaporator fan area was noted. Refrigerant was added. A Custom Refrigeration invoice dated 6/1/26, (pdf 825975) indicated the unit had been worked on the previous week. However, an invoice for this visit was not provided. The invoice revealed the evaporator unit was iced over, the floor drain was clogged, the door gasket was severely torn, and the door sweep was almost nonexistent creating a huge air gap causing the unit to have to run longer to maintain adequate temperature. Given the temperature was noted to be dropping, and the condition of the equipment, the unit was doing everything it could to maintain temperature. A Custom Refrigeration invoice (pdf 83274) dated 6/12/26, identified ice-up issues including the fan motor, and the door seal is in really rough shape. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The undated facility Standard Operating Procedure (SOP): Walk-in Cooler Failure Response form directed the staff to notify maintenance of malfunction so the approved refrigeration company could be contacted for immediate emergency service and to also alert management of the issue. The AC Outage Incident Report-Table Top Exercise (true event) indicated on 6/27/26, indicated a power outage of the AC/Chiller system had occurred which affected indoor ventilation and temperature. The report did not address an action plan for staff, specifically kitchen staff.