STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245105	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Roseville LLC	2727 North Victoria Roseville, MN 55113

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** Based on interview and document review, the facility failed to provide adequate supervision to prevent elopement for 1 of 1 residents (R1) who was identified as an elopement risk and had exit-seeking behavior. This resulted in Immediate Jeopardy (IJ) for R1 when he left the facility and independently wheeled his wheelchair approximately 0.6 miles from the facility before being found, which placed R1 at likelihood for serious harm or death.The IJ began on 6/1/26 when R1 exited the building without staff awareness through the secured unit doors and then through an unknown door to the outside of the building. After a Good Samaritan contacted the facility related to their observation of a potential facility resident, R1was found on a residential street near a highway/collector road (a road that has more traffic than a residential street because the road is used to travel through parts of the city and neighborhoods). The administrator, director of nursing, regional nurse consultant, and regional social services consultant were notified of the immediate jeopardy on 6/10/26 at 5:11 p.m. The facility had implemented immediate corrective action on 6/2/26 to prevent recurrence, so the IJ was issued at past non-compliance. Findings include:R1's admission Record identified R1 was admitted to the facility 5/11/23 with diagnoses which included dementia, major depressive disorder, and type 2 diabetes mellitus. R1's annual Minimum Data Set (MDS) dated [DATE], indicated R1 had severe cognitive impairment, required staff assistance for ambulation, and used a wheelchair. R1 had wandering behaviors and delusions.R1's Care Plan, dated 5/12/23, identified R1 was at risk for elopement related to diagnosis of dementia, and directed staff to invite R1 to activities and gatherings, keep family informed, ensure R1 followed the sign out policy when leaving facility, and to answer door alarms promptly. Additionally, R1's vulnerable adult care plan section, dated 5/25/23, indicated R1 had decreased cognitive and physical abilities related to dementia and major depressive disorder and had history of delusional thoughts, wandering, and thoughts that he would be better off dead. Interventions directed staff to implement safety monitoring as needed to ensure R1's safety and monitor for signs of emotional distress or mood and behavior changes.R1's Elopement Risk Evaluation dated 3/27/26, indicated R1 scored a 4 which identified R1 required an elopement care plan. The assessment indicated R1 was on a secured memory care unit and had no prior attempts to leave the facility.R1's progress notes dated from 3/11/26 to 6/1/26, indicated the following exit-seeking behaviors:-On 3/22/26 at 5:26 a.m., R1 was wandering and exit-seeking as he wanted to go to the bank and thought a hand sanitizer was a coin machine. R1 did not believe he had a bed at the facility and was successfully redirected after several attempts.-On 3/23/26 at 4:43 a.m., R1 was exit-seeking, pushing on unit doors, and stated, I'm going to get a haircut! and I need to get out of here!. R1 was upset with redirection.-On 4/7/26 at 6:59 a.m., R1 was near an exit door and requested the door to be opened. R1 was redirected to watch television.-On 4/17/26 at 5:20 a.m., R1 was exit-seeking, pushing on exit doors, and sounding the exit door alarms. R1 appeared agitated and was redirected multiple times.-On 5/14/26 at 6:00 a.m., R1 was trying to exit throughout the night and was awake most of the overnight shift.-On 5/19/26 at 5:03 a.m., R1 was kicking, pushing on exit doors, and sounding the exit door alarms during the overnight shift. Redirection and reassurance were (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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