

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to ensure call lights were within reach for 2 of 2 residents (R42, R440) reviewed for call lights.</p> <p>Findings include:</p> <p>R42's quarterly Minimum Data Set (MDS) dated [DATE], indicated R42 had severe cognitive impairment and diagnoses of dementia and anxiety. Furthermore, R42 required extensive assist with transfers.</p> <p>R42's care plan revised 3/27/25, indicated R42 had an alteration in mobility related to dementia and anxiety. The care plan directed staff to provide extensive assist of 1 for toileting and transfers and to keep call light within reach at all times.</p> <p>An observation on 5/18/25 at 2:05 p.m., R42 was lying in bed resting. R42's call light was lying on the floor on the left side of their bed. The call light was pushed up against the wall and was tangled in a second soft touch call light.</p> <p>An observation on 5/19 at 1:47 p.m., R42 was lying in awake. R42's call light was on the floor on the left side of the bed. The call light was still pushed up against the wall tangled in with a soft touch call light.</p> <p>When interviewed on 5/19/25 at 1:50 p.m., nursing assistant (NA)-E verified R42 did not have their call light in reach. NA-E untangled the call lights and clipped the red push button call light to R42's blanket. NA-E pushed the call light and looked outside the door to ensure that was the correct call light for R42. NA-E stated residents need to have the call lights at within reach.</p> <p>When interviewed on 5/20/25 at 11:26 p.m., registered nurse (RN)-B stated call lights should be within reach of residents. RN-B further stated R42 was able to communicate some and wasn't sure if they would use it, and still should be in place in case.</p> <p>When interviewed on 5/20/25 at 2:25 p.m., the Director of Nursing (DON) expected call lights to be in a place where residents reach them. Even if the resident may not use it all the time, it still needed to be in place.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245105
		If continuation sheet Page 1 of 31

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R440's admission MDS dated [DATE], indicated R440 had moderate cognitive impairment, required extensive assistance with transfers, bed mobility, locomotion in manual wheelchair and personal hygiene. R440's diagnoses included fracture of thoracic vertebra, osteoporosis with current fracture, and low back pain.</p> <p>R440's care plan (CP) dated 1/29/25, indicated R440 was at risk for falling due to back pain, impaired mobility, and other diagnoses. The CP instructed staff to keep room clean and free of clutter, and to ensure call light was in reach.</p> <p>R440's falls risk assessment on 1/30/25 indicated R440 was at risk for falls and had one to two falls in the past six months, taking narcotics, dependent for cares, incontinent and hands on assistance for mobility.</p> <p>During interview on 5/21/25 with family member (FM)-B on behalf of R440 stated on dates:</p> <p>-1/29/25 R440 called reported could not find call light, FM-B called nurses desk to ask them for assistance with R440.</p> <p>-2/3/25 FM-B called and talked with licensed practical nurse (LPN- E) to report call light not in reach.</p> <p>-2/5/25 R440 called FM-B reported needed help, unable to find call light.</p> <p>-2/6/25 at 4:50 p.m., FM-B observed the call light was at R440 feet in bed out of reach. A staff member stated to FM-B that the call light was under the bed earlier that day.</p> <p>-2/8/25 at 4:30 p.m., FM-B observed R440 in wheelchair the call light was across the room on the bed out of reach.</p> <p>-2/11/25 FM-C observed R440 in wheelchair the call light was across the room under the bed, out of reach.</p> <p>During documentation review a progress note on 2/5/25 at 5:49 a.m., FM-B called around 5:15 a.m., stated that R440 called her because she can't find the call light. FM-B went on to say that this is starting to happen every day and what are we going to do about it. Unidentified nursing assistant (NA) grabbed another call light with a clip and clipped to clothing. R440 asked NA how to use call light and NA said she demonstrated how to use. R440 had used call light shortly after to ask when breakfast is coming.</p> <p>During interview on 5/21/25 with LPN-E stated call lights are expected to be answered timely, they need to be next to resident, within arm reach. Confirmed conversation with FM-B about the call light being out of reach.</p> <p>During interview on 5/21/25 with RN-C stated the process for call lights and the location was to be answered promptly. The call light needs to be with hands reach of residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled Call Light Policy revised 4/25/23, directed staff to ensure each resident has a directly call nursing staff for assistance. Call cords, buttons must be placed where they are within reach of each resident.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure freedom of movement was not restricted for 2 of 2 residents (R122, R335) who were observed during activities.</p> <p>Findings include:</p> <p>R122's admission Minimum Data Set (MDS) dated [DATE], indicated R122 had severe cognitive impairment a diagnosis of dementia. R122 required supervision assistance with verbal cues or touching/steadying when going from sitting to standing.</p> <p>R122's electronic medical record lacked indication an assessment was done to determine if R122 could independently unlock their wheelchair breaks.</p> <p>R122's orders lacked indication R122 had orders for locked brakes when in the wheelchair.</p> <p>R122's social service progress note dated 5/9/25 at 8:52 a.m., R133 had been attempting to self-transfer and attempting to climb up and over the wheelchair while sitting at the table.</p> <p>R122's nursing progress note dated 5/13/25 at 1:43 p.m., R133 continued to self-transfer in the supervised area and had been non-directable.</p> <p>R122's nursing progress note dated 5/13/25 at 8: 05 p.m., R122 complained of their back hurting while sitting in the wheelchair. R122 continued to self-transfer and lean forward. R122 was assisted into a broda chair for comfort and make no other attempts to self-transfer.</p> <p>R122's care plan dated 3/25/25, indicated R122 was at risk for falls related to dementia. Interventions included to keep R122 in the supervised area when out of bed and to ensure wheelchair in good working condition, including locks. R122's care plan lacked indication R122 required locked brakes when in the wheelchair.</p> <p>R335 was recently admitted on [DATE], and had diagnoses of Parkinson's Disease () and dementia.</p> <p>R335's provider and nursing orders lacked indication R335 had orders to lock wheelchair breaks when in the wheelchair.</p> <p>R335's physical therapy progress note dated 5/15/25, indicated R335 was dependent to lock/unlock breaks and was able to self-propel in the wheelchair.</p> <p>R335's care plan dated 5/15/25, indicated R335 was a risk for falls related to Parkinson's Disease and dementia. R335 required assistance with transfers. R335's care plan lacked indication R335 required locked brakes when in the wheelchair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on 5/19/25 at 2:01p.m., R122 and R335 were in the common area during an activity. R122 was sitting in their wheelchair with breaks locked pushed in at a table. R335 was sitting in their wheelchair with the breaks locked in the entrance to the back portion of the common area and just behind activities aide (AA)-A. At 2:04 p.m., R122 attempted to stand up and the wheelchair started to tip back so R122 sat back down. R122 attempted to push back and move back on the wheelchair however was not able to as the breaks were locked. Nursing assistant (NA)-M walked over and R122 needed to use the bathroom. NA- unlocked R122's breaks and pushed out of the common area. At 2:17 p.m., NA-M wheeled R122 back into the common area. R122 was pushed up to a table and NA- locked the wheelchair breaks. At 2:20 p.m., R122 was trying to stand up. R122's wheelchair tipped back some and R122 then sat back down. R122 attempted to use feet to bush back and was not able due to the breaks being locked. At 2:22 p.m., R335 was attempting to propel their chair forward with their feet, however, was not able to as the breaks were locked. At 2:25 p.m., R335 again was trying to propel their chair forward and trying to reach for the wall to assist, however was not able to move the chair and not able to reach the wall. AA-A had turned around and briefly talked with R335. When AA-A went back to baking, R335 again started to reach for the wall and attempt to move their chair with their feet. R335 then put hands on the breaks and attempted to move the handles, however, was not able to. R335 started calling out for their husband. AA-A came over to talk to R335 and R335 stopped calling out. At 2:30 p.m., R335 once again attempted to propel their chair forward with their feet and was reaching for the wall without being able to move. AA-A walked past R335 to the sink in the back of the room. R335 began asking for he husband. AA-A came back through and stopped to talk to R335 and offered a snack. At 2:39 p.m., R122 was again attempting to stand up. R122's wheelchair was tipping back some. AA-A came over and requested R122 to sit back down and R122 did.</p> <p>When interviewed on 5/19/25 at 2:54 p.m., AA-A and NA-L stated some residents need breaks locked so they don't fall. AA-A further stated R122 did not have anti-rollback breaks on and could tip over the chair if he pushed back. R122 was always trying to get up or self-transfer. NA-L was not sure if R122 or R335 could unlock their breaks or if having breaks on was care planned.</p> <p>When interviewed on 5/20/25 at 10:40 a.m., NA-K stated residents wheel chairs should not be locked as it would restrict their movement.</p> <p>When interviewed on 5/20/25 at 11:33 a.m., registered nurse (RN)-B stated wheelchair breaks could not be locked unless the resident could unlock them. RN-B further state R122 and R335 would not be able to unlock their breaks due to their confusion. If breaks were needed to be on, there should be an assessment done. RN-B further stated if the residents want to stand or move, they need to be able to.</p> <p>When interviewed on 5/20/25 at 2:24 p.m., the Director of Nursing (DON) was not aware of an assessment that was done to determine if residents could unlock their wheelchair breaks. DON further stated wheelchair breaks should not be locked unless the resident can unlock them, otherwise it would be considered a restraint.</p> <p>A facility document titled Informed Consent for use of Physical Restraints, no date, directed nursing staff to complete a comprehensive assessment for the use of a restraint, educate risks and benefits of the use and obtain a written order from the physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review the facility failed to provide monthly catheter changes for 1 of 1 resident (R46) reviewed for catheters.</p> <p>Findings include:</p> <p>R46's annual Minimum Data Set (MDS) dated [DATE], indicated moderately impaired cognition, diagnoses of multiple sclerosis (MS), neuromuscular dysfunction of the bladder, calculus of the kidney, and no rejection of care behaviors. It further indicated R46 was dependent on staff for toileting hygiene and had a suprapubic catheter.</p> <p>R46's care plan dated 4/4/25, indicated an alteration in elimination related to: neuromuscular dysfunction of the bladder and had a suprapubic (s/p) catheter. It further indicated the following interventions:</p> <ul style="list-style-type: none"> -assist of 1-2 with toileting every 2 hours and as needed (PRN). -provide assistance with peri-cares (morning) AM, hour of sleep (HS), and PRN. -encourage adequate fluid intake -encourage good pericare -monitor skin integrity -keep call light within reach -monitor for signs and symptoms (S/S) of a urinary tract infection (UTI). -monitor s/p catheter output -change s/p catheter per policy -s/p catheter care per policy <p>R46's physician's orders dated 4/10/24, indicated to change suprapubic catheter monthly and PRN.</p> <p>R46's Medical Administration Record (MAR) and Treatment Administration Record (TAR) for the months of November of 2024-April of 2025 lacked documentation R46's catheter had been changed since admission.</p> <p>R46's progress notes for the month of April and May of 2025, lacked documentation the suprapubic catheter had been changed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 5/21/25 9:06 a.m., registered nurse (RN)-F stated nurses should follow the physician or urology orders when determining how often a resident's catheter should be changed.</p> <p>During interview on 5/21/25 12:00 p.m., registered nurse (RN)-E from MN Urology stated R46 should be getting her catheter changed every 4 weeks and as needed (PRN). If it doesn't get changed every 4 weeks, it can lead to an increased risk of infection, sepsis, and hydronephrosis (swelling of the kidneys).</p> <p>During interview on 5/21/25 9:46 a.m., the nurse manager licensed practical nurse (LPN)-B verified there was no documentation of R46's suprapubic catheter being changed since admission.</p> <p>During interview on 5/21/25 at 10:06 a.m., the director of nursing (DON)/Infection Preventionist (IP) stated the doctor's orders should be followed and R46 should be getting the catheter changed according to those orders.</p> <p>A facility policy regarding catheter care was requested and received, however did not address the time frame of when a residents catheter should be changed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to ensure provider orders to wean supplemental oxygen were followed for 1 of 1 residents (R34) reviewed for oxygen use.</p> <p>Findings include:</p> <p>R34's annual Minimum Data Set (MDS) dated [DATE], indicated R34 had severe cognitive impairment and diagnoses of chronic respiratory failure and dementia. Furthermore, R34 had no trouble breathing or shortness of breath and no oxygen use.</p> <p>R34's Discharge summary dated [DATE], indicated R34 had been hospitalized for sepsis, pneumonia and urinary tract infection. The summary indicated R34 had acute hypoxic respiratory insufficiency (low blood oxygen saturations) from the pneumonia and instructed to be weaned off supplemental oxygen as able. This summary included an order for oxygen continuous per nasal cannula and to wean as able to keep oxygen saturation greater or equal to 90%.</p> <p>R34's provider order dated 4/24/25, indicated R34 required continuous oxygen and directed staff to wean as able to maintain oxygen saturation greater or equal to 90%.</p> <p>R34's treatment administration record (TAR) dated 5/2025, indicated R34's oxygen weaning order had been checked off, however lacked indication of what R34's oxygen flow rate was for any attempts.</p> <p>R34's oxygen saturation summary for 5/2025, indicated R34 was on oxygen via nasal canula for all but two checks. The summary did not indicate what the flow rate was for the oxygen when checked. Two checks had R34 on RA, but the following was again on nasal canula.</p> <p>R34's nursing progress notes reviewed for 5/2025, lacked indication there had been an attempt to wean R34 from their oxygen.</p> <p>R24's care plan revised 4/21/25, indicated R24 had alteration in oxygen exchange and a goal of oxygen saturations greater than 90%. Interventions directed staff to administer oxygen as ordered.</p> <p>An observation on 5/9/25 at 1:57 p.m., R34 was sitting up in their bed with oxygen in place via a nasal canula. R34's oxygen tank was set at 2L.</p> <p>When interviewed on 5/20/25 at 11:12 a.m., registered nurse (RN)-B stated when a resident required oxygen, the providers orders were followed. When there are orders to wean oxygen, we would monitor oxygen saturations about every hour or so to see how low the oxygen rate could be. Documentation would be in the vital sign section of the medical record or in a progress note. RN-B stated R34 had been on oxygen for a long time and thought it was needed long term. RN-B verified the orders to wean R34's oxygen and stated this had not been attempted the past few days. RN-B then verified the oxygen saturations in the vital sign documentation and was not able to determine if any weaning had taken place. RN-B further stated they could not see any weaning attempts for R34's oxygen in the progress notes either and was not sure when the last time weaning was attempted for R34.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When interviewed on 5/20/25 at 2:24 p.m., the Director of Nursing (DON) stated residents on oxygen had oxygen saturations checked each shift. If there were orders to wean, the nursing staff were expected to watch and titrate the oxygen and document in the chart. DON thought the order for oxygen weaning had been discontinued for R34 and verified it had been active since her last hospitalization. DON further verified nurses had not been documenting attempts to wean oxygen and would need to further investigate this.</p> <p>A facility policy for resident oxygen use was requested however was not recieved.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to attempt alternative devices before the installation of bed rails on resident's beds, identify medical needs to be met with bed rail use, and assess potential entrapment zones for 4 of 4 residents (R76, R23, R103, and R35) reviewed for bed rails.</p> <p>Findings include:</p> <p>R76</p> <p>R76's quarterly Minimum Data Set (MDS) dated [DATE], identified moderately impaired cognition, no functional impairment to upper and lower body, partial/moderate assistance required to roll left and right, substantial/maximal assistance for sit to lying, lying to sitting on edge of bed, sit to stand and chair/bed to chair transfer. Diagnoses included stroke and depression.</p> <p>R76's care plan dated 1/31/25, identified an alteration in mobility related to weakness with interventions for PT (physical therapy) per MD (medical doctor) order, one staff assist for ambulation, assist with movement in/out of bed, one staff assist for transfers. Prior to 5/20/25, the care plan lacked intervention of bed rails.</p> <p>R76's IDT (interdisciplinary team) Care Conference dated 4/28/25, included a section for positioning devices which was left blank for type of positioning device, team reviewed risk and benefits and if bed mobility evaluation was completed.</p> <p>Prior to 5/20/25, R76 lacked a bed mobility device evaluation.</p> <p>R23</p> <p>R23's quarterly MDS dated [DATE], identified severely impaired cognition, no functional impairment to upper and lower body, total dependence to roll left and right, substantial/maximal assistance for sit to lying, lying to sitting on edge of bed, sit to stand and chair/bed to chair transfer. Diagnoses included dementia, anxiety and depression.</p> <p>R23's care plan dated 8/22/18, identified ADL (activity of daily living) performance deficit related to dementia and pain with interventions for prn (as needed) assist of one staff, independent. The care plan lacked current use of bed rails. The care plan history showed a resolved intervention of assist bars on bed initiated 4/17/21 and resolved on 9/12/22.</p> <p>R23's IDT Care Conference dated 4/15/25, included a section for positioning devices which was left blank for type of positioning device, team reviewed risk and benefits and if bed mobility evaluation was completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R23's Bed Mobility Device Evaluation dated 7/26/24, identified the resident was able to state a preference about bed mobility device and resident/representative requested a bed mobility device of grab bars. Resident/representative was informed on risks/benefits of bruising, skin tears, entrapment, entanglement). The section for alternatives attempted prior to placement of assist was marked N/A (non-applicable). The section for consideration of removal of bed mobility device or other possible alternatives was left blank. The facility had not evaluated alternatives to bed rails.</p> <p>R103</p> <p>R103's quarterly MDS dated [DATE], identified severely impaired cognition, no functional impairment to upper and lower body, substantial/maximal assistance to roll left and right, substantial/maximal assistance for sit to lying, lying to sitting on edge of bed, sit to stand and chair/bed to chair transfer. Diagnoses included stroke and dementia.</p> <p>R103's care plan dated 10/24/24, identified an alteration in mobility related to TIA (transient ischemic attack; a brief period of symptoms like a stroke cause by blockage of blood flow) with interventions of one staff assist with transfer's, ambulation and movement in/out of bed. Prior to 5/20/25, the care plan lacked intervention of bed rails.</p> <p>R103's IDT Care Conference dated 3/25/25, included a section for positioning devices which was left blank for type of positioning device, team reviewed risk and benefits and if bed mobility evaluation was completed.</p> <p>Prior to 5/20/25, R103 lacked a bed mobility device evaluation.</p> <p>R35</p> <p>R35's quarterly MDS dated [DATE], identified moderately impaired cognition, no functional impairment to upper and lower body, total dependence to roll left and right and from lying to sitting on side of bed, substantial/maximal assistance required sit to lying, sit to stand, and chair/bed to chair transfers. Diagnoses included dementia with behavior disturbance, anxiety and depression.</p> <p>R35's care plan dated 5/25/21, identified an alteration in mobility related to reduced mobility, syncope (fainting) and collapse, with interventions of one staff assist for transfers, one staff ext (extensive) assist with movement in and out of bed. Grab bars to aid in bed mobility was initiated on 12/19/23.</p> <p>R35's IDT Care Conference dated 3/25/25, included a section for positioning devices which was left blank for type of positioning device, team reviewed risk and benefits and if bed mobility evaluation was completed.</p> <p>R35's Bed Mobility Device Evaluation dated 3/19/24, identified the resident was able to state a preference about bed mobility device and resident/representative requested a bed mobility device of grab bars. Resident/representative was informed on risks/benefits of bruising, skin tears, entrapment, entanglement. The section for alternatives attempted prior to placement of assist bars was marked N/A (non-applicable). The section for consideration of removal of bed mobility device or other possible alternatives was left blank. The facility had not evaluated alternatives to bed rails</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 05/18/25 at 1:54 p.m., R76 was in bed with bilateral bed rails identified as Assist Rail</p> <p>(a half rail that mounts to the midsection of the bed) in place. R76 stated he used the bed rails for exercises.</p> <p>During an interview on 5/20/25 at 7:33 a.m., trained medication assistant (TMA)-A stated R76 used the bed rails for transfers and bed mobility.</p> <p>During an interview and observation on 5/20/25 at 7:53 a.m., maintenance assistant (MA)-A stated their process was to place bed rails on a resident bed after nursing assessment. Additionally, nurses needed to let maintenance know if the rails were loose so they could adjust. MA-A accompanied surveyor into R23's room where the bed rails were observed to be loose. MA-A tightened the rails. MA-A stated the rails were the same brand as the bed frame so they were compatible, they would ensure a snug fit when installing. Next, entered R76's room together and the bed rails were loose, and were then tightened by MA-A. MA-A stated their department should have been notified about the loose rails.</p> <p>During an observation on 5/20/25 at 7:45 a.m., R76, R103, R35 and R23's rooms were observed to have bilateral bed rails in place.</p> <p>During an interview on 5/20/25 at 10:06 a.m., the director of rehab (DOR) stated they might give recommendations for bed rails, however nursing did the assessments and then maintenance would do the install.</p> <p>During an interview on 5/20/25 at 10:18 a.m., licensed practical nurse (LPN)-A, stated if a resident, family, or therapy suggested a bed rail, nursing would complete a bed mobility device evaluation, get consent, obtain an order for grab bars from the provider, and enter a request for maintenance to install. LPN-A stated maintenance was responsible to ensure the bed and rails were compliant.</p> <p>During an interview on 5/20/25 at 10:38 a.m., R76's resident representative (RR)-A stated she had not asked for bed rails but has seen R76 use his to get out of bed. RR-A stated the facility had not talked to her about rails prior to today. RR-A stated R76 had confusion and that was why he was in the dementia unit.</p> <p>During an interview on 5/21/25 at 10:07 a.m., the director of maintenance (DM) stated the resident beds came with the bed rails, and were the same brand so considered them to be compatible together. The DM stated the process for installing bed rails was for nursing to submit an order. Maintenance would install the rails onto the bed frames and look for gaps. The DM stated he was unsure of the exact measurements for entrapment zones. Manufacturer guidelines were not available for the beds or rails.</p> <p>During a phone call interview on 5/21/25 at 11:07 a.m., the bed and rail manufacturer customer support representative (CSR) stated the product number for the bed rails identified them as discontinued and could not provide manufacturer's guidelines, and would need to search further for the guidelines. Photos of the rails and product stickers were emailed to the CSR for review.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/21/25 at 1:53 p.m., the director of nursing (DON) stated there was not a current process to document alternative devices attempted before installing bed rails. Entrapment zones should be monitored by maintenance and nursing or therapy should complete an evaluation of the resident's medical need for the device.</p> <p>During follow up e-mails on 5/21/25 at 2:50 p.m., the CSR provided a bed user manual which identified the rails as compatible with the bed, however, noted to be a discontinued model. The CSR was not able to provide information about entrapment zones.</p> <p>Manufacturer's guidelines Invacare [NAME] CS Bed User Manual dated 2018 identified Patient entrapment from the use of bed side rails may cause injury or death. The Invacare mattress MUST fit firmly against the bed frame AND bed side rails to prevent patient entrapment. Follow the manufacturer's instructions. Monitor patient frequently. Read and understand the User Manual prior to using this equipment. An increased risk of patient entrapment may occur over time due to mattress compression. Periodically monitor gaps between the bed, mattress, and/or bed rail. Where gaps occur, patient entrapment is possible and the mattress should be. The user manual lacked description of the entrapment zones measurements for the bed rails.</p> <p>Manufacturer's guidelines for the Invacare bed rails was requested and not provided.</p> <p>The Food and Drug Administration's Guide to Bed Safety, revised April 2010, identified When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high risk patients. The FDA also identified, Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help determine how best to keep the patient safe.</p> <p>The facility policy titled Safe Resident Handling Program dated 3/2020, identified when residents received care and required assistance from facility employee to move (e.g. transferring, lifting, repositioning), that assistance would be provided in a manner that was safe to both the resident and employee. The policy lacked a process to attempt alternative devices before the installation of bed rails on resident's beds, identify medical needs to be met with bed rail use, and resources to assess for risk of entrapment.</p> <p>The Nursing Form Schedule Grid dated 4/16/25, identified a Bed Mobility Device Evaluation should be completed before the initial MDS, quarterly, annually, with significant change and as needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure the provider maintained coordination of care with an outside provider in order to ensure an appropriate diagnoses and end date for an antibiotic, for 1 of 1 resident (R46) reviewed for prophylactic antibiotics.</p> <p>Findings include:</p> <p>R46's annual Minimum Data Set (MDS) dated [DATE], indicated moderately impaired cognition, diagnoses of multiple sclerosis (MS), neuromuscular dysfunction of the bladder, calculus of the kidney and had no rejection of care behaviors. It further indicated R46 was dependent on staff for toileting hygiene, had a catheter, was always incontinent of bowel, and received an antibiotic on a routine basis.</p> <p>R46's urology after visit summary dated 3/15/25, indicated: start taking Ciprofloxacin 500 milligram (mg) tablet. Take 1 tablet (500 mg) by mouth two times daily before meals for nephrolithiasis (kidney stone).</p> <p>R46's monthly signed physician orders dated 3/15/25, indicated Ciprofloxacin HCl oral tablet. Give 500 mg by mouth two times a day for calculus of the kidney (kidney stones). The PA continued to sign orders for Cipro even though it lacked an end date.</p> <p>R46's pharmacy recommendation dated 3/27/25, indicated the resident had continued on Ciprofloxacin 500 mg. BID since 3/15/25. Please clarify duration of therapy. It further indicated the PA failed to choose/document one of the 3 options given (agree, disagree, or other) and hand wrote prophylactic-urology, signed, and dated the recommendation on 3/28/25. The DON also hand wrote noted, signed and dated on 4/2/25.</p> <p>R46's monthly signed physician's orders dated 4/15/25, indicated Ciprofloxacin HCl oral tablet. Give 500 mg by mouth two times a day for prophylactic related to calculus of kidney before meals. Take at least 2 hours before or 6 hours after antacids or products containing magnesium, aluminum, calcium, iron, or zinc. The orders were signed by the PA on 5/2/25. The PA continued to sign orders for Cipro even though it lacked an end date.</p> <p>The medical record lacked justification of continued antibiotic use.</p> <p>During interview on 5/21/25 at 1:52 p.m., the Assistant Director of Nursing (ADON) verified the original order for Cipro was for post surgical stent placement in regards to kidney stone removal, and was not supposed to be given past 14 days, but they continued it prophylactically. The ADON stated she got the information from what the provider wrote on the pharmacist recommendation.</p> <p>During interview on 5/21/25 at 9:06 a.m. RN-F stated when a resident returns from the hospital with new physician's orders, the HUC or admitting nurse were responsible for entering them and then a 2nd nurse had to verify the orders. If there was a discrepancy (doesn't have an end date) then the nurse should call the provider to clarify the order.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 5/21/25 at 9:34 a.m., licensed practical nurse (LPN)-C stated when a resident returns from the hospital with new physician's orders and there was a discrepancy (an antibiotic without an end date), they should call the hospital or the provider to get clarification</p> <p>During interview on 5/21/25 12:00 p.m., registered nurse (RN)-E from MN Urology-stated R46 was originally prescribed Cipro twice a day for 14 days on 2/4/25, because she had an infection prior to having a scheduled medical procedure and they wanted to clear it before then. RN-E verified R46 should no longer be on the antibiotic and the provider didn't prescribe any refills so she wasn't sure how R46 was still receiving the medication.</p> <p>During interview on 5/21/25 at 12:52 p.m., the physician's assistant (PA) stated the process for when a doctor's order for a medication doesn't have an end date was to call the provider and get clarification. The PA further stated he didn't think R46 should be on Cipro (antibiotic) prophylactically but had contacted the urology clinic and they never got back to him stating his hands were tied. The surveyor asked how the prescription for Cipro kept getting refilled when the original order didn't have any refills. The PA stated he didn't know. The PA also stated he documented that he contacted urology in a progress note before her appointment (unknown date) but never heard back from them. R46's medical record lacked documentation the PA had followed up with the urology clinic.</p> <p>During interview on 5/21/25 at 1:24 p.m., the medical director (MD) stated We don't like using antibiotics prophylactically and there was no reason to do so for UTI's. He further stated his expectation was for the provider to contact the urologist and follow through in order to get an end date for the antibiotic and doing their due diligence.</p> <p>R46's progress note dated 3/17/25, indicated LPN-B placed call to the urologist office regarding stop date for antibiotic, awaiting a return call. The progress note lacked the name of which antibiotic she was referring to. R46's progress notes lacked any indication LPN-B had followed through with the urology clinic since 3/17/25.</p> <p>During interview on 5/21/25 9:46 a.m. the nurse manager LPN-B stated when a resident returns from the hospital with new orders, the Health Unit Coordinator (HUC) should enter the orders and leave it pending for a nurse to confirm. Ideally, it should be the nurse manager but if that's not possible, then the admitting nurse can confirm it. If there were any discrepancies (no end date for an antibiotic), they should call the provider for clarification. LPN-B further stated she was aware R46's was taking Cipro (antibiotic) and that it didn't have an end date. She had been in contact with R46's urologist and asked about an end date but she hadn't heard back from them. She had also spoken to the PA about it but verified there was no documentation regarding their conversation. R46 has had a couple of hospitalizations and each time a resident was hospitalized they discontinue the physician's orders and when they return to the facility, they need to get new orders.</p> <p>During interview on 5/21/25 at 10:06 a.m., the director of nursing (DON)/Infection Preventionist (IP) stated it was the nurse managers responsibility to ensure the doctor's orders are up to date and being followed. If a resident returns to the facility with physician's orders and there was a discrepancy, the provider should be called for clarification. The last time R46 went to the hospital, she reached out to the urologist and asked if they wanted the antibiotic (Cipro) stopped. The surveyor requested documentation of contact with the urologist regarding an end date for the antibiotic and none was received.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	No policy provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review the facility failed to ensure there was an end date or to investigate and/or document the justification for a prophylactic antibiotic for 1 of 1 resident (R46).</p> <p>Findings include:</p> <p>R46's annual Minimum Data Set (MDS) dated [DATE], indicated moderately impaired cognition, diagnoses of multiple sclerosis (MS), neuromuscular dysfunction of the bladder, calculus of the kidney, and had no rejection of care behaviors. It further indicated R46 was dependent on staff for toileting hygiene, had a catheter, was always incontinent of bowel, and received an antibiotic on a routine basis.</p> <p>R46's care plan dated 4/4/25, indicated an alteration in elimination related to: neuromuscular dysfunction of the bladder and had a suprapubic (s/p) catheter. It further indicated the following interventions:</p> <ul style="list-style-type: none"> -assist of 1-2 with toileting every 2 hours and as needed (PRN). -provide assistance with peri-cares (morning) AM, hour of sleep (HS), and PRN. -encourage adequate fluid intake -encourage good peri care -monitor skin integrity -keep call light within reach -monitor for signs and symptoms (S/S) of a urinary tract infection (UTI). -monitor s/p catheter output -change s/p catheter per policy -s/p catheter care per policy <p>R46's urology after visit summary dated 3/15/25, indicated: start taking Ciprofloxacin 500 milligram (mg) tablet. Take 1 tablet (500 mg) by mouth two times daily before meals for nephrolithiasis (kidney stone).</p> <p>R46's monthly signed physician orders dated 3/15/25, indicated Ciprofloxacin HCl oral tablet. Give 500 mg by mouth two times a day for calculus of the kidney (kidney stones). The PA continued to sign orders for Cipro even though it lacked have an end date.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R46's pharmacy recommendation dated 3/27/25, indicated: resident has continued on Ciprofloxacin 500 mg. twice a day (BID) since 3/15/25. Please clarify duration of therapy. It further indicated the Physician Assistant (PA) failed to choose/document one of the 3 options given (agree, disagree, or other) and hand wrote prophylactic-urology, signed, and dated the recommendation on 3/28/25. The DON also hand wrote noted, signed and dated on 4/2/25.</p> <p>R46's monthly signed physician's orders dated 4/15/25, indicated Ciprofloxacin HCl Oral tablet. Give 500 mg by mouth two times a day for prophylactic related to calculus of kidney before meals. Take at least 2 hours before or 6 hours after antacids or products containing magnesium, aluminum, calcium, iron, or zinc. The PA continued to sign orders for Cipro even though it lacked an end date.</p> <p>The medical record lacked justification of continued antibiotic use.</p> <p>During interview on 5/21/25 at 1:52 p.m., the Assistant Director of Nursing (ADON) verified the original order for Cipro was for post surgical stent placement in regards to kidney stone removal, and was not supposed to be given past 14 days, but they continued it prophylactically. The ADON stated she got the information from what the PA had written on the pharmacist recommendation.</p> <p>During interview on 5/21/25 at 9:06 a.m. RN-F stated when a resident returns from the hospital with new physician's orders, the HUC or admitting nurse were responsible for entering them and then a 2nd nurse had to verify the orders. If there was a discrepancy (doesn't have an end date) then the nurse should call the provider to clarify the order.</p> <p>During interview on 5/21/25 at 9:34 a.m., licensed practical nurse (LPN)-C stated when a resident returns from the hospital with new physician's orders and there was a discrepancy (an antibiotic without an end date), they should call the hospital or the provider to get clarification</p> <p>During interview on 5/21/25 12:00 p.m., registered nurse (RN)-E from MN Urology-stated R46 was originally prescribed Cipro on 2/4/25, twice a day for 14 days because she had an infection prior to having a scheduled medical procedure and they wanted to clear it before then. RN-E verified R46 should no longer be on the antibiotic and the provider didn't prescribe any refills so she wasn't sure how R46 was still receiving the medication.</p> <p>During interview on 5/21/25 at 12:52 p.m., the physician's assistant (PA) stated the process for when a doctor's order for a medication doesn't have an end date was to call the provider and get clarification. The PA further stated he didn't think R46 should be on Cipro (antibiotic) prophylactically but had contacted the urology clinic and they never got back to him stating his hands were tied. The surveyor asked how the prescription for Cipro kept getting refilled when the original order didn't have any refills. The PA stated he didn't know. The PA also stated he documented that he contacted urology in a progress note before her appointment (unknown date) but never heard back from them. R46's medical record lacked documentation the PA had followed up with the urology clinic.</p> <p>During interview on 5/21/25 at 1:24 p.m., the medical director (MD) stated We don't like using antibiotics prophylactically and there was no reason to do so for UTI's. He further stated his expectation was for the provider to contact the urologist and follow through in order to get an end date for the antibiotic and doing their due diligence.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R46's progress note dated 3/17/25, indicated LPN-B placed call to the urology office regarding stop date for antibiotic, awaiting a return call. The progress note lacked the name of which antibiotic she was referring to. R46's progress notes lacked any indication LPN-B had followed through with the urology clinic since 3/17/25.</p> <p>During interview on 5/21/25 9:46 a.m. the nurse manager LPN-B stated when a resident returns from the hospital with new orders, the Health Unit Coordinator (HUC) should enter the orders and leave it pending for a nurse to confirm. Ideally, it should be the nurse manager but if that's not possible, then the admitting nurse can confirm it. If there were any discrepancies (no end date for an antibiotic), they should call the provider for clarification. LPN-B further stated she was aware R46's was taking Cipro (antibiotic) and that it didn't have an end date. She had been in contact with R46's urologist and asked about an end date but was still waiting for a response and had not followed up with them since then. She had also spoken to the PA about it but verified there was no documentation regarding their conversation.</p> <p>During interview on 5/21/25 at 10:06 a.m., the director of nursing (DON)/Infection Preventionist (IP) stated it was the nurse managers responsibility to ensure the doctor's orders are up to date and being followed. If a resident returns to the facility with physician's orders and there was a discrepancy, the provider should be called for clarification. The last time R46 went to the hospital, she reached out to the urologist and asked if they wanted the antibiotic (Cipro) stopped. The surveyor requested documentation of contact with the urologist regarding an end date for the antibiotic and none was received.</p> <p>A facility policy on antibiotic stewardship dated 3/13/23, indicated the facility will engage the Consultant Pharmacist to provide guidance with development and implementation of antibiotic protocols and assist in reviewing antibiotic orders and usage and provide recommendations when appropriate. During monthly med reviews, the Consultant Pharmacist will identify orders for antibiotics that are not consistent with antibiotic stewardship practices and make recommendations improved outcomes. The facility will review and revise, if needed, current practices to improve antibiotic use. Action Prior to calling a provider to communicate a suspected infection, the nurse will obtain and have the following information available:</p> <ul style="list-style-type: none"> . Signs and symptoms of suspected infection (based on McGreer's criteria) . History of present illness . Current medication list . Allergies . Last INR results (if currently receiving warfarin) . All pertinent lab, imaging or test results <p>Prescribers will provide complete antibiotic orders including the following</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>elements:</p> <ul style="list-style-type: none"> . Drug name . Dose . Frequency of administration . Duration of treatment (including start and stop date or total days of treatment) . Route of administration . Indications for use <p>If a resident is admitted to the facility with orders for antibiotic therapy, the orders will be reviewed for appropriateness and completeness. Any pertinent supporting documentation will also be reviewed and obtained for the medical record. When a resident is discharged home, the antibiotic orders will be reviewed with the resident and/or resident representative. Appropriate indications for antibiotic use include:</p> <ul style="list-style-type: none"> . Criteria met for clinical definition of active infection or suspected sepsis; and . Pathogen susceptibility, based on culture and sensitivity, to antimicrobial (or treatment begun while culture is pending. . Empirical use of an antibiotic on clinical criteria may be appropriate. <p>The Infection Preventionist, (IP), or designee, will review all antibiotic orders to determine if treatment is appropriate. Treatment is not appropriate if:</p> <ul style="list-style-type: none"> . The organism is not susceptible to the antibiotic chosen. . The organism is susceptible to a narrower spectrum antibiotic. . Therapy was ordered for prolonged surgical prophylaxis. . Therapy was started awaiting culture, but no organism was isolated after 72 hours. Interventions that may resolve inappropriate treatment include: <ul style="list-style-type: none"> . Drug change . Dosage change . Duration change . Obtain culture <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>. Discontinue antibiotic treatment</p> <p>The provider will be notified of the review findings and recommendations and a response will be documented in the resident ' s medical record.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to employ either a full-time registered dietician (RD) or a qualified culinary director (CD) to carry out the functions of the food and nutrition services. This had the potential to affect all 135 residents.</p> <p>Findings include:</p> <p>The dietician's license indicated the license was valid and expired 11/30/25.</p> <p>An email was sent to the administrator on 5/21/25 at 8:48 a.m., requesting timecards from September to current for the Dietician's time at the Estates at Roseville.</p> <p>The dietician's timecards were provided on 5/21/25 at 9:27 a.m., from September 2024, to May 2025, however, the timecards did not break down to identify what location the dietician was at per day and week, additionally, the time card showed the dietician had already clocked out at 4:00 p.m. on 5/21/25.</p> <p>An email from the administrator on 5/21/25 at 10:36 a.m., indicated the dietician was full time and further, she's housed out of Roseville and for Monarch 30 hours a week is full time status (she's an 80 hour a pay period full time employee). Dietitian's usually help support other buildings, she has done this and so her hours also get coded that way.</p> <p>An email was sent to the administrator on 5/21/25 at 10:48 a.m., requesting a copy of the ACD and CD's certifications, credentials, education, and job descriptions.</p> <p>An email from the administrator on 5/21/25 at 12:12 p.m., indicated attachments for the CD's degree and transcript. The attachment included CD's transcripts for Le Cordon Bleu College of Culinary Arts that indicated a certificate was awarded on 3/27/2009, that included coursework in culinary skills and sanitation, principles of butchery, baking and pastry fundamentals, [NAME] manger, flavors of the world, restaurant production, and externship.</p> <p>The ACD's resume was provided on 5/21/25 at 12:57 p.m., that indicated ACD had experience as a culinary director and had a Bachelor's degree in Culinary Arts, however, proof of ACD's credentials, education, and certifications were not provided.</p> <p>During interview on 5/18/25 between 11:39 a.m., and 11:55 a.m., the assistant culinary director (ACD) stated he had been at the facility almost two weeks. ACD stated they had a culinary director who would be at the facility on 5/19/25, and further stated they had a dietician, but did not know when she came to the facility and had been introduced to the dietician once.</p> <p>During interview on 5/20/25 at 11:16 a.m., the corporate culinary director (CCD) stated the CD used to be the ACD, and was now the CD. Further, the CCD stated the CD was not a certified dietary manager and thought the facility signed him up for Serv Safe.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview on 5/20/25 at 11:34 a.m., the administrator stated their dietician was a certified dietary manager (CDM), and further stated the ACD was also CDM certified.</p> <p>During interview on 5/20/25 at 11:45 a.m., the dietician stated she was a full time employee, but split her time between two buildings and was not a CDM.</p> <p>During interview on 5/20/25 at 2:26 p.m., the CCD stated the CD started on 9/5/24, in the position of CD. Further, ACD was new and had Serv Safe and Certified Food Protection Manager (CFPM) and would bring certifications because human resources didn't have any certifications on file. CCD further stated the CD had a certificate from Cordon Blue and did not think this was in the CD's file.</p> <p>During interview on 5/20/25 at 2:30 p.m., the dietician stated she was full time, but went between facilities and further stated that was how they did it at Monarch and stated she also covered at [NAME] and thought she worked at the Estates at Roseville three days and maybe more or maybe less. Then stated she worked 30 to 36 hours. Requested work logs since 9/1/2025, for the Estates at Roseville.</p> <p>During interview on 5/20/25 at 2:36 p.m., the CD stated he started in September 2024, as the CD and was not a CDM but was going to be signing up for classes soon. CD stated he graduated from Cordon Blue in 2009 or 2010 and had Serv Safe, but did not renew Serv Safe and did not have an associate's degree or higher, had not had experience in the position of a director of food and nutrition services in a nursing facility setting, and did not complete coursework in food management.</p> <p>During interview on 5/20/25 at 2:41 p.m., the dietician stated the administrator would email her time logs.</p> <p>During interview on 5/21/25 at 8:43 a.m., registered nurse (RN)-D stated they did not have human resources in the building.</p> <p>On 5/21/25 at 10:12 a.m., attempted to contact the ACD by the phone number provided by the administrator and received an error message the call could not be completed as dialed.</p> <p>During interview on 5/21/25 at 11:16 a.m., the administrator stated the ACD had a CFPM and further stated the dietician worked 30 hours at the facility. Further, the administrator stated the dietician was a salaried employee and the purple lines on the dietician's time card was already set up for 8 hours because the dietician was salaried. The administrator stated the CD had been in the director role since 9/2024, and the facility was enrolling the CD today in the CDM program. Further, the administrator stated the ACD was new and did not have anything in his personnel file and expected human resources to have complete personnel files.</p> <p>During interview on 5/21/25 at 11:27 a.m., the ACD stated he did not have a CDM, but was a certified food protection manager and stated he had it for years, but was just recertified approximately 6 months ago and further stated human resources had a copy. ACD further stated he had a bachelor's degree in culinary, but did not have a copy and could get a copy and had been a director for the last 10 years and had completed coursework in foodborne illness, sanitation procedures, and food purchasing and receiving and worked 40 hours per week.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview on 5/21/25 at 2:27 p.m., the administrator stated the ACD never made it into the facility today and further stated she sent all the information she had. Additionally, the ACD started on 4/9/25, and didn't start on the floor until 5/7/25. No additional information was provided regarding staff credentials, certifications, or a break down of the dietician's actual hours worked at the facility.</p> <p>A job description, Culinary Services Assistant Director, signed by the ACD on 4/14/25, indicated under qualifications, must have a desire and commitment to work with geriatric residents and understand their special needs, must have strong clear communication, must be able to follow directions, must be able to perform essential functions, must qualify for employment after criminal background check, per guidelines of the Minnesota Department of Human Services.</p> <p>A job description, Culinary Director, indicated the CD was responsible for managing the culinary service department in providing quality food and nutritional services to residents. The position provides therapeutic meal service based on RDA requirements and standards set forth for quality food provision. The director provides supervision and leadership to all culinary services personnel to assure that services are provided in a consistent quality manner. Under a heading, Education and Experience, indicated must be a graduate of or currently enrolled in an approved Culinary Services Director's course that meets the requirements for State and Federal long term care regulations. Must have management and leadership qualities with a basic understanding of budgeting, food purchasing and menu planning, must have strong clear communication is a must as well as a commitment to improving the knowledge and skill of culinary services to older persons.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to provide the ordered therapeutic diet for 1 of 1 resident (101) reviewed for provision of modified diet.</p> <p>Findings include:</p> <p>R101's quarterly Minimum Data Set (MDS) dated [DATE], indicated R101 was cognitively intact, was independent with eating, required a mechanically altered diet, and did not experience mouth or facial pain, discomfort or difficulty with chewing. R101's diagnoses included cerebral infarction due to thrombosis (clot) of left middle cerebral artery, aphasia (difficulty speaking), and type 2 diabetes.</p> <p>R101's care plan dated 5/15/25, indicated R101 had an alteration in nutritional status related to cerebral infarction. The care plan indicated R101 required regular diet, thin liquids, and soft, bite-sized textures (SB6).</p> <p>R101's dental care area assessment (CAA) dated 8/5/24, indicated R101 had inflamed or bleeding gums or loose natural teeth.</p> <p>R101's clinical nutritional evaluation dated 4/30/25, indicated R101 required a regular diet of SB6 texture.</p> <p>R101's diet order dated 1/20/25, indicated, Regular diet, IDDSI [International Dysphagia Diet Standardization Initiative] Level 6; Soft and Bite Sized texture, IDDSI level 0: Thin Liquids consistency. The order status was active.</p> <p>R101's dental extraction consultation note dated 5/7/25, indicated R101 should eat a softer diet for two days and resume normal diet when comfortable.</p> <p>R101's post-op order dated 5/7/25, indicated, Eat adequate but softer diet for first 2 days, drinking plenty of fluids but avoiding very hot or cold fluids. Resume normal diet as comfortable. The order status was active.</p> <p>R101's diet order history printed 5/20/25, indicated, Regular diet, IDDSI Level 5; Minced and Moist texture, IDDSI level 0: Thin Liquids consistency had a start dated of 5/7/25 and an end date of 5/9/25. The order status was completed.</p> <p>R101's progress notes dated 5/7/25 through 5/18/25, lacked evidence of mouth/dental comfort assessment or diet preference conversation.</p> <p>During interview on 5/18/25 at 4:47 p.m., R101 stated he used to get a level 6 diet due to a history of stroke and since his dental extraction, his diet was downgraded to a level 5. R101 stated a level 5 looked like mush on his plate and was not very appetizing. R101 stated he was never reevaluated or asked his comfort level in order to advance his diet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observation and interview on 5/19/25 at 12:42 p.m., R101's lunch meal included three mounds of unidentifiable minced food. R101 stated, Oh yay and could not tell me what he was eating. R101's lunch meal ticket indicated, 5 Minced & Moist. R101 stated he would love to go back to his previous diet as his teeth feel great and that no one had assessed his mouth in two weeks.</p> <p>During observation and interview on 5/20/25 at 9:06 a.m., nursing assistant (NA)-A delivered R101's breakfast meal and confirmed it was a level 5 texture. NA-A meals were served according to what was on the meal tickets which were printed in dietary, and NAs just confirmed the meal matched the meal ticket. R101 stated level 5 was mush and not sure what he was being served most of the time.</p> <p>During interview on 5/20/25 at 10:42 a.m., trained medical assistant (TMA)-B stated residents were admitted with diet orders and changes could occur after a change of condition. TMA-B stated typically speech therapy (ST) would have to do an assessment and then order a new diet. TMA-B stated following a dental procedure the diet could be downgraded temporarily and then the resident could be reassessed by the nurse who could upgrade the diet again.</p> <p>During interview on 5/20/25 at 10:54 a.m., registered nurse (RN)-A stated if a diet needed to be downgraded due to a procedure, there would be a limiting order with an end date and the resident would be reassessed prior to upgrading the diet again. RN-A stated there was always a nurse in the dining room and present at meals for assessments. If the resident took meals in their room, the nurse should still assess intakes and confirm diets were appropriate.</p> <p>During interview on 5/20/25 at 11:07 a.m., culinary director (CD) and corporate culinary director (CCD) stated nursing would supply the kitchen with a diet communication form with any changes in diet. CD and CCD further stated the order would also be in PCC sent down by nursing and also an order would be entered into in PCC (point click care). PCC interfaced with the dietary system from where the meal tickets were printed. CCD stated the temporary order stop date should trigger a reassessment and then the original order could be restarted. CCD further stated the resident should receive the diet that was ordered and active in PCC and could not explain why R101's meal ticket printed level 5 when the current active order was for a level 6.</p> <p>During interview on 5/20/25 at 12:46 p.m., licensed practical nurse (LPN)-B stated would expect residents to receive the meal that was ordered.</p> <p>During interview on 5/20/25 at 2:42 p.m., director of nursing (DON) stated expectation diets would be provided as ordered.</p> <p>Facility policy Therapeutic Diets dated October 2017, indicated, Diet will be determined in accordance with the resident's informed choices, preferences, treatment goals and wishes. The policy further indicated, The dietician, nursing staff, and attending physician will regularly review the need for, and resident acceptance of, prescribed therapeutic diets. The policy instructed the dietician and nursing staff to document in the medical record information relating to the resident's response to their therapeutic diet.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to ensure food items were labeled and dated, milk was discarded past the best by date, cups were not stored in food bins, dented cans did not remain on the shelf, and failed to ensure kitchen floors and equipment were clean.</p> <p>Findings include:</p> <p>An email from the administrator dated 5/20/25 at 3:16 p.m., indicated floors have been cleaned weekly, sweeping and mopping after the truck delivers so last done was on Tuesday the week prior. Further, the facility developed a formal log on 5/20/25, to show the documentation going forward. The administrator stated the brown circle in dry storage under the rack had been there for two years and they mopped it, deck scrubbed it and will have the floor tech tackle it.</p> <p>During the initial tour of the kitchen on 5/18/25, from 11:39 a.m., to 11:55 a.m., with the assistant culinary director (ACD), observed the following:</p> <p>Freezers:</p> <ul style="list-style-type: none"> &bull; <p>A bag of fish with no label or date, ACD stated there should be a label and a date.</p> <ul style="list-style-type: none"> &bull; <p>A bag of approximately 22 pieces of chicken with no label or date and ACD stated it looked like chicken and verified there was no label or date.</p> <ul style="list-style-type: none"> &bull; <p>a bag of tator tots with no label or date and ACD stated it should be labeled and dated.</p> <ul style="list-style-type: none"> &bull; <p>A garbage bag of breadsticks, ACD stated the facility had lasagna the day prior and added it should have been labeled and dated.</p> <ul style="list-style-type: none"> &bull; <p>An opened box of approximately 15 hamburgers were opened to the air in the freezer and ACD stated they should be closed.</p> <p>Cooler:</p> <ul style="list-style-type: none"> &bull; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A gallon of milk with a best by date of 5/11/25, ACD asked staff if the milk could be thrown out.</p> <p>Dry Storage:</p> <p>&bull;</p> <p>Two cups were located in a dry storage bin of bread crumbs and ACD stated the cups should not be in the bin.</p> <p>&bull;</p> <p>One 6 pound can of diced peaches in light syrup with multiple dents, ACD stated the can should not be in with the other cans at all.</p> <p>&bull;</p> <p>On the floor below wheeled shelving, was approximately a 12 inch by 12 inch area with a thick brown stain, ACD stated had been in the room since he started approximately two weeks prior and looked like something that got spilled and was never wiped up.</p> <p>During interview on 5/20/25 at 11:16 a.m., the corporate culinary director, (CCD) stated she thought floors should be cleaned weekly, but didn't know what the facility was doing. CCD further stated she thought the brown area on the floor should be cleaned with hot water and scraped. CCD further stated cans were returned if dented and should be kept separate and not on the shelf. Verified a 6 pound 10 ounce can of applesauce that was dented and stated she would not have that on the shelf and removed it. Further, CCD stated milk should be used by the best by date and food items in bags should be closed, labeled and dated. A policy was requested for food storage handling along with logs when the floors were last cleaned. CCD stated the culinary director (CD) was not a certified dietary manager and thought they were signing the CD up for Serv Safe.</p> <p>During interview on 5/20/25 at 2:26 p.m., the CCD stated they implemented a cleaning log today for the CD to track and stated ACD cleaned the floor last Tuesday and verified nothing was documented.</p> <p>During interview and observation on 5/21/25 at 12:18 p.m., cook (C)-A stated one of the ovens didn't have a knob on it and observed and there was a brownish substance along the oven doors with brown flakey particles on the handles. C-A stated it was last cleaned a month ago and stated it was a buildup of grease on the [NAME] stove and further stated it fell mostly on C-A to clean and didn't get attended to more often due to staffing.</p> <p>During interview and observation on 5/21/25 at 2:01 p.m., CD verified the dirty ovens and stated they would be on a cleaning list and stated they should be done weekly and looked at the stove and stated he wiped it down Monday and stated he would be talking to the night cooks to make sure they wipe down the oven fronts and the table tops and under the tables where there was a lot of buildup. The CD verified there was no cleaning log to show ovens had been wiped down and stated he would have logs when he wasn't running around as much.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A policy, Food Receiving and Storage, dated October 2017, indicated food services or other designated staff will maintain clean food storage areas at all times. Dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by date). All foods stored in the refrigerator or freezer will be covered, labeled and dated. Wrappers of frozen foods must stay intact until thawing.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** R123</p> <p>R123's admission MDS dated [DATE], indicated R123 had moderate impaired cognition and diagnoses of dementia and frostbite to bilateral hands.</p> <p>R123's provider order dated 5/7/25 instructed staff to follow EBP while providing wound cares and other high contact activities.</p> <p>R123's care plan dated 4/3/25, indicated R123 required EBP related to frostbite of bilateral hands and surgical amputations. Furthermore the care plan directed staff to don personal protective equipment per EBP precautions when providing high contact cares.</p> <p>An observation on 5/20/25 at 10:45 a.m., registered nurse (RN)- B entered R123's room to perform a dressing change to their bilateral hands. R123's door had a sign that stated EBP and instructed staff to don gown and gloves when performing cares that require contact with the resident. RN-B performed hand hygiene and donned gloves, however, did not don a gown. RN-B proceeded to complete the dressing change for R123's left hand and right hand without concerns. RN-B then removed gloves, performed hand hygiene before exiting R123's room.</p> <p>When interviewed on 5/20/25 at 11:10 a.m., RN-B stated R123 was on EBP and verified she should have worn a gown when completing the dressing changes.</p> <p>When interviewed on 5/21/25 at 10:06 a.m., the Director of Nursing (DON), who was also the infection preventionist (IP) stated enhanced respiratory precautions were for residents who were positive for COVID-19. Staff were expected to use all the PPE that was needed, even if staff even for dropping off a meal tray. The PPE required was gown, gloves and 95 respirator mask. EBP was placed for residents who had wounds, catheters . etc. When a resident was on EBP, staff was expected to follow the sign on the doors and don PPE during high contact cares.</p> <p>A policy, COVID Policy, updated 12/6/24, indicated the facility followed standard and transmission based precautions (TBP) to prevent the transmission of COVID-19 within the facility. Further, staff entering the room of a patient with suspected or confirmed COVID infection should utilize enhanced respiratory precautions and utilize an approved N95 respirator, gown, gloves, and eye protection.</p> <p>A facility policy titled Enhanced Barrier Precautions revised 4/1/24, directed staff to implement EBP for residents with wounds (chronic, unhealed surgical wounds, etc) or indwelling medical devices. The policy further directed staff to wear appropriate PPE for any residents with wound care (any skin opening requiring a dressing).</p> <p>Based on observation, interview and document review the facility failed to ensure staff followed appropriate transmission-based precautions (TBP) for 1 of 1 residents (R388) who required enhanced respiratory precautions for COVID-19 and for 1 of 1 residents (R123) who required enhanced barrier precautions (EBP) for dressing changes.</p> <p>Findings include:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Roseville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R388's Medical Diagnoses form indicated R388 had COVID-19 on 5/16/25. Further, the form indicated R388 was on enhanced respiratory precautions related to COVID-19 and his last day of isolation was on 5/22/25, and R388 could come out of isolation on 5/23/25.</p> <p>R388's care plan dated 5/18/25, indicated R388 had COVID-19 and interventions included monitoring for signs and symptoms of COVID-19, restrict from group activities and exposure until symptoms have resolved, complete vital signs per orders. The care plan lacked information on what PPE to don and when PPE should be donned.</p> <p>R388's progress notes dated 5/17/25, indicated R388 was admitted to the facility with a recent COVID-19 infection.</p> <p>During interview and observation on 5/20/25 at 8:46 a.m., nursing assistant (NA)-F entered R388's room with a surgical mask on and asked R388 what he wanted for breakfast. NA-F stated he thought R388 had COVID and stated when going into the room, he is supposed to wear a gown, mask, goggles, and gloves and an N95 mask and NA-F stated he only wore the surgical mask because he did not provide any cares for R388. NA-F verified signage indicated R388 had enhanced respiratory precautions signage.</p> <p>During interview and observation on 5/20/25 at 8:49 a.m., NA-G went into R388's room with a gown, gloves, and surgical mask and verified R388 had signage for enhanced respiratory precautions and stated R388 had COVID. NA-G stated he did not don goggles or an N95 mask because he was not changing a brief and was only delivering breakfast. NA-G verified the signage on the door that indicated R388 was on enhanced barrier precautions and enhanced respiratory precautions.</p> <p>During interview on 5/20/25 at 8:55 a.m., licensed practical nurse (LPN)-C stated when a resident was on enhanced respiratory precautions, staff were required to wear an N95, gloves, gown, and goggles whenever they go in the room and verified R388 was on precautions until 5/22/25. LPN-C stated PPE was important to don because COVID circulates and staff need to don appropriate PPE because R388 had COVID.</p> <p>During interview on 5/20/25 at 9:00 a.m., registered nurse (RN)-C stated when a resident had COVID, they were on isolation precautions for a 10 day period and when on enhanced respiratory precautions, all services were provided in the resident's room. RN-C stated she expected staff don PPE whenever they enter the room because they want to protect staff and other residents from catching COVID. RN-C further stated she thought staff needed additional education regarding the difference between enhanced barrier precautions and enhanced respiratory precautions.</p> <p>During interview on 5/21/25 at 10:06 a.m., the director of nursing stated enhanced respiratory precautions was strictly for COVID and staff were required to don PPE including an N95, and eye protection even if dropping off a tray.</p>		