

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  The Villas at the Cedars		STREET ADDRESS, CITY, STATE, ZIP CODE 7900 West 28th Street Saint Louis Park, MN 55426	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43082</p> <p>Based on interview and document review, the facility failed to ensure discharge summary requirements were met for 1 of 3 residents (R1) reviewed for discharge. R1 discharged from the facility against medical advice (AMA), R1's medical record did not include a recapitulation of resident's stay (a concise summary of the resident's stay and course of treatment in the facility) and a final summary of the resident's status at discharge.</p> <p>Findings include:</p> <p>R1 Admission Record identified admission on 11/20/24.</p> <p>R1's discharge plan assessment, dated 11/25/24 indicated R1 was looking for an assisted living facility after nursing home rehab was completed.</p> <p>R1's Minimum Data Set (MDS), dated [DATE], indicated R1 used a cane for mobility and was diagnosis with non-trauma spinal cord dysfunction, hypertension, hyperlipidemia, anxiety, depression, bipolar disease. Additional diagnoses included history of substance abuse.</p> <p>R1's progress note dated 11/28/24 at 11:23 p.m. indicated R1 was on a leave of absence (LOA), leaving the facility at noon. R1 was not back to the facility at the time of this note. Call placed to R1 on cell phone and voice mail was full. Called R1's daughter and a message was left. Director of nursing (DON) notified.</p> <p>R1's progress note dated 11/29/24 at 7:14 a.m. indicated R1 was still on LOA. DON notified. Not able to reach R1 or R1's emergency contact.</p> <p>R1's progress note dated 11/30/24 at 9:56 a.m. indicated R1 returned to the facility with family, collected her belongings and left the facility.</p> <p>R1's medical record lacked a facility discharge summary when R1 returned to the facility and left AMA following a LOA.</p> <p>During interview on 12/4/24 at 12:50 p.m. social worker designee (SWD) stated R1 was discharged AMA due to being on an extended LOA and not notifying the facility how long R1 would be gone. SW stated he was not sure why there was no summary of R1 stay after her discharge.</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
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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 12.4.24 at 2:19 p.m., director or nursing (DON) stated R1 was discharge AMA from the facility and would still expect a summary of R1 stay at the facility to be completed. DON reviewed progress notes in the interview and agreed the only information was that R1 came to the facility on [DATE] and got her belongings. DON stated there should be more information upon any discharge and was not completed.</p> <p>Facility policy titled Discharge Planning Policy revised date 11/2016, indicated the social worker completed the social service section of the discharge summary. Further review of policy sections titled time of discharge and post discharge of resident was incomplete in the policy.</p>		