

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Chateau LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2106 Second Avenue South Minneapolis, MN 55404	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview, observation, and record review the facility failed to protect 1 of 3 residents (R1) from staff to resident verbal abuse.</p> <p>Findings include:</p> <p>R1's brief interview for mental status (BIMS) dated 6/5/25 indicated a score of 15/15, indicated no cognitive impairment.</p> <p>R1's care plan dated 5/30/25 indicated medical diagnoses of weakness, schizophrenia, anxiety disorder, depression, chronic pain syndrome.</p> <p>Facility camera footage reviewed on 6/18/25 at 9:44 a.m., revealed on 6/8/25 at approximately 5:04 p.m. R1 was at the kitchen door; R1 foot was holding door open, dietary aide (DA)-B was at door also holding the door open with her body and arm. Exchange of words between R1 and DA-B were visualized however there was no sound capabilities. R1 had sandwich in hand and there was no physical interaction between staff and R1. Facility camera footage failed to cover incident of R1 and DA-A verbal or physical interaction as footage was delayed.</p> <p>When interviewed on 6/17/25 at 1:11 p.m., R1 stated there was an altercation between DA-A due to requesting two sandwiches. R1 stated he and DA-A were yelling at each other and being disrespectful to each other. R1 stated they both called each other bitches in the altercation and he could not recall who said bitch first. R1 recalled DA-B coming to the door during the altercation and defused the situation and then he left. R1 added, he was surprised how escalated it got over a request for two sandwiches.</p> <p>When interviewed on 6/17/25 at 5:01 p.m., DA-A confirmed there was an altercation with R1 at the kitchen door when he requested two chicken sandwiches and was told there was only one chicken sandwich. DA-A recalled calling each other bitches could have happened, we exchange some words and may have cussed at each other. DA-A stated DA-B came to the door and asked R1 to remove his foot from the door and to leave and R1 did as asked. DA-A stated the kitchen door was not supposed to be open for the residents, but we try to be courteous and make sure they are fed, adding R1 was not happy with only have received one chicken sandwich.</p> <p>When interviewed on 6/18/25 at 9:49 a.m., administrator stated leadership was not aware of the allegation until survey but would initiate an investigation immediately.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Chateau LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2106 Second Avenue South Minneapolis, MN 55404	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When interviewed on 6/18/25 at 10:49 a.m., DA-B stated she was working in the kitchen when the altercation between R1 and DA-A broke out. DA-B stated she was wearing earbuds but could still hear the conversation. She heard DA-A say, come on man move your foot and someone said what ya gonna hit me and that caught DA-B's attention. DA-B could not confirm she heard name calling but voices were loud and could be heard while wearing earbuds.</p> <p>Facility policy titled Abuse Prohibition/Vulnerable Adult Policy revised date 3/24, indicated the philosophy of Monarch healthcare management is to provide quality long-term care in a loving and caring atmosphere. Purpose was to protect residents against abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends or other individuals, or self-abuse.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Chateau LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2106 Second Avenue South Minneapolis, MN 55404	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview, observation and record review the facility failed to report an allegation of staff to resident abuse to the State Agency (SA) and administrator for 1 of 3 resident (R1) who had a verbal altercation with a staff member, requiring another staff to intervene and no report was made.</p> <p>Findings include:</p> <p>R1's brief interview for mental status (BIMS) dated 6/5/25 indicated a score of 15/15, indicated no cognitive impairment.</p> <p>R1's care plan dated 5/30/25 indicated medical diagnoses of weakness, schizophrenia, anxiety disorder, depression, chronic pain syndrome.</p> <p>When interviewed on 6/17/25 at 1:11 p.m., R1 stated there was an altercation between DA-A due to requesting two sandwiches. R1 stated he and DA-A were yelling at each other and being disrespectful to each other. R1 stated they both called each other bitches in the altercation, and he could not recall who said bitch first. R1 recalled DA-B coming to the door during the altercation and defused the situation and then he left. R1 added, he was surprised how escalated it got over a request for two sandwiches.</p> <p>When interviewed on 6/17/25 at 3:43 p.m., administrator stated R1 never mentioned concerns with kitchen staff and being threatened with a knife or verbally threatened.</p> <p>When interviewed on 6/17/25 at 5:01 p.m., DA-A confirmed there was an altercation with R1 at the kitchen door when he requested two chicken sandwiches and was told there was only one chicken sandwich. DA-A recalled calling each other bitches could have happened, we exchange some words and may have cussed at each other. DA-A stated DA-B came to the door and asked R1 to remove his foot from the door and to leave and R1 did as asked. DA-A stated the kitchen door was not supposed to be open for the residents, but we try to be courteous and make sure they are fed, adding R1 was not happy with only have received one chicken sandwich. DA-A stated he had not contacted management related to the altercation with R1.</p> <p>When interviewed on 6/18/25 at 10:49 a.m., DA-B stated she was working in the kitchen when the altercation between R1 and DA-A broke out. DA-B stated she was wearing earbuds but could still hear the conversation. She heard DA-A say, come on man move your foot and someone said what ya gonna hit me and that caught her attention. DA-B could not confirm she heard name calling but voices were loud and could be heard while wearing earbuds DA-B stated she did not report to management as many residents come to the kitchen and get mad because staff cannot always give them what they want. DA-B stated DA-A did take a break after the incident because DA-A was upset.</p> <p>When interviewed on 6/18/25 at 9:49 a.m., administrator stated when staff witnessed or suspected abuse toward a resident, they have been trained to report to management right away, also R1 never reported the incident to anyone in the facility. Administrator added the leadership was not aware of the allegation until survey, but would initiated an investigation immediately.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Chateau LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2106 Second Avenue South Minneapolis, MN 55404	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy titled Abuse Prohibition/Vulnerable Adult Policy revised date 3/24, indicated all staff are responsible for reporting any situation that is considered abuse or neglect along with injuries of unknown origin, misappropriation of resident property, or involuntary seclusion. A completed incident report will be routed per facility procedure. A supervisor will be notified immediately and will assess the situation to determine if any emergency treatment or action is required.</p>		