STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245271	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Place	3720 23rd Avenue South Minneapolis, MN 55407

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review the facility failed to identify the indication for the administration of opioid medications and failed to ensure non-pharmacological interventions were attempted/offered and documented prior to the administration of as needed (PRN) opioid medications for 2 of 3 residents (R1, R2) reviewed for pain. Findings include:R1's admission minimum data set (MDS) dated [DATE] indicated intact cognition with diagnoses including end stage renal disease (ESRD) and pressure ulcer of heel. R1's pain assessment dated [DATE] indicated R1 had pain that frequently interfered with therapy and day-to-day activities. R1 received scheduled and as needed (PRN) medications for pain. R1 had not received non-medication interventions for pain.R1's care plan dated 12/23/25 had a focus of actual chronic neuropathic pain with need for medication management related to neuropathy. Interventions included but not limited to: offer non-pharmacological interventions for pain relief such as rest or repositioning and observe/document pain characteristics as needed including quality, severity, anatomical location, onset, duration, aggravating factors, relieving factors.R1's provider order dated 12/23/25 instructed acetaminophen (a non-opioid pain-relieving medication) Give 650 mg by mouth every 6 hours as needed for pain.R1's medication administration record for January 2026 indicated R1 received PRN acetaminophen the following 2 times:-1/2/26 at 11:23 p.m., R1 received PRN acetaminophen for pain rated 8/10 (severe pain) which was recorded as E. A corresponding progress note dated 1/2/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to medication administration.-1/4/26 at 5:59 a.m., R1 received PRN acetaminophen for pain rated 5/10 (moderate pain) which was recorded as E. A corresponding progress note dated 1/4/26 identified the medication was administered for foot pain but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to medication administration.R1's provider order dated 12/23/25 instructed hydromorphone oral tablet (an opioid pain-relieving medication) Give 2 milligrams (mg) by mouth every 6 hours as needed for pain.R1's medication administration record for January 2026 indicated R1 received PRN hydromorphone the following 9 times:- 1/2/26 at 11:23 p.m., R1 received PRN hydromorphone for pain rated 8/10 which was recorded as E [effective]. A corresponding progress note dated 1/2/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. A night shift note dated 1/3/26 at 7:12 a.m., indicated at the start of night shift, R1 had complained of knee pain that was relieved with prn pain medication.- 1/4/26 at 4:09 p.m., R1 received PRN hydromorphone for pain rated 0/10 (no pain) which was recorded as E. A corresponding progress note dated 1/4/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.- 1/6/26 (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	at 10:40 a.m., R1 received PRN hydromorphone for pain rated 4/10 (mild pain) which was recorded as E. A corresponding progress note dated 1/6/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration. Daily skilled note dated 1/6/26 at 1:56 p.m., indicated R1 complained of pain and received pain medication which was effective.- 1/7/26 at 4:44 a.m., R1 received PRN hydromorphone for pain rated 7/10 (severe pain) which was recorded as E. A corresponding progress note dated 1/7/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.- 1/8/26 at 6:14 p.m., R1 received PRN hydromorphone for pain rated 4/10 which was recorded as E. A corresponding progress note dated 1/8/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.- 1/9/26 at 4:37 p.m., R1 received PRN hydromorphone for pain rated 9/10 (severe pain) which was recorded as E. A corresponding progress note dated 1/9/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.- 1/10/26 at 4:05 a.m., R1 received PRN hydromorphone for pain rated 7/10 which was recorded as E. A corresponding progress note dated 1/10/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.- 1/11/26 at 5:36 p.m., R1 received PRN hydromorphone for pain rated 4/10 which was recorded as E. A corresponding progress note dated 1/11/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.- 1/12/26 at 3:22 a.m., R1 received PRN hydromorphone for pain rated 5/10 which was recorded as E. A corresponding progress note dated 1/12/26 identified the medication was administered but did not include location or any recorded symptoms R1 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.During an interview on 1/12/2026 at 4:16 p.m., R1 stated he had chronic pain in his knees and all over his body. Repositioning, ice packs, and rest help relieve his pain in addition to PRN medications. R1 stated he usually received hydromorphone but had received other medications and topical cream for pain that had been effective He could not recall the other medication names. R2's admission MDS dated [DATE] indicated independent for daily decision making with diagnoses including amputation and ESRD.R2's pain assessment dated [DATE] indicated R2 had pain that frequently interfered with day-to-day activities. R2 received scheduled and PRN medications for pain. R2 had not received non-medication interventions for pain. R2's care plan dated 12/26/25 had a focus of pain with need for medication management. The interventions included but were not limited to: Offer non-pharmacological interventions for pain relief and notify medical practitioner if interventions are unsuccessful or if current complaint is a significant change from past experience of pain.R2's provider order dated 12/16/25 instructed acetaminophen give 1000 mg by mouth as needed for pain 2 times daily.R2's medication administration record for January 2026 indicated R2 received PRN acetaminophen the following 2 times:-1/1/26 at 3:28 a.m., R2 received PRN acetaminophen for pain rated 10/10 which was recorded as E. A corresponding progress note dated 1/1/26 identified the medication was administered but did not include location or any recorded symptoms (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration. However, the follow up note indicated R2 stated he felt better and did not need anything else for pain. -1/2/26 at 6:05 a.m., R2 received PRN acetaminophen for pain rated 10/10 which was recorded as U (unknown) due to resident at dialysis. A corresponding progress note dated 1/2/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.R2's provider order dated 12/16/25 instructed oxycodone oral tablet give 5mg by mouth every 4 hours for pain.R2's medication administration record for January 2026 indicated R2 received PRN oxycodone the following 5 times:-1/7/26 at 8:26 p.m., R2 received PRN oxycodone for pain rated 6/10 (moderate pain) which was recorded as E. A corresponding progress note dated 1/7/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.-1/9/26 at 9:42 p.m., R2 received PRN oxycodone for pain rated 7/10 which was recorded as E. A corresponding progress note dated 1/9/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.-1/10/26 at 10:46 p.m., R2 received PRN oxycodone for pain rated 6/10 which was recorded as E. A corresponding progress note dated 1/10/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.-1/11/26 at 6:36 p.m., R2 received PRN oxycodone for pain rated 5/10 which was recorded as E. A corresponding progress note dated 1/11/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.-1/12/26 at 5:29 a.m., R2 received PRN oxycodone for pain rated 7/10 which was recorded as E. A corresponding progress note dated 1/12/26 identified the medication was administered but did not include location or any recorded symptoms R2 was experiencing or what, if any, non-pharmacological interventions had been attempted or offered prior to the opioid medication administration.During an interview on 1/12/2026 at 1:19 p.m., R2 stated he sometimes had pain to his amputation site, both arms, and all over his body when he was tired. Repositioning, ice packs, and rest helped relieve his pain in addition to as needed pain medication. R2 could not recall the name of the pain medication that was effective for him.During an interview on 1/12/2026 1:20 p.m., licensed practical nurse (LPN)-A stated when a resident was having pain, the nurse should ask the resident where their pain was and their pain level on a scale of 1-10. If a resident has more than 1 prn pain medication, the nurse would give the resident the medication they requested. The nurse would document the time the medication was given and the resident's stated pain level. The nurse would go back later to see if the medication were effective by asking the resident to rate their pain again. The medication was effective if the number was lower.Durning an interview on 1/12/2026 at 3:10 p.m., registered nurse (RN)-A stated a nurse would ask the resident where their pain was located and their current pain level. RN-A would offer a non-opioid pain medication first for a pain rating less than 7/10 and an opioid pain medication for pain rating of 7-10/10. If a resident asked for the opioid medication first, RN-A would educate about the benefits of starting with the non-opioid medication but would bring the resident the medication they requested. RN-A would document the medication administration and the pain level. RN-A would follow-up with the resident later in the day to see if the pain (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medication were effective by asking the resident to rate their pain again.During an interview on 1/12/2026 at 4:41 p.m., the director of nursing (DON) stated when documenting a prn pain medication administration the nurse should include the location of the pain, the resident's pain scale rating and any non-pharmacological interventions attempted prior to the medication administration so pain follow up could be completed accurately and pain could be tracked and trended over time.During an interview on 12/13/2026 at 2:04 p.m., nurse practitioner (NP) stated when a resident had multiple pain medications, the nurse should offer the non-opioid medication first even if the resident is requesting the opioid medication. Use of non-opioid medication may reduce the number of times the residents need the opioid medication. Use of opioid medications increases a resident's risk of falls and constipation. A nurse should document interventions offered/attempted prior to medication administration, pain location, pain level and follow up if the medication was effective. Pain location is valuable information so the provider can be notified if a resident is having pain in a new location.During an interview on 1/13/2026 at 3:25 p.m., pharmacist (Ph) was interviewed and stated non-opioid medications like acetaminophen would be utilized for general pain. Opioid medications like hydromorphone were usually reserved for severe pain. The Pain Management Program policy dated 11/2022 instructed documentation of the pain evaluation, intervention and evaluation of activities shall be done in a clear and concise manner per the plan of care. Frequency of documentation should include consistent monitoring of pain levels prior to administration of pain medication and the resident's level of pain relief post administration as well as alternate (non-pharmacological) measures to relieve pain.