STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245326	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villas at Roseville	1000 Lovell Avenue 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop a comprehensive care plan for one of four residents (R1) reviewed when R1's care plan did not include her foley catheter daily care needs. Findings include: R1's admission record indicated R1 was admitted to the facility on [DATE] with a primary diagnosis of cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery. R1's additional diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, morbid obesity due to excess calories, peripheral vascular disease, difficulty walking, and cognitive communication deficit. R1 was discharged from the facility on 9/18/25. R1's bladder evaluation completed on 7/23/25 indicated R1 had urge incontinence of her bladder. R1's care plan initiated on 7/24/25 indicated R1 had alterations in elimination due to impaired mobility and metabolic acidosis but did not indicate in the interventions that R1 had a foley catheter. R1's minimum data set (MDS) completed on 7/30/25 indicated R1 was frequently incontinent of her bowel and bladder, triggering a care area assessment (CAH). R1's provider note dated 8/1/25 indicated R1 was to start an indwelling 16 French foley catheter with a 10-cc balloon would be started to promote wound healing with a diagnosis of Decubitus Ulcer Bilateral Buttocks. R1's CAH dated 8/2/25 indicated R1 had urinary incontinence and an indwelling catheter. R1's provider order dated 8/6/25 indicated R1 would start an indwelling catheter with a 10-cc balloon to promote further healing of her wounds. R1's provider order dated 8/7/25 indicated R1 would change the foley catheter to a 16 French foley catheter with a 10-cc balloon would be started to promote further healing of her wounds. R1's brief interview for mental status (BIMS) assessment completed on 9/3/25 indicated a score of 14, which indicated R1 was cognitively intact. R1's discharge MDS completed on 9/18/25 indicated R1 was frequently incontinent of her bladder. R1's urinary continence was not rated due to R1 having a catheter. During an interview on 10/14/25 at 8:45 a.m., registered nurse (RN)-B stated the director of nursing (DON), and the nurse manager will create a resident's care plan. If the DON or nurse manager was not in the building, nurses can make change to a resident's care plan. During an interview on 10/14/25 at 10:01 a.m., scheduling coordinator (SC)-A stated the assistant director of nursing (ADON), and the DON is responsible for creating and maintaining a resident's care plan. During an interview on 10/14/25 at 10:37 a.m., licensed practical nurse (LPN)-I stated the nurse manager is responsible for creating and maintaining a resident's care plan. During an interview on 10/14/25 at 10:40 a.m., RN-J stated the DON is responsible for creating and maintaining a resident's care plan. During an interview on 10/14/25 at 11:01 a.m., LPN-H stated the nurse manager is responsible for creating and maintaining a resident's care plan. During an interview on 10/14/25 at 11:25 a.m., DON-A stated the nurse manager initiates the care plan. DON-A stated she would expect a resident's foley catheter to be documented in a resident's care plan. During an email correspondence on 10/14/25 at 1:38 p.m., the administrator stated the facility did not have a policy on foley catheters. The facility's Care Planning policy revised on 11/2024 indicated the care plan would be used in developing a resident's daily care routines and would be utilized by staff personnel for the purposes of providing care or services to the resident.

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