STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245394	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Lynnhurst LLC	471 Lynnhurst Avenue West Saint Paul, MN 55104

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to assess pain, and failed to offer or attempt non-pharmacological pain interventions (interventions other than medications), prior to the administration of as-needed (PRN) pain medications for 3 of 4 residents (R1, R2, R4) reviewed for pain. Findings include:R1's admission Minimum Data Set (MDS) dated [DATE], indicated no cognitive deficits. R1 had pain that frequently affected sleep, the ability to participate in therapy, and activities of daily living (ADLs). R2 received scheduled pain medication, PRN pain medication, and non-medication interventions for pain.R1's alteration in comfort care plan dated 5/29/26, instructed to provide non-medicinal forms of pain relief such as positioning, rest, massage, pain medication as ordered by medical doctor, and to document on effectiveness of pain medication.A pain evaluation/assessment was requested for R1; however, none was provided. R1's provider order dated 5/21/26, instructed oxycodone-acetaminophen (opioid/narcotic pain medication) 10-325 milligrams (mg) to be given every four hours as needed for severe pain.R1's June 2026 Medication Administration Record (MAR) indicated oxycodone-acetaminophen PRN was administered at the following times: -6/7/26 at 3:26 a.m., for a pain level of 7/10 (moderate pain) which was recorded as E [effective for pain relief/reduction]. A corresponding progress note dated 6/7/26 identified the medication was administered, but lacked what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, or R1's pain location.-6/7/26 at 3:32 p.m., for a pain level of 8/10 (severe pain) which was recorded as E. A corresponding progress note dated 6/7/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R1's pain location.-6/7/26 at 7:36 p.m., for a pain level of 6/10 (moderate pain) which was recorded as E. A corresponding progress note dated 6/7/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R1's pain location.-6/7/26 at 11:38 p.m., for a pain level of 6/10 which was recorded as E. A corresponding progress note dated 6/7/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration nor R1's pain location.-6/8/26 at 6:22 a.m., for a pain level of 4/10 (mild pain) which was recorded as I [ineffective]. A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R1's pain location.-6/8/26 at 2:39 p.m., for a pain level of 8/10. A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R1's pain location.During an interview on 6/10/2026 at 9:37 a.m., R1 stated she had pain in her back but sometimes the pain was in her legs. PRN oxycodone-acetaminophen helped her pain as well as repositioning and rest, which she did herself. R1 identified she set an alarm to track when she could next have pain medication. R2's quarterly MDS dated [DATE] indicated no cognitive deficits. R2's Pain Evaluation form dated 4/21/26 indicated R2 had mild pain that frequently (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245394	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Lynnhurst LLC	471 Lynnhurst Avenue West Saint Paul, MN 55104

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	affected sleep and the ability to participate in therapy. R2 was on a scheduled pain medication regimen and did not receive PRN pain medication nor non-medication interventions for pain. R2 was not experiencing pain at the time the form was completed. R2's comprehensive care plan dated 4/27/26, lacked a focus, goal, or interventions related to pain management and the associated sleep issues or ability to participate in therapy. R2's provider order dated 4/20/26, instructed Methocarbamol (muscle relaxant), 500 mg, to be given every six hours as needed for muscle pain.R2's June 2026 MAR indicated Methocarbamol PRN was administered at the following times:-6/2/26 at 9:03 p.m., which was recorded as E [effective]. A corresponding progress note dated 6/2/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R2's pain level or pain location.-6/5/26 at 11:10 a.m., which was recorded as E. A corresponding progress note dated 6/5/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R2's pain level or pain location.-6/8/26 at 1:23 p.m., which was recorded as E. A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R2's pain level or pain location.During an interview on 6/9/2026 at 12:21 p.m., R2 stated she laid down to rest when she started to experience pain, which primarily was in her legs, as this helped to relieve it. If that did not work, she updated staff and requested a pain pill. She could not recall the name of this medication, but stated it relieved the pain R4's quarterly MDS dated [DATE], indicated moderately impaired cognition. R4 had received scheduled PRN pain medication and non-pharmaceutical pain interventions.P4's Pain Evaluation form dated 5/20/26, indicated R4 did not have pain in the five days prior to 5/20/26. R4 had mild pain that rarely or never interfered with sleep, therapy or day to day activities. R4's alteration in comfort due to generalized pain care plan focus, dated 2/23/26, included interventions, but not limited to, pain medication as ordered by medical doctor and to document the effectiveness of pain medication. R4's comprehensive care plan lacked indication of non-pharm interventions for pain. R4's provider order dated 5/7/26, instructed oxycodone-acetaminophen, 10 mg, to be given every four hours as needed for cancer-related pain.R4's June 2026 MAR indicated PRN oxycodone-acetaminophen was administered at the following times:-6/8/26 at 1:41 a.m., for a pain level of 6/10 which was recorded as E. A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R4's pain location.-6/8/26 at 9:30 a.m., for a pain level of 6/10 which was recorded as E. A corresponding progress note dated 6/8/26 identified the medication was administered for right rib pain but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration.-6/8/26 at 4:24 p.m., for a pain level of 8/10 which was recorded as E. A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R4's pain location.-6/8/26 at 8:38 p.m., for a pain level of 8/10 which was recorded as E. A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R4's pain location.-6/9/26 at 4:59 p.m., for a pain level of 8/10 (severe pain) which was recorded as E. A corresponding progress note dated 6/9/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R4's pain location.During an interview on 6/9/2026 at 4:30 p.m., R4 stated he had pain in his mouth, head and whole body. He did not know if there was anything that helped with his pain and he could not. recall staff ever offering something other than medication(s) for the pain. During an interview on 6/9/2026 at 2:07 p.m., licensed practical (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245394	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Lynnhurst LLC	471 Lynnhurst Avenue West Saint Paul, MN 55104

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	nurse (LPN)-A stated when a resident complained of pain, the nurse should ask the resident where their pain was and to rate their pain on a scale of 0 (no pain) to 10 (worst pain ever), and the nurse should offer non- pharmacological (non-pharm) interventions like food, fluids, repositioning and a quiet space. If the non-[NAME] are ineffective, the nurse should offer a PRN pain medication if available. LPN-A explained the nurse should document the non-[NAME] attempted and the effectiveness, pain scale, and pain location when administering a PRN pain medication.During an interview on 6/9/2026 at 3:39 p.m., LPN-B stated when a resident complained of pain the nurse should ask the resident where the pain was located, rate the pain on a scale of 0-10, and what helped with the pain. LPN-B identified most residents knew what worked to relieve their pain and what did not. LPN-B explained when the nurse clicked on a pain medication to document administration; the computer would prompt to document pain level and open a note where the nurse should indicate where the pain was located. Non-pharm interventions were documented once a shift with any interventions attempted that shift. There was nowhere to document if the non-pharm intervention was effective or not.On 6/9/2026 at 4:11 p.m., a message was left for the facility's nurse practitioner with no return phone call.During an interview on 6/9/2026 at 4:37 p.m., director of nursing (DON) stated when a resident had pain, the nurse should complete a pain assessment that included pain location and pain severity, should attempt non-pharm interventions prior to administering a PRN pain medication, and should document pain location, rating and non-[NAME] attempted with effectiveness in a nursing note with the PRN medication administration. DON confirmed pain location and non-[NAME] attempted were not documented with the PRN pain medication administration for R1, R2, and R4. DON stated non-[NAME] were documented in the TAR once per shift. DON stated pain location was important so the nurse could assess if the pain was in a new location. The Medication Administration policy, dated 4/2018, instructed when PRN medications are administered the following should be documented:a. Date and time of administration, dose, route of administration (if other than oral), and ifapplicable, the injection site.b. Complaints or symptoms for which the medication was given.c. Results achieved from giving the dose and the time results were noted.d. Signature or initials of person recording administration and signature or initials of personrecording effects.The Pain Management Protocol dated 3/23/23, instructed nursing to evaluate for appropriate non-pharmacologic interventions to address the resident's pain.