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Protecting, Maintaining and Improving the Health of Minnesotans

April 2, 2014

Mr. Andrew Burnside, Administrator  
Minnesota Veterans Home Hastings  
1200 East 18th Street  
Hastings, Minnesota 55033

Re: Project Number SL00788023

Dear Mr. Burnside:

The above facility survey was completed on March 20, 2014 for the purpose of assessing compliance with Minnesota Department of Health Boarding Care Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Compliance Monitoring Division, noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. Feel free to contact me with any questions related to this letter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Anne Kleppe", is located below the "Sincerely," text.

Anne Kleppe, Enforcement Specialist  
Licensing and Certification Program  
Division of Compliance Monitoring  
Minnesota Department of Health  
Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure(s)  
cc: Original - Facility  
Licensing and Certification File

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General Information: (651) 201-5000 \* TDD/TTY: (651) 201-5797 \* Minnesota Relay Service: (800) 627-3529 \*  
[www.health.state.mn.us](http://www.health.state.mn.us)

For directions to any of the MDH locations, call (651) 201-5000 \* An Equal Opportunity Employer

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00788</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MN VETERANS HOME HASTINGS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 EAST 18TH STREET HASTINGS, MN 55033</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
3 000	<p><b>INITIAL COMMENTS</b></p> <p><b>*****ATTENTION*****</b></p> <p><b>BOARDING CARE HOME LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p><b>INITIAL COMMENTS:</b> On March 17th, 18th, and 19th, 2014, surveyors of this Department's staff, visited the above provider and the following correction order is issued. When corrections are completed, please sign and date, make a copy of the order and return the original to the Minnesota Department of</p>	3 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Boarding Care Homes.</p>	

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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3 000	Continued From page 1  Health, Division of Compliance Monitoring, Licensing and Certification Program; P.O. Box 64900 St. Paul, MN 55164-0900  "No Violations Noted"	3 000	The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings is the Time Period For Correction.  PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.  THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	