



**CASPER Report 0003D
Provider History Profile
Report Selection Criteria**

Run Date: 07/10/2018
Job # 70962082
Last Update: 07/09/2018

Criteria selected for this report:

Geographical Breakdown: State

State(s): MN

Provider Categories: 02-Skilled Nursing Facility/Nursing Facility (Dually Certified);03-Skilled Nursing Facility/Nursing Facility (Distinct Part);04-Skilled Nursing Facility;10-Nursing Facility

Provider Lookup?: Y

Survey from: All Dates

Survey thru: All Dates

Provider Status: Active

Print Survey Team Information?: N

Print Surveyor ID #'s?: N

CCNs: 245183;245237

Sorted by: CCN



**CASPER Report 0003D
Provider History Profile**

Run Date: 07/10/2018
Job # 70962082
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Page 1 of 6

Minnesota

NORTH RIDGE HEALTH AND REHAB
5430 BOONE AVENUE NORTH
NEW HOPE, MN 55428
State's Region Code: 001
Compliance Status: Provider does not meet program requirements

CCN: 245183
Phone Number: (763)592-3000
Participation Date: 05/01/1972

Provider Beds **Provider Category:** SNF/NF (DUAL)
Total: 320
Certified: 320 **Type Action:** RECERTIFICATION
Type Ownership: FOR PROFIT - CORPORATION

Program Requirements

Current Survey/Revisit Dates - 04/19/2018 05/09/2018

Prior 3 Survey	S/S Code	Prior 2 Survey	S/S Code	Prior 1 Survey	S/S Code	Current Survey	S/S Code	Plan/Date of Correction	Requirement
06/2015		03/2016		03/2017		02/15/2018			
-	-	X	D	X	D	-	-	-	REQ F0157-NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)
X	D	-	-	X	D	-	-	-	REQ F0176-RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE
X	E	-	-	X	D	-	-	-	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS
X	D	X	D	-	-	-	-	-	REQ F0225-INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS
X	D	X	D	-	-	-	-	-	REQ F0226-DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES
-	-	X	E	X	D	-	-	-	REQ F0241-DIGNITY AND RESPECT OF INDIVIDUALITY
X	D	-	-	X	D	-	-	-	REQ F0246-REASONABLE ACCOMMODATION OF
-	-	X	D	-	-	-	-	-	REQ F0250-PROVISION OF MEDICALLY RELATED SOCIAL SERVICE
-	-	-	-	-	-	-	-	-	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
-	-	-	-	X	D	-	-	-	REQ F0272-COMPREHENSIVE ASSESSMENTS
-	-	-	-	-	-	-	-	-	REQ F0274-COMPREHENSIVE ASSESS AFTER SIGNIFICANT
-	-	-	-	-	-	-	-	-	REQ F0276-QUARTERLY ASSESSMENT AT LEAST EVERY 3
X	E	-	-	X	D	-	-	-	REQ F0278-ASSESSMENT ACCURACY/COORDINATION/CERTIFIED
-	-	X	E	X	D	-	-	-	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	D	X	D	-	-	-	-	-	REQ F0280-RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP
-	-	X	D	X	E	-	-	-	REQ F0282-SERVICES BY QUALIFIED PERSONS/PER CARE PLAN
X	D	-	-	X	D	-	-	-	REQ F0309-PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING
X	D	X	D	X	D	-	-	-	REQ F0311-TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS
X	D	X	D	-	-	-	-	-	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	D	X	G	X	D	-	-	-	REQ F0314-TREATMENT/SVCS TO PREVENT/HEAL PRESSURE
X	D	-	-	X	D	-	-	-	REQ F0315-NO CATHETER, PREVENT UTI, RESTORE BLADDER
-	-	-	-	X	D	-	-	-	REQ F0318-INCREASE/PREVENT DECREASE IN RANGE OF MOTION
X	G	X	E	X	D	-	-	-	REQ F0323-FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES
-	-	-	-	-	-	-	-	-	REQ F0327-SUFFICIENT FLUID TO MAINTAIN HYDRATION
-	-	-	-	X	D	-	-	-	REQ F0328-TREATMENT/CARE FOR SPECIAL NEEDS
-	-	X	D	-	-	-	-	-	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

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**CASPER Report 0003D
Provider History Profile**

Run Date: 07/10/2018
Job # 70962082
Last Update: 07/09/2018
Page 2 of 6

NORTH RIDGE HEALTH AND REHAB

CCN: 245183

Prior 3 Survey 06/2015	S/S Code	Prior 2 Survey 03/2016	S/S Code	Prior 1 Survey 03/2017	S/S Code	Current Survey 02/15/2018	S/S Code	Plan/Date of Correction	Requirement
-	-	X	G	-	-	-	-	-	REQ F0333-RESIDENTS FREE OF SIGNIFICANT MED ERRORS
-	-	X	D	X	D	-	-	-	REQ F0334-INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS
X	F	-	-	-	-	-	-	-	REQ F0353-SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS
-	-	-	-	-	-	-	-	-	REQ F0356-POSTED NURSE STAFFING INFORMATION
X	E	-	-	-	-	-	-	-	REQ F0364-NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP
-	-	X	E	X	F	-	-	-	REQ F0371-FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY
-	-	-	-	X	F	-	-	-	REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
-	-	X	D	-	-	-	-	-	REQ F0425-PHARMACEUTICAL SVC - ACCURATE PROCEDURES,
-	-	X	D	-	-	-	-	-	REQ F0428-DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON
X	E	X	D	X	D	-	-	-	REQ F0431-DRUG RECORDS, LABEL/STORE DRUGS &
-	-	X	D	X	E	-	-	-	REQ F0441-INFECTION CONTROL, PREVENT SPREAD, LINENS
-	-	-	-	-	-	-	-	-	REQ F0463-RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH
X	E	X	E	-	-	-	-	-	REQ F0465-SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON
X	E	-	-	-	-	-	-	-	REQ F0467-ADEQUATE OUTSIDE VENTILATION-
-	-	-	-	X	D	-	-	-	REQ F0492-COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF
-	-	X	F	-	-	-	-	-	REQ F0520-QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0550-Resident Rights/Exercise of Rights
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0554-Resident Self-Admin Meds-Clinically Approp
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0558-Reasonable Accommodations Needs/Preferences
-	-	-	-	-	-	X	C	E 03/27/2018	REQ F0565-Resident/Family Group and Response
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0580-Notify of Changes (Injury/Decline/Room, etc.)
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0584-Safe/Clean/Comfortable/Homelike Environment
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0609-Reporting of Alleged Violations
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0623-Notice Requirements Before Transfer/Discharge
-	-	-	-	-	-	X	C	E 03/27/2018	REQ F0625-Notice of Bed Hold Policy Before/Upon Trnsfr
-	-	-	-	-	-	X	C	E 03/27/2018	REQ F0657-Care Plan Timing and Revision
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0676-Activities Daily Living (ADLs)/Mntn Abilities
-	-	-	-	-	-	X	C	D 04/23/2018	REQ F0689-Free of Accident Hazards/Supervision/Devices
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0690-Bowel/Bladder Incontinence, Catheter, UTI
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0693-Tube Feeding Mgmt/Restore Eating Skills
-	-	-	-	-	-	X	C	D 03/27/2018	REQ F0697-Pain Management
-	-	-	-	-	-	X	C	E 03/27/2018	REQ F0725-Sufficient Nursing Staff

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**CASPER Report 0003D
Provider History Profile**

Run Date: 07/10/2018
Job # 70962082
Last Update: 07/09/2018
Page 3 of 6

NORTH RIDGE HEALTH AND REHAB

CCN: 245183

Prior 3 Survey	S/S Code	Prior 2 Survey	S/S Code	Prior 1 Survey	S/S Code	Current Survey	S/S Code	Plan/Date of Correction	Requirement
06/2015		03/2016		03/2017		02/15/2018			
-	-	-	-	-	-	X C	D	03/27/2018	REQ F0726-Competent Nursing Staff
-	-	-	-	-	-	X C	D	03/27/2018	REQ F0755-Pharmacy Srvcs/Procedures/Pharmacist/Records
-	-	-	-	-	-	X C	E	03/27/2018	REQ F0761-Label/Store Drugs and Biologicals
-	-	-	-	-	-	X C	D	03/27/2018	REQ F0880-Infection Prevention & Control
-	-	-	-	-	-	X C	D	03/27/2018	REQ F0883-Influenza and Pneumococcal Immunizations

LSC Deficiencies

Edition of LSC Applied

2012 HC Prior 3 Survey	S/S Code	2012 HC Prior 2 Survey	S/S Code	2012 HC Prior 1 Survey	S/S Code	2012 HC Current Survey	S/S Code	Plan/Date of Correction	LSC Deficiencies - Bldg # 01
06/2015		03/2016		03/2017		02/15/2018			
-	-	-	-	-	-	X C	F	03/27/2018	STD K0133-Multiple Occupancies - Construction Type
X	F	-	-	-	-	-	-	-	STD K0211-Means of Egress - General
X	F	-	-	-	-	-	-	-	STD K0221-Patient Sleeping Room Doors
-	-	X	E	-	-	-	-	-	STD K0223-Doors with Self-Closing Devices
-	-	-	-	-	-	-	-	-	STD K0225-Stairways and Smokeproof Enclosures
-	-	-	-	-	-	X C	F	03/27/2018	STD K0226-Horizontal Exits
X	D	-	-	-	-	-	-	-	STD K0271-Discharge from Exits
-	-	-	-	-	-	X C	F	03/27/2018	STD K0281-Illumination of Means of Egress
-	-	-	-	-	-	-	-	-	STD K0293-Exit Signage
-	-	-	-	-	-	-	-	-	STD K0311-Vertical Openings - Enclosure
-	-	-	-	-	-	-	-	-	STD K0321-Hazardous Areas - Enclosure
-	-	-	-	-	-	-	-	-	STD K0347-Smoke Detection
-	-	-	-	-	-	-	-	-	STD K0351-Sprinkler System - Installation
-	-	-	-	-	-	-	-	-	STD K0352-Sprinkler System - Supervisory Signals
-	-	-	-	X	D	-	-	-	STD K0353-Sprinkler System - Maintenance and Testing
X	D	-	-	-	-	-	-	-	STD K0363-Corridor - Doors
-	-	-	-	-	-	-	-	-	STD K0372-Subdivision of Building Spaces - Smoke Barrie
-	-	-	-	-	-	-	-	-	STD K0379-Smoke Barrier Door Glazing
-	-	-	-	-	-	-	-	-	STD K0511-Utilities - Gas and Electric

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Run Date: 07/10/2018
Job # 70962082
Last Update: 07/09/2018
Page 4 of 6

NORTH RIDGE HEALTH AND REHAB

CCN: 245183

Edition of LSC Applied

2012 HC Prior 3 Survey 06/2015	S/S Code	2012 HC Prior 2 Survey 03/2016	S/S Code	2012 HC Prior 1 Survey 03/2017	S/S Code	2012 HC Current Survey 02/15/2018	S/S Code	Plan/Date of Correction	LSC Deficiencies - Bldg # 01
-	-	-	-	-	-	-	-	-	STD K0712-Fire Drills
-	-	X	F	-	-	-	-	-	STD K0741-Smoking Regulations
-	-	-	-	-	-	-	-	-	STD K0753-Combustible Decorations
-	-	-	-	-	-	-	-	-	STD K0914-Electrical Systems - Maintenance and Testing
-	-	X	F	-	-	-	-	-	STD K0915-Electrical Systems - Essential Electric Syste
X	D	-	-	-	-	-	-	-	STD K0923-Gas Equipment - Cylinder and Container Storag

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Provider History Profile**

Run Date: 07/10/2018
Job # 70962082
Last Update: 07/09/2018
Page 5 of 6

NORTH RIDGE HEALTH AND REHAB

CCN: 245183

Deficiency Summary

Type of Deficiency	Current Survey	Prior 1 Survey	Prior 2 Survey	Prior 3 Survey
Requirement	21	22	22	18
Health Total	21	22	22	18
Life Safety Code	3	1	3	5
Life Safety Code + Health	24	23	25	23

Complaint Survey Information

Survey Date	Status
04/24/2018	Unsubstantiated
03/23/2018	Unsubstantiated
03/21/2018	Unsubstantiated
03/02/2018	Unsubstantiated



**CASPER Report 0003D
Provider History Profile**

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Job # 70962082
Last Update: 07/09/2018
Page 6 of 6

NORTH RIDGE HEALTH AND REHAB

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LTC Resident Census

Resident Census on 02/15/2018

Total: 282
Medicare: 27
Medicaid: 178
Other: 77

Total Certified Beds: 320

SNF	SNF/NF	NF	ICF/IID
0	320	0	0