

#### Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 7, 2023

Administrator MN Veterans Home Fergus Falls 1821 North Park Fergus Falls, MN 56537

RE: CCN: 245636

Cycle Start Date: February 14, 2023

Dear Administrator:

On February 14, 2023, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

We are pleased to inform you that this survey resulted in no deficiencies being issued.

The CMS-2567 is being electronically delivered.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kumala Fiske Downing

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		245636	B. WING			2/14/2023	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF  1821 NORTH PARK	CODE		
MN VETI	ERANS HOME FERG	US FALLS		FERGUS FALLS, MN 56537			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
E 000	Initial Comments		EC	000			
F 000	compliance with Appreparedness Requested during a survey. The facility  The facility is enrol signature is not reconstruction is required acknowledge receins INITIAL COMMENT  On 2/12/23 through recertification survey facility. A complaint conducted. Your facompliance with the Subpart B, Require Facilities.	h 2/14/23, a standard ey was conducted at your t investigation was also cility was found to be in e requirements of 42 CFR 483, ements for Long Term Care  plaints were reviewed with no 2110) 1973) 84167) 84161) 87518) 83139) 83500) 84163) 84098) 83150) 84166)		000			
		led in ePOC and therefore a  DER/SUPPLIER REPRESENTATIVE'S SIGI		TITLE		(X6) DATE	

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.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		245636	B. WING			C /4.4/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1821 NORTH PARK FERGUS FALLS, MN 56537	•	/14/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 000	signature is not req page of the CMS-2s correction is require	uired at the bottom of the first 567 form. Although no plan of				



### Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 7, 2023

Administrator
MN Veterans Home Fergus Falls
1821 North Park
Fergus Falls, MN 56537

Re: Event ID: MMDL11

### Dear Administrator:

The above facility survey was completed on February 14, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted 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 feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kumalu Fiske-Downing

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:  A. BUILDING <b>01</b>		` '	X3) DATE SURVEY COMPLETED		
		245636	B. WING			02/	14/2023
NAME OF PROVIDER OR SUPPLIER  MN VETERANS HOME FERGUS FALLS			18	REET ADDRESS, CITY, STATE, ZIP CODE  21 NORTH PARK ERGUS FALLS, MN 56537	•		
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K 000	INITIAL COMMENT	ΓS	K 0	00			
	O2/14/2023, by the Public Safety. At the Veterans Home Fer compliance with the in Medicare/Medica 483.70(a), Life Safe National Fire Protect Standard 101, Life 19 Existing Health of the Healthcare Factorial MN Veterans Home	Survey was conducted on Minnesota Department of e time of this survey, MN gus Falls was found in e requirements for participation at 42 CFR, Subpart ety from Fire, 2012 edition of etion Association (NFPA) Safety Code (LSC), Chapter Care, and the 2012 edition of elities Code (NFPA 99)  Fergus Falls was constructed dition constructed on the west					
LABORATOR	end in 2011. The conduction building is fully spring system per NFPA 7 the corridors, space resident rooms.  There are five 2 hor building into 5 smooth hour fire barrier separate of 76 at the The requirements are MET.	onstruction type is II (111). The nkled and has a fire alarm 2. There is smoke detection in es open to the corridor, and in a clinic.  There is smoke detection in the corridor, and in the compartments and one 2 parating a clinic.	NATURE		TITLE		(X6) DATE

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PRINTED: 03/07/2023 FORM APPROVED

Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1821 NORTH PARK FERGUS FALLS  1821 NORTH PARK FERGUS FALLS, MN 56537  (CA) ID (CA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		(X3) DATE SURVEY COMPLETED
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MN VETERANS HOME FERGUS FALLS   1821 NORTH PARK FERGUS FALLS, MN   56537		00531	B. WING		
Initial Comments  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 Office at the Minnesota Department of Health.  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.  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	NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	
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the Department within 15 days of receipt of a		•			
notice of assessment for non-compliance.	the Department with	nin 15 days of receipt of a			
	notice of assessme	nt for non-compliance.			
INITIAL COMMENTS:					
On 2/12/23 through 2/14/23, a licensing survey was conducted at your facility by surveyors from					
the Minnesota Department of Health (MDH). Your	•	,			
facility was found to be in compliance with MN State Licensure.		be in compliance with MIN			
The following complaints were reviewed with no	The following comp	laints were reviewed with no			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

PRINTED: 03/07/2023 FORM APPROVED

Minnesota Department of Health

TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE : COMPL	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1821 NORTH PARK FERGUS FALLS, MN 56537   (X4) ID PREFIX TAG  (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  1821 NORTH PARK FERGUS FALLS, MN 56537  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE  DATE					c	
MN VETERANS HOME FERGUS FALLS  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		00531	B. WING		02/1	4/2023
(X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  FERGUS FALLS, MN 56537    (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)    (X5) COMPLET CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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Minnesota Department of Health