



*Protecting, Maintaining and Improving the Health of Minnesotans*

May 19, 2010

Mr. Jon Skillingstad, Administrator  
Mn Veterans Home Fergus Falls  
1821 North Park  
Fergus Falls, Minnesota 56537

Re: Project Number SL00531017

Dear Mr. Skillingstad:

The above facility survey was completed on May 6, 2010 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, 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.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads "Peggy Durham-Lien".

Peggy Durham-Lien, Unit Supervisor  
Licensing and Certification Program  
Division of Compliance Monitoring  
Telephone: (218)332-5140 Fax: (218)332-5196

Enclosure(s)

cc: Original - Facility  
Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  00531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/06/2010
NAME OF PROVIDER OR SUPPLIER  MN VETERANS HOME FERGUS FALLS		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 NORTH PARK FERGUS FALLS, MN 56537		
(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
2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</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>INITIAL COMMENTS: Surveyor: 19644 On May 4, 5 and 6, 2010, surveyors of this Department's staff visited the above provider.</p> <p>"NO VIOLATIONS NOTED"</p>	2 000		

Minnesota Department of Health

TITLE

(X6) DATE

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



*Protecting, Maintaining and Improving the Health of Minnesotans*

May 19, 2010

Mr. Jon Skillingstad, Administrator  
Minnesota Veterans Home Fergus Falls  
1821 North Park  
Fergus Falls, Minnesota 56537

Re: Enclosed Reinspection Results - Project Number SL00531016

Dear Mr. Skillingstad:

On May 7, 2010 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 29, 2009, with orders received by you on February 17, 2009. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

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.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads "Peggy Durham-Lien".

Peggy Durham-Lien, Unit Supervisor  
Licensing and Certification Program  
Division of Compliance Monitoring  
Telephone: (218)332-5140 Fax: (218)332-5196

Enclosure(s)

cc: Original - Facility  
Licensing and Certification File

00531r10.rtf

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 00531	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 5/7/2010 <i>CS</i>
---	---	---

<b>Name of Facility</b> MN VETERANS HOME FERGUS FALLS	<b>Street Address, City, State, Zip Code</b> 1821 NORTH PARK FERGUS FALLS, MN 56537
--	---

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>20265</u> Reg. # <u>MN Rule 4658.0085</u> LSC _____	Correction Completed 05/06/2010	ID Prefix <u>20540</u> Reg. # <u>MN Rule 4658.0400 Subp.</u> LSC _____	Correction Completed 05/06/2010	ID Prefix <u>20545</u> Reg. # <u>MN Rule 4658.0400 Subp.</u> LSC _____	Correction Completed 05/06/2010
ID Prefix <u>20900</u> Reg. # <u>MN Rule 4658.0525 Subp.</u> LSC _____	Correction Completed 05/06/2010	ID Prefix <u>20905</u> Reg. # <u>MN Rule 4658.0525 Subp.</u> LSC _____	Correction Completed 05/06/2010	ID Prefix <u>20910</u> Reg. # <u>MN Rule 4658.0525 Subp.</u> LSC _____	Correction Completed 05/06/2010
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <u>PL/CL</u>	Date: <u>5/19/10</u>	Signature of Surveyor: <u>19644</u>	Date: <u>5/7/10</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 1/29/2009	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES    NO
---	---	-----------

**Minnesota Department Of Health  
Division of Compliance Monitoring  
Licensing and Certification Program**

**INFORMATIONAL MEMORANDUM**

**PROVIDER:** Mn Veterans Home Fergus Falls  
1821 North Park  
Fergus Falls, MN 56537

**DATE OF SURVEY:** May 4, 2010 through May 6, 2010

**BEDS LICENSED:**

HOSP: \_\_\_\_\_ NH: 85 BCH: \_\_\_\_\_ SLFA: \_\_\_\_\_ SLFB: \_\_\_\_\_

**CENSUS:**

HOSP: \_\_\_\_\_ NH: 84 BCH: \_\_\_\_\_ SLF: \_\_\_\_\_

**BEDS CERTIFIED:**

SNF/18: \_\_\_\_\_ SNF 18/19: 85 NFI: \_\_\_\_\_ NFII: \_\_\_\_\_ ICF/MR: \_\_\_\_\_ OTHER: \_\_\_\_\_

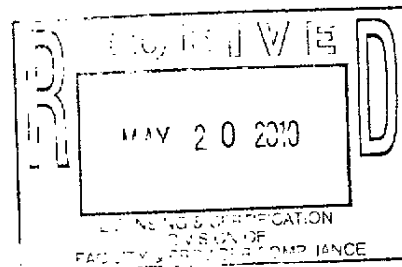
**NAME(S) AND TITLE(S) OF PERSONS INTERVIEWED:** Jon Skillingstad, Administrator; Amy Olson, Director of Nurses; Babette Thorson, RN Senior; Kay Lee, ADON; Raymond Ludwig, RN; Dawn Dugan, RN; Pamela Schroden, RN; Brad Anderson, LPN; Keith Kimber, LPN; Janet Hennemann, Licensed Social Worker; Mark Kitzman, Recreation Coordinator; Jim Lehn, Building Foreman; Janine Conner, Human Resources Manager; Sherri Softing, Registered Dietician; Barb Anderson, social services; Barbara High, CNA; Arla Holstrom, CNA; Linda Jaros, CNA; Melissa Stach, CNA; Lisa Strand, CNA; Andrea Watkins, CNA; Yvonne Wells, CNA.

**SUBJECT:** Annual Licensing Survey and follow-up of licensing orders from January 29, 2009.

**ITEMS NOTED AND DISCUSSED:**

An unannounced visit was made to determine compliance with state licensing regulations. Also a follow-up survey of licensing orders from January 29, 2009. The results of the survey were delineated during an exit conference. Refer to Exit Conference Attendance Sheet (HR116) for the names of the individuals attending the exit conference.

The exit conference was tape recorded.



SL00531017

**Minnesota Department of Health  
Licensing and Certification Program**

FACILITY MN VETERANS HOME FERGUS FALLS DATE 5-6-10

Indicate the name and title for each surveyor/supervisor on site during the survey, even those not present at the exit.

Surveyors Names and Titles

NAME Please Print	TITLE
<i>Roberta Duesch</i>	<i>HFE nurse evaluator II</i>
<i>Lisa Kjellberg</i>	<i>HFE nurse evaluator II</i>
<i>Terera Platz</i>	<i>HFE nurse evaluator II</i>

Exit Conference Attendees

SIGNATURE	TITLE
<i>Jant Hennemann</i>	<i>Social Worker</i>
<i>Angela R. Don</i>	<i>Director of Nursing</i>
<i>Aggie Steune RNS</i>	<i>RN Supervisor</i>
<i>Bonnie A. Thorsen RN</i>	<i>RN Sr.</i>
<i>Sherryl J. Jorgensen LRD</i>	<i>Director of Dietary</i>
<i>Smith</i>	<i>Bus. mgr</i>
<i>Janine Conner</i>	<i>HR Manager</i>
<i>Dr. [Signature]</i>	<i>Administrator</i>
<i>Mark [Signature]</i>	<i>Rec Therapist</i>
<i>Keely Lee</i>	<i>ADON</i>
<i>Jim Lehn</i>	<i>Maintenance</i>