Protecting, Maintaining and Improving the Health of All Minnesotans

Delivered via email

March 13, 2025

Administrator
Deer River Healthcare Center
115 10th Avenue Northeast
Deer River, MN 56636

RE: Survey Results
CCN: 241360
Cycle Start Date: February 20, 2025

Dear Administrator:

On February 20, 2025, a survey was completed by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for Critical Access Hospitals.

We are pleased to inform you that this survey resulted in no deficiencies being issued. Attached is your copy of the Federal Form CMS-2567 indicating your compliance with the Federal regulations.

Thank you for your cooperation.

Sincerely,

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	241360	A. BUILDING _____ B. WING _____	C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER RIVER HEALTHCARE CENTER	115 10TH AVENUE NORTHEAST DEER RIVER, MN 56636

(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) COMPLETION DATE
C 000	INITIAL COMMENTS On 2/19/25 to 2/20/25, a standard abbreviated survey was conducted at Deer River Healthcare related to the Conditions of Participation at 42 CFR Part 485 Subpart F. Your facility was found to be IN compliance. The conditions were MET. The following complaint was reviewed: H13607983C (MN00106451).	C 000		

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

March 13, 2025

Administrator
Deer River Healthcare Center
115 10th Avenue Northeast
Deer River, MN 56636

Re: Licensing Orders
CCN: 241360
Cycle Start Date: February 20, 2025

Dear Administrator:

On February 20, 2025, a survey was completed by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for Critical Access Hospitals. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the licensing requirements.

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 the visit with the President of your Governing Body.

Feel free to contact me if you have questions related to this letter.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00296A	A. BUILDING: _____ B. WING _____	C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEER RIVER HEALTHCARE CENTER	115 10TH AVENUE NORTHEAST DEER RIVER, MN 56636

(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
6 000	Initial Comments In accordance with MN State Statute 144.55 Subd 3., for the purpose of hospital licensure, the commissioner of health shall use as minimum standards the hospital certification regulations. An abbreviated survey was conducted from 2/19/25 to 2/20/25, to investigate alleged violations of State requirements for Hospital Licensure pertaining to the Conditions of Participation for: §485.642 Condition of Participation: Discharge Planning for critical access hospitals. Please refer to CMS 2567 for additional information. The following complaint was reviewed: H13607983C (MN00106451).	6 000		