



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 10, 2025

Administrator

HARMONY RIVER LIVING CENTER

1555 SHERWOOD STREET SOUTHEAST

HUTCHINSON, MN 55350

RE: CCN: 245114

Cycle Start Date: October 15, 2025

Dear Administrator:

On October 15, 2025, a survey was completed at your facility by the Minnesota Department of Health 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.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G).

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey; past non-compliance does not require a plan of correction (POC).

#### REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS location.

- **Civil money penalty, (42 CFR 488.430 through 488.444).**

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

#### NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated

under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$13,343; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective October 15, 2025. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS location may notify you of their determination regarding any imposed remedies.

#### DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

**Susie Haben, Regional Operations Supervisor RR**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**4140 Thielman Lane**  
**Saint Cloud, Minnesota 56301-4557**  
**Email: [susie.haben@state.mn.us](mailto:susie.haben@state.mn.us)**

**Office: (320) 223-7356 Mobile: (651) 230-2334**

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

#### INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/>

[form/NHDisputeResolution](#)

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Sincerely,



Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)



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Administrator  
HARMONY RIVER LIVING CENTER  
1555 SHERWOOD STREET SOUTHEAST  
HUTCHINSON, MN 55350

Re: Event ID: 1D9337-H1

Dear Administrator:

The above facility survey was completed on October 15, 2025, 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,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900

Saint Paul, MN 55164-0900

Telephone: 651-201-4308 Fax: 651-215-9697

Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/15/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>HARMONY RIVER LIVING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1555 SHERWOOD STREET SOUTHEAST , HUTCHINSON, Minnesota, 55350</b>	
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F0000	INITIAL COMMENTS  On 10/14/25 and 10/15/25, a standard abbreviated survey was conducted at your facility. Your facility was found in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.  The following complaint was reviewed H51144843C (2620140()), with a deficiency cited at F760 with Harm at Past Noncompliance.  The facility is enrolled in ePOC, therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents.	F0000		
F0760 SS = G	Residents are Free of Significant Med Errors  CFR(s): 483.45(f)(2)  The facility must ensure that its-  §483.45(f)(2) Residents are free of any significant medication errors.  This REQUIREMENT is NOT MET as evidenced by:  Based on interview and document review, the facility failed to ensure medications were administered according to physician orders for 1 of 3 residents (R1) reviewed for significant medication errors. This failure resulted in actual harm when R1 did not receive twelve doses of a medication for treatment of congestive heart failure and subsequently required a two-day hospitalization. The facility implemented appropriate corrective action prior to the onsite investigation; therefore, the deficiency is being cited at past non-compliance.  Findings include:  R1's admission Minimum Data Set dated 8/3/25, identified diagnoses of congestive heart failure (CHF)	F0760	"Past Noncompliance - no plan of correction required"	12/15/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0760 SS = G	<p>Continued from page 1 and renal insufficiency, R1 used diuretic medications (helps the body get rid of excess water).</p> <p>R1's care plan initiated 8/5/25, indicated R1 had an alteration in cardiovascular status related to atrial fibrillation (irregular heartbeat), CHF, and high blood pressure with a goal to receive medication per physician orders. Interventions included to observe for electrolyte imbalance which may include weak pulse, changes in cognition, changes in blood pressure.</p> <p>R1's Order Summary Report, with active orders, dated 9/1/25, directed staff to administer one Bumex three milligram (mg) tablet to R1 two times a day related to chronic diastolic (congestive) heart failure and four potassium chloride ten milliequivalents (MEQ) tablets two times a day for hypokalemia (low potassium).</p> <p>R1's September 2025 Medication Administration Record (MAR) identified an order was entered on 7/28/25, for Bumex oral tablet and directed to give 3 mg by mouth two times a day related to chronic diastolic (congestive) heart failure. The Bumex was scheduled daily at morning and at noon. The MAR revealed that the facility did not administer Bumex to R1 starting with the noon dose (second dose) on 9/10/25 continuing until the 9/16/25 noon dose due to the medication not being available. R1 missed 13 doses of Bumex. The facility continued to administer the potassium as ordered by the physician.</p> <p>According to MayoClinic.org, Bumex is given to help treat fluid retention (edema) and swelling that is caused by congestive heart failure, liver disease, kidney disease, or other medical conditions. The medicine may cause you to lose more potassium from your body than normal. Your doctor would monitor the potassium in your blood while you are on this medicine.</p> <p>According to the American Heart Association, www.heart.org, hyperkalemia is defined as too much potassium in your blood. Severe cases can cause abnormal heart rhythms and need emergency treatment.</p> <p>R1's progress notes identified the following:9/11/25 at 9:27 a.m., there was no supply of Bumex and would call pharmacy.9/12/25 at 9:17 a.m., Bumex not available.9/14/25 at 1:32 a.m., R1 complains of SOB (shortness of breath), feeling nauseated, restlessness, confusion, and agitation.9/14/25 at 3:04 a.m., R1 complaining of feeling short of breath, feeling nauseous, noted to have mild expiratory wheezes, and using accessory muscles upon return to bed. Charge nurse updated on resident condition.9/14/25 at 7:45</p>	F0760		

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F0760 SS = G	<p>Continued from page 2</p> <p>a.m., R1 complaining that she could not breath and requesting to see a doctor R1 appeared very anxious. Supplemental oxygen was applied to R1 and seemed to help. R1's family member was notified.9/14/25, at 11:47 a.m., Bumex not available.9/15/25 at 10:40 a.m., physician notified and indicated R1 needed evaluation in urgent care or ER (emergency room). R1's family declined transfer at that time and will notify of any changes.9/15/25 at 12:28 p.m., physician requested facility's rounding physician evaluate R1 on 9/16/25.9/16/25 at 2:49 a.m., R1 was exhibiting increased confusion, weakness, and muscle movement while asleep. R1 was not at previous baseline and would be seen that day by a physician.9/16/25 at 6:48 a.m., Bumex not available-follow up pharmacy and nurse notified.9/16/25 at 1:23 p.m., physician saw R1 regarding weight increase and increased SOB. New orders to give Bumex 3 mg today when it arrives then continue BID (twice daily) dosing. Labs ordered.9/16/25 at 4:25 p.m., physician order note lab results received. On-call physician notified of critical potassium level and advised to send to ER. Faxed to primary physician.9/16/25 at 5:10 p.m., telephone order received by physician to send to the ER.R1's progress note lacked evidence the physician was notified of the unavailability of Bumex for administration to R1 until 9/16/25.</p> <p>R1's Lab Communication dated 9/16/25 at 5:58 p.m., identified R1 had a critical high potassium level of 7.4 mmol/L (Ref. (reference) range: 3.5 -5.1.</p> <p>R1's Physician Order dated 9/16/25, ordered to send R1 to the ER due to critical K (potassium) level of 7.4 today.</p> <p>R1's Hospital Progress Note dated 9/18/25 at 8:41 a.m., identified R1 was admitted for acute and chronic CHF and hyperkalemia. R1 had not received her Bumex dose for the last five (5) days; however, had received her potassium as ordered. Acute hyperkalemia management on admission. Required fluid bolus of 500 cc's (cubic centimeters) the first night for somnolence (abnormal drowsiness) and hypotension (low blood pressure).</p> <p>R1's Hospital Discharge Summary indicated R1 had a ten-pound weight gain over the past month and was having issues with shortness of breath (SOB). [R1] was seen by clinician at the facility and medication review found [R1] had missed her Bumex dose the past five days due to a pharmacy issue but was still getting her increased dose of potassium. R1 was admitted for management of CHF thought secondary to her not receiving Bumex for last five days prior to hospital</p>	F0760		

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F0760 SS = G	<p>Continued from page 3 admission.</p> <p>During an interview on 10/14/25 at 1:08 p.m., family member (FM)-A indicated the facility did inform FM-A that R1 did not receive one of her medications for a week. FM-A thought R1's was just displaying anxiety symptoms. If FM-A would have known that R1 was not receiving that medication she would have had R1 seen by a physician earlier.</p> <p>During an interview on 10/14/25 at 1:43 p.m., trained medication assistant (TMA)-B indicated she discovered the Bumex for R1 was not in the med cart, made a note in R1's chart, told the nurse, finished the med pass, filled out a reorder form, and sent it to the pharmacy. TMA-B stated she later followed up with the pharmacy and was told that it had been sent but later found out it had not been sent. TMA-B did not know if any more follow up was done.</p> <p>During an interview on 10/14/25 at 1:55 p.m. p.m., TMA-C stated she worked two of the days that the Bumex was not available but let the nurses know. TMA-C could not recall what nurse she reported to.</p> <p>During an interview on 10/15/25 at 10:17 a.m., TMA-A indicated when she worked on 9/11/25, she was unable to locate R1's Bumex but knew the pharmacy had been faxed. TMA-A stated she reported it to licensed practical nurse (LPN)-A but did not know what was done after that. TMA-A stated she meant to call the pharmacy to check on the Bumex, "but the shift got crazy and did not get them called."</p> <p>During an interview on 10/15/25 at 2:04 p.m., registered nurse (RN)-A stated when she noted R1's Bumex was not available for administration, RN-A checked the backup storage and the pharmacy reorder sheet and noted it was reordered. RN-A then stated, "my downfall was that I did not follow facility protocol." RN-A identified the facility protocol was to check all the backup storage, call the pharmacy, notify the clinical coordinator, and then notify the physician.</p> <p>During an interview on 10/15/25 at 2:15 p.m., TMA-D stated R1's Bumex was not available, and she checked the backup cupboard and charted "not available". TMA-D stated she noticed other staff had the same problem but did not notify the charge nurse, look at the pharmacy order sheet, or call the pharmacy.</p> <p>During an interview on 10/15/25 at 11:05 a.m., RN-B indicated the rounding physician evaluated R1 on 9/16/25 and was reviewing the medication administration</p>	F0760		

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F0760 SS = G	<p>Continued from page 4 record (MAR) and identified R1 had missed twelve doses of Bumex. The physician ordered labs and a dose of Bumex to be given when it arrived.</p> <p>During an interview on 10/15/25 at 10:39 a.m., registered nurse care coordinator (RNCC) indicated he was not notified R1's Bumex was not available until 9/16/25. RNCC identified it was the TMA's responsibility to monitor the resident medication supply and reorder. When a medication was not available the expectation was staff notify the pharmacy, notify the floor nurse and the floor nurse would follow up on it. If the medication was still not available, the floor nurse should be calling the RNCC on call. RNCC further stated R1's hospitalization was due to the omission of the Bumex.</p> <p>During an interview on 10/15/25 at 11:30 a.m., the director of nursing (DON) identified she was not aware of the significant medication error until R1's hospitalization on 9/16/25. The DON also stated the facility had a protocol for an unavailable medication and it was not followed. It was the DON's expectation that TMA's and nurses follow the facility protocol.</p> <p>The following facility's corrective actions dated 9/20/25 were verified as implemented prior to the survey:</p> <ul style="list-style-type: none"> <li>-The facility completed a thorough investigation that identified the Medication Administration Policy was not followed and provided coaching and corrective action to staff involved.</li> <li>-Notified the medical director.</li> <li>- Conducted medication administration audits on all residents for medications marked unavailable and followed up on their findings. Continued weekly audits.</li> <li>-Provided education to all staff on the facility Medication Administration Policy and Procedure with emphasis on directions to follow if a resident medication is unavailable. Also, conducted random audits of staff knowledge of steps to take if a medication is not available.</li> <li>-Created laminated instruction cards for all medication carts.</li> </ul> <p>A facility policy, Medication Administration Policy last modified May 2021, identified it was the policy to ensure safe, effective, and timely drug therapy, to provide for an accurate and concise documentation</p>	F0760		

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F0760 SS = G	Continued from page 5 system. RN's LPN's and TMAs would administer medication as ordered by the attending physician/NP (nurse practitioner). Medications will be prepared and administered as near the scheduled times as possible. If a medication is not available, the emergency kit may be used according to policy.  The facility Medication Administration Error Policy last modified May 2021, defined a significant medication error as on which causes the resident discomfort or jeopardizes his or health or safety. A medication error occurs when a prescribed medication is not available to be administered. If the above errors occur, the following action is taken: the employee who discovers the error must assess resident for any adverse effect and if needed contact emergency services; notify provider (MD/NP); notify the charge nurse, clinical administrator and or on-call nurse; notify resident representative; document in medical record.	F0760		

Minnesota State Department of Health

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20000	<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:</p> <p>On 10/14/25 and 10/15/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with MN State Licensure.</p> <p>The following complaints were reviewed: H51144843C (2620140). NO licensing orders were issued.</p>	20000		

Office of Primary Care and Health Systems Management

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20000	Continued from page 1  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.  Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		