



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
January 8, 2025

Administrator
The Gardens At Foley LLC
253 Pine Street
Foley, MN 56329

RE: CCN: 245325
Cycle Start Date: November 14, 2025

Dear Administrator:

On December 24, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 8, 2025

Administrator
The Gardens At Foley LLC
253 Pine Street
Foley, MN 56329

Re: Reinspection Results
Event ID: 1S7I12

Dear Administrator:

On December 24, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on November 14, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

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December 6, 2024

Administrator
The Gardens At Foley LLC
253 Pine Street
Foley, MN 56329

RE: CCN: 245325
Cycle Start Date: November 14, 2024

Dear Administrator:

On November 14, 2024, 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 no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The Gardens At Foley LLC

December 6, 2024

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The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Nicole Dahl, RN, Regional Operations Supervisor

Marshall District Office

Health Regulation Division

Minnesota Department of Health

1400 East Lyon Street, Suite 102

Marshall, Minnesota 56258-2504

Email: nicole.osterloh@state.mn.us

Office: 507-476-4230

Mobile: (507) 251-6264 Mobile: (605) 881-6192

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or

Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by February 14, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by May 14, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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:

The Gardens At Foley LLC

December 6, 2024

Page 4

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

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

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

PRINTED: 12/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/14/2024
NAME OF PROVIDER OR SUPPLIER THE GARDENS AT FOLEY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET FOLEY, MN 56329		
(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	
F 000	INITIAL COMMENTS On 11/13/24 and 11/14/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed H53251301C (MN108156) and H53251368C (MN108260) with a deficiency cited at F760. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 760 SS=D	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 antibiotic was administered per physician orders for 1 of 1 resident (R1) reviewed for medication administration. Findings include:	F 760	POC F760 - The process to satisfy this requirement has been reviewed and revised as needed to ensure GAF staff appropriately administer antibiotics in accordance with physician orders. - R1 discharged from the facility.	12/20/24	

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

TITLE

(X6) DATE

Electronically Signed

12/13/2024

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.

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F 760	<p>Continued From page 1</p> <p>R1's Admission Record dated 10/24/24, indicated R1's primary diagnosis was Osteomyelitis. The Admission Record further indicated R1 had methicillin susceptible staphylococcus aureus infections (a type of staph that can be resistant to several antibiotics) as the cause of the diseases as his secondary diagnosis.</p> <p>R1's admission Minimum Data Set (MDS) dated 10/26/24, indicated R1 admitted to the facility on 10/24/24 and had orthopedic condition, no memory loss or behaviors. The MDS further indicated R1 needed assistance with ADL's, had lower extremity weakness and used a wheelchair for mobility. R1 further received intravenous antibiotics.</p> <p>R1's Care Plan dated 10/26/24, indicated R1 had a peripherally inserted central catheter (PICC) line and was at risk for infections, had self care deficit related to infection and had risk for skin integrity.</p> <p>R1's Hospital Discharge Orders dated 10/24/24, indicated R1 was to receive sodium chloride 0.9% 250 milliliters (ml) with oxacillin (antibiotic) 2 gram 24 hour continuous. R1's Hospital Medication Administration Report dated 10/24/24, indicated while at the hospital the medication was started at 7:04 a.m. on 10/24/24, (the next dose would need to be started at 7:04 a.m. on 10/25/24).</p> <p>R1's Medication Administration Record (MAR) at the facility indicated on 10/25/24, R1 received his next IV sodium Chloride 0.9% 250 ml 2 gram 24 hour continuous at 12:19 p.m. (over 5 hours late).</p> <p>Review of R1's Progress Notes (PN) indicated</p>	F 760	<ul style="list-style-type: none"> - Residents residing in the facility who receive IV medications from GAF staff have the potential to be affected if this requirement is not performed in accordance with policy and procedure. - Current residents with IV Antibiotic orders were reviewed to ensure medications are administered per physician order. - Necessary GAF staff have been educated utilizing policy and procedure on Medication Administration- General Guidelines policy on medication administration. - Audits will be conducted to ensure compliance with this requirement. Audit results will be reviewed at QAPI, with any deficient practice corrected at the time of occurrence. - Director of Nursing or designee is responsible party. - Corrective actions will be completed by 12/20/2024. 	

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F 760	<p>Continued From page 2</p> <p>on 10/26/24, at 4:26 p.m. writer entered room where family stated resident appeared to be increasingly confused. Writer completed assessment noted congestion to upper lungs and nonproductive cough. BP 157/75, pulse 121, respiratory rate 121, pulse 20, temperature 102.9. The indicated family wanted R1 sent in and primary care provider updated and orders received to send to hospital.</p> <p>A hospital History and Physical dated 10/26/24, indicated R1 was admitted with a fever. The H&P indicated R1 was previously hospitalized 10/15/24 to 10/24/24, secondary to persistent right hip tenderness, and right iliac bone Osteomyelitis and infections myositis (a disease that makes your immune system attack your muscles) and was discharged on oxacillin continuous infusion. The H&P indicated R1 was started on broad-spectrum antibiotics and was discharged back to the facility on 11/04/24.</p> <p>A Medication Error Dispensing Error And Treatment Error Report indicated on 11/05/24, R1 was supposed to receive oxacillin 24 hour continuous and registered nurse (RN)-B (agency nurse) signed as given on 11/05/24. The report indicated the night shift nurse found at 3:00 a.m. on 11/06/24, the oxacillin had not been started on 11/05/24 and the antibiotic was missed for 12 hours. The report indicated the primary care provider was notified and the nurse was placed on due not return due to concerns with the medication error to follow up with further education.</p> <p>A facility PN dated 11/06/24, at 3:13 p.m. indicated it was reported by the night nurse that resident did not get his antibiotic noted at 3:00</p>	F 760		

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

PRINTED: 12/16/2024
FORM APPROVED
OMB NO. 0938-0391

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F 760	<p>Continued From page 3</p> <p>a.m. due to have been changed at 3:00 p.m. last evening. The PN indicated the night nurse restarted the antibiotic and at 8:30 a.m. his legs were at least 3 plus pitting edema and that the left lower leg was and red and had some water blister on the lower leg, the skin was also very shinny. Resident did not complain of pain and the area was not warm to touch. Physician was called and stated to have the resident go to the emergency room to eval and treat.</p> <p>During interview on 11/13/24, at 2:20 p.m. director of nursing (DON) stated she was unaware R1 received his antibiotic 5 hours late on 10/26/24 and the nurses were supposed to look at the hospital MAR to see when the antibiotics were started at the hospital. The DON stated RN-B signed out she gave R1 his antibiotic on 11/05/24, at 3:00 p.m. and it was discovered on 11/06/24, at 3:00 a.m. the medication was not started. The DON stated RN-B was agency nurse and her first day at the facility, after they discovered her medication error they immediately called the agency and put her on a do not return and informed the agency she needs further training. The DON further stated it is the facility's expectation the nurses from the agency are competent with administering IV medications and if they are not they should inform the facility, in addition the DON stated that evening there was another nurse from their facility who was certified in administering IV medications if she had questions. The DON stated the medical director felt the medication error did not cause harm and did not feel it was the cause for R1's hospitalizations. In addition the DON stated R1 did not hold his bed so they were unable to find out any information from his hospitalization on 11/06/24. When requested RN-B's phone number</p>	F 760		

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F 760	<p>Continued From page 4</p> <p>the DON stated since they placed her on due not return they would not be able to receive her phone number.</p> <p>Facility Policy Medication Procedure reviewed 1/2020, indicated for determining significance of a medication error:</p> <p>The relative significance of medication errors is a matter of professional judgment. Follow three general guidelines in determining whether a medication error is significant or not:</p> <ul style="list-style-type: none"> · Resident Condition - The resident ' s condition is an important factor to take into consideration. If the resident ' s condition requires rigid control, a single missed or wrong dose can be highly significant. · Drug Category - If the medication is from a category that usually requires the resident to be titrated to a specific blood level, a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. This is especially important with a medication that has a Narrow Therapeutic Index (NTI). · Frequency of Error - If an error is occurring repeatedly, there may be more reason to classify the error as significant. For example, if a resident ' s medication was omitted several times, it may be appropriate, depending on consideration of resident condition and medication category. 	F 760		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 6, 2024

Administrator
The Gardens At Foley LLC
253 Pine Street
Foley, MN 56329

Re: State Nursing Home Licensing Orders
Event ID: 1S7I11

Dear Administrator:

The above facility was surveyed on November 13, 2024 through November 14, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

The Gardens At Foley LLC

December 6, 2024

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PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Nicole Dahl, RN, Regional Operations Supervisor

Marshall District Office

Health Regulation Division

Minnesota Department of Health

1400 East Lyon Street, Suite 102

Marshall, Minnesota 56258-2504

Email: nicole.osterloh@state.mn.us

Office: 507-476-4230

Mobile: (507) 251-6264 Mobile: (605) 881-6192

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.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00629	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2024
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NAME OF PROVIDER OR SUPPLIER THE GARDENS AT FOLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET FOLEY, MN 56329
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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: On 11/13/24 and 11/14/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/13/24
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00629	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2024
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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed H53251301C (MN108156) and H53251368C (MN108260) with a licensing order issued at 1545.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of</p>	2 000		

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NAME OF PROVIDER OR SUPPLIER THE GARDENS AT FOLEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET FOLEY, MN 56329
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2 000	Continued From page 2 state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
21545	MN Rule 4658.1320 A.B.C Medication Errors A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications. B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the	21545		12/20/24

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21545	<p>Continued From page 3</p> <p>physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p> <p>C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure antibiotic was administered per physician orders for 1 of 1 resident (R1) reviewed for medication administration.</p> <p>Findings include:</p> <p>R1's Admission Record dated 10/24/24, indicated R1's primary diagnosis was Osteomyelitis. The Admission Record further indicated R1 had methicillin susceptible staphylococcus aureus infections (a type of staph that can be resistant to several antibiotics) as the cause of the diseases as his secondary diagnosis.</p> <p>R1's admission Minimum Data Set (MDS) dated 10/26/24, indicated R1 admitted to the facility on 10/24/24 and had orthopedic condition, no memory loss or behaviors. The MDS further indicated R1 needed assistance with ADL's, had lower extremity weakness and used a wheelchair</p>	21545	Corrected.	

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21545	<p>Continued From page 4</p> <p>for mobility. R1 further received intravenous antibiotics.</p> <p>R1's Care Plan dated 10/26/24, indicated R1 had a peripherally inserted central catheter (PICC) line and was at risk for infections, had self care deficit related to infection and had risk for skin integrity.</p> <p>R1's Hospital Discharge Orders dated 10/24/24, indicated R1 was to receive sodium chloride 0.9% 250 milliliters (ml) with oxacillin (antibiotic) 2 gram 24 hour continuous. R1's Hospital Medication Administration Report dated 10/24/24, indicated while at the hospital the medication was started at 7:04 a.m. on 10/24/24, (the next dose would need to be started at 7:04 a.m. on 10/25/24).</p> <p>R1's Medication Administration Record (MAR) at the facility indicated on 10/25/24, R1 received his next IV sodium Chloride 0.9% 250 ml 2 gram 24 hour continuous at 12:19 p.m. (over 5 hours late).</p> <p>Review of R1's Progress Notes (PN) indicated on 10/26/24, at 4:26 p.m. writer entered room where family stated resident appeared to be increasingly confused. Writer completed assessment noted congestion to upper lungs and nonproductive cough. BP 157/75, pulse 121, respiratory rate 121, pulse 20, temperature 102.9. The indicated family wanted R1 sent in and primary care provider updated and orders received to send to hospital.</p> <p>A hospital History and Physical dated 10/26/24, indicated R1 was admitted with a fever. The H&P indicated R1 was previously hospitalized 10/15/24 to 10/24/24, secondary to persistent right hip tenderness, and right iliac bone Osteomyelitis and infections myositis (a disease that makes</p>	21545		

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21545	<p>Continued From page 5</p> <p>your immune system attack your muscles) and was discharged on oxacillin continuous infusion. The H&P indicated R1 was started on broad-spectrum antibiotics and was discharged back to the facility on 11/04/24.</p> <p>A Medication Error Dispensing Error And Treatment Error Report indicated on 11/05/24, R1 was supposed to receive oxacillin 24 hour continuous and registered nurse (RN)-B (agency nurse) signed as given on 11/05/24. The report indicated the night shift nurse found at 3:00 a.m. on 11/06/24, the oxacillin had not been started on 11/05/24 and the antibiotic was missed for 12 hours. The report indicated the primary care provider was notified and the nurse was placed on due not return due to concerns with the medication error to follow up with further education.</p> <p>A facility PN dated 11/06/24, at 3:13 p.m. indicated it was reported by the night nurse that resident did not get his antibiotic noted at 3:00 a.m. due to have been changed at 3:00 p.m. last evening. The PN indicated the night nurse restarted the antibiotic and at 8:30 a.m. his legs were at least 3 plus pitting edema and that the left lower leg was and red and had some water blister on the lower leg, the skin was also very shinny. Resident did not complain of pain and the area was not warm to touch. Physician was called and stated to have the resident go to the emergency room to eval and treat.</p> <p>During interview on 11/13/24, at 2:20 p.m. director of nursing (DON) stated she was unaware R1 received his antibiotic 5 hours late on 10/26/24 and the nurses were supposed to look at the hospital MAR to see when the antibiotics were started at the hospital. The DON stated RN-B</p>	21545		

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21545	<p>Continued From page 6</p> <p>signed out she gave R1 his antibiotic on 11/05/24, at 3:00 p.m. and it was discovered on 11/06/24, at 3:00 a.m. the medication was not started. The DON stated RN-B was agency nurse and her first day at the facility, after they discovered her medication error they immediately called the agency and put her on a do not return and informed the agency she needs further training. The DON further stated it is the facility's expectation the nurses from the agency are competent with administering IV medications and if they are not they should inform the facility, in addition the DON stated that evening there was another nurse from their facility who was certified in administering IV medications if she had questions. The DON stated the medical director felt the medication error did not cause harm and did not feel it was the cause for R1's hospitalizations. In addition the DON stated R1 did not hold his bed so they were unable to find out any information from his hospitalization on 11/06/24. When requested RN-B's phone number the DON stated since they placed her on due not return they would not be able to receive her phone number.</p> <p>Facility Policy Medication Procedure reviewed 1/2020, indicated for determining significance of a medication error:</p> <p>The relative significance of medication errors is a matter of professional judgment. Follow three general guidelines in determining whether a medication error is significant or not:</p> <ul style="list-style-type: none"> Resident Condition - The resident ' s condition is an important factor to take into consideration. If the resident ' s condition requires rigid control, a single missed or wrong dose can be highly 	21545		
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21545	<p>Continued From page 7</p> <p>significant.</p> <ul style="list-style-type: none"> Drug Category - If the medication is from a category that usually requires the resident to be titrated to a specific blood level, a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. This is especially important with a medication that has a Narrow Therapeutic Index (NTI). Frequency of Error - If an error is occurring repeatedly, there may be more reason to classify the error as significant. For example, if a resident ' s medication was omitted several times, it may be appropriate, depending on consideration of resident condition and medication category. <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to medication errors. The DON or designee could educate staff to ensure medications are correctly administered which may include but is not limited to the need for verifying orders and accurately transcribing. The DON or designee could develop a system to verify compliance, such as auditing medication administration and or medical records for specific amount of days to gather appropriate data to ensure staff have corrected the concern or if further education would be required. Results of any actions and/or audits should be taken to the QAPI committee to determine compliance or the need for continued monitoring.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One</p>	21545		

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21545	Continued From page 8 (21) days	21545		