



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
January 6, 2026

Administrator
The Gardens at Foley LLC
253 PINE STREET
FOLEY, MN 56329

RE: CCN: 245325

Cycle Start Date: December 5, 2025

Dear Administrator:

On December 5, 2025, the Minnesota Department(s) of Health and Public Safety, 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
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 6, 2026

Administrator
The Gardens at Foley LLC

253 PINE STREET
FOLEY, MN 56329

Re: Reinspection Results
Event ID: 1D9EBD-H2

Dear Administrator:

On December 26, 2025 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 December 5, 2025. 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
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 5, 2025

Administrator
The Gardens at Foley LLC

253 PINE STREET
FOLEY, MN 56329

RE: CCN:245325

Cycle Start Date: December 5, 2025

Dear Administrator:

On December 5, 2025, a survey was completed at your facility by the Minnesota Departments 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 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:

Annette Winters, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 March 5, 2026 (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 June 5, 2026 (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:
<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
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 5, 2025

Administrator
The Gardens at Foley LLC
253 PINE ST
FOLEY, MN 56329-9000

Re: State Nursing Home Licensing Orders
Event ID: 1D9EBDH1

Dear Administrator:

The above facility survey was completed on December 5, 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 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.

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:

Annette Winters, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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
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 CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0000	<p>INITIAL COMMENTS</p> <p>On 10/27/25 through 10/29/25, 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.</p> <p>The following complaint was reviewed. H53256182C (2646693) with a deficiency issued at F686.</p> <p>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.</p> <p>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.</p>	F0000		12/15/2025
F0686 SS = D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p>	F0686	<p>F0686 S/S D- The process for satisfying this requirement has been reviewed and revised as needed to ensure the facility is adequately assessing, documenting and providing appropriate staff and provider updates for treatment orders.</p> <p>R1 has since been discharged from the facility.</p> <p>All current residents with recent admission to the facility have the ability to be affected if this requirement is not met.</p> <p>Alike residents have been reviewed to ensure that the assessment of their skin condition is documented upon admission, along with provider orders are in place for applicable treatments if deemed necessary</p> <p>Appropriate Gardens at Foley staff have been reeducated to this requirement by utilizing Monarch Healthcare Managements skin assessment and wound management</p>	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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 1</p> <p>Based on interview and document review, the facility failed to adequately assess, document, and provide appropriate staff and provider updates for treatment orders for 1 of 3 residents (R1), when R1 was found to have buttock redness during an initial skin assessment that did not dissipate with pressure reduction, or when an open area was observed by staff to R1's buttocks the following day. R1 admitted to the facility on 10/10/25 and discharged on 10/16/25.</p> <p>Findings include:</p> <p>A 10/8/25 hospital Oncology Note identified R1 had pain related to concurrent chemoradiation therapy and radiation dermatitis (Grade 1) to the inguinal (groin) area.</p> <p>R1's hospital Discharge Summary, dated 10/10/25, identified R1's primary problem was vaginal pain. R1 was diagnosed with vulvar cancer and underwent chemotherapy, and radiation that started on 10/8/25. She was provided discharge orders for perineal care related to dryness, to help wick moisture away, and for discomfort to the groin/vulva area [related to effects of radiation]. Additionally, R1 was previously discharged from the hospital on 10/3/25 with a commuted fracture of the left humerus (shoulder) that brought about issues of self-care due to cast use. A review of R1's hospital notes lacked evidence to support buttock/coccyx skin impairments (i.e., redness/wounds/pressure ulcer(s) were identified during her hospital stay.</p> <p>R1's Admission/Initial Data Collection form, dated 10/10/25, completed by registered nurse (RN)-A, identified a "Skin" section that housed a subsection to document "Incisions, Discoloration, Bruises...Decubitus, Open areas, Skin tear." This area lacked evidence of any skin impairments. An additional subsection labeled "If alteration in skin noted was treatment or monitoring setup?" was checked as "Not Applicable;" however, the next subsection related to "Skin Comments" identified "Redness on the buttocks." This data collection form lacked any additional details related to the redness or further actions taken in response to the redness identification, nor did it identify the groin radiation dermatitis identified on 10/8/25.</p> <p>R1's 48 Hour [Baseline] Care Plan, dated 10/10/25, completed by RN-B, identified R1 had alterations in her</p>	F0686	<p>Continued from page 1</p> <p>policy.</p> <p>Audits will be completed two (2) times per week for two (2) weeks; one (1) time per week for four (4) weeks; and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence.</p> <p>Director of nursing or designee is responsible party.</p> <p>Corrective action will be completed by 12/15/25.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 2 skin integrity related to "perineal and buttock wounds." The goal was to have this resolved by next review with the following triggered interventions: dietary interventions, including encourage supplements as ordered, weekly skin measurements and assessment of wound, monitor for skin breakdown for signs/symptoms of infection with reports to provider, document on skin condition and keep provider updated on any changes, wound care follow, treatment to open areas per order, turn and reposition or reminders to offload every two to three hours and as needed, pressure redistribution mattress to bed, and pressure redistribution cushion to wheelchair and chair.</p> <p>R1's Admission/Initial Data Collection form, completed on 10/10/25, lacked information related to perineal and buttock "wounds:" only buttock redness.</p> <p>R1's October 2025 Treatment Administration Record (TAR), directed a weekly skin inspection due on 10/11/25, and a skin assessment form to be completed by a licensed nurse. The task was signed off by RN-C; however, there was no skin assessment form in R1's medical record.</p> <p>A Task report identified R1 refused her 10/11/25 shower/bath.</p> <p>R1's 10/11/25 progress note, completed by RN-C, identified wound care was provided; however, the note lacked any additional information on which wound(s) and/or the wound(s) status. In addition, the note lacked information related to the Weekly Skin Assessment process.</p> <p>A progress note, dated 10/12/25, indicated RN-D questioned a nursing assistant about R1's bathing since admission. This interaction identified R1 received a shower on 10/10/25 with no skin concerns identified at that time, [despite the 10/10/25 skin assessment and baseline care plan that identified skin impairments were present that day].</p> <p>R1's Braden Evaluation (scale for predicting pressure ulcer risk), dated 10/12/25, indicated the following:</p> <p>-Sensory Perception: No impairment.</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 3</p> <p>-Moisture: Rarely Moist.</p> <p>-Activity: Walks occasionally</p> <p>-Mobility: Slightly Limited. Makes frequent though slight changes in body or extremity position independently.</p> <p>-Nutrition: Adequate.</p> <p>-Friction and Shear: Potential problem. This scoring identified a score of 19 which equated to a lower risk.</p> <p>A progress note, dated 10/13/25, identified R1 was assessed by nurse practitioner (NP)-A and found to have "peri area (layer of skin between genitals and anus) erythematous (abnormal redness or inflamed skin)," which R1 identified was baseline secondary to radiation. There were no changes in the plan of care. The note lacked information related to the 10/10/25 buttock redness/wounds and/or that the buttock area was assessed and found free of concerns.</p> <p>R1's Clinical Nutrition Assessment, dated 10/14/25, identified the dietitian suggested a house supplement every day related to "malnutrition." It was estimated that R1 met greater than sixty percent of her estimated needs through oral intake; however, the focus was to stay with good oral intakes and remain hydrated. The assessment indicated "No additional nutrition concern at this time." The assessment lacked information related to R1's skin alterations.</p> <p>R1's progress notes, dated 10/15/25, and 10/16/25, indicated R1's skin was free of concerns.</p> <p>R1's 5-Day Minimum Data Set (MDS), dated 10/16/25, identified R1 admitted on 10/10/25. R1 was cognitively intact and without communication concerns. She was diagnosed with malignant neoplasm of the vulva as a primary medical condition with subsequent diagnoses of anemia, malnutrition, anxiety disorder, radiodermatitis (radiation skin damage), fibromyalgia (long-term condition that causes widespread pain and fatigue), pancytopenia (low blood levels of red and white blood cells, along with platelets with increased infection risk), and agranulocytosis (low neutrophil levels causing impairment of the body to fight infections) secondary to cancer chemotherapy. R1 required substantial/maximal physical assistance with toileting,</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 4 upper and lower body dressing, bed mobility, and transfers, R1 utilized a Foley catheter for [urine management/skin impairment prevention] and was frequently incontinence of stool. R1 was free of pressure ulcers; however, she was at risk.</p> <p>An Office Visit - Palliative Care progress note, dated 10/16/25, at 10:58 a.m., identified R1 informed NP-B that the facility staff informed her there was "a white area on her buttocks that is new." R1 further identified she experienced "excessive sweating upon waking," and her appetite was decreased, and she was not eating well. Upon NB's assessment, R1 was identified to have a stage 2 (partial-thickness loss of dermis - middle layer of skin) pressure ulcer to her right buttock, along with sloughing to her bilateral buttocks. Along with this, the periaerea radiation dermatitis continued. An attached picture, taken at the appointment, identified R1's bilateral buttocks. Peeling, reddened skin was present on each buttock that was overall centralized medially. The right buttock skin peeled more and was redder than the left. In the lower left corner of the right buttock peeling was an open oval/circular area with a whitish base, due to this, the depth/stage would have been unable to be determined. Periwound skin was slightly redder than the redness noted on the buttock. The progress note lacked measurements for the impairments.</p> <p>A progress note, dated 10/16/25, at 11:39 p.m., identified the St. Cloud Hospital called the facility and requested information on R1 as she was admitted for pain.</p> <p>The Emergency Department Note, dated 10/16/25, identified R1 reported to the provider pain started in her right buttock after she moved into the care center and that her pajama shorts adhered to the sore, thus causing increased discomfort. The provider's assessment identified R1's vulva and pubic symphysis areas displayed erythema secondary to radiation and a stage 2 wound to the right buttock with surrounding erythema to the right and left buttocks that was warm to touch. Due to the redness and warmth, the provider was concerned for possible cellulitis (bacterial skin infection) concerns. The note lacked any additional ulcer details.</p> <p>A hospital progress note, dated 10/17/25, completed by medical provider (MP)-A, identified R1 reported she developed a pressure ulcer on her right buttock due to</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 5</p> <p>"lack of cares" at the care facility. She indicated not being provided basic hygiene cares, difficulty with repositioning, and there was no care for "gradually worsening pain in her right buttock." The note identified R1 reported mild pain localized to the right buttock which was observed an approximately 2 cm (centimeter) pressure ulcer with mild periwound erythema and no evidence of infection. This area was considered "unstageable (full-thickness ulcer that cannot be accurately assessed due to the presence of necrotic tissue/eschar (dead tissue) covering the wound bed)." R1's hospital records lacked additional details related to the ulcer.</p> <p>A facility Skin Evaluation and Skin Risk Factors form, dated 10/17/25 (the day after R1 was admitted to the hospital), and completed by the director of nursing (DON) identified R1 had "Redness" to the "Left buttock" and the "Right buttock." A "Summary" section identified R1 "noted to have redness to bilateral areas of the coccyx (tailbone region). [R1] continues with turning and repositioning schedule along with toileting plan. [R1] primary continent and one noted bowel incontinence episode." The form allowed for areas to insert additional details related to the skin alterations (length, width, depth, stage) and a description area; however, these areas remained blank. This form identified R1 was at risk for skin alterations related to medications which included psychotropic(s), pain, urinary/fecal incontinence, chronic end stage disease or cancer. Options for malnutrition, medical device (cast and catheter which was relevant to R1), and immunosuppression, were unchecked.</p> <p>A review of R1's facility medical record identified the medical record lacked the following information related to the buttock redness identified on admission, and the perineal and buttock wounds identified during the baseline care plan process:</p> <ul style="list-style-type: none"> -treatment and monitoring of the buttock redness or buttock wound(s). (Treatment was directed for perineal area). -measurements and comprehensive redness/wound assessments. -care management update(s) on the redness by the admission nurse when initial buttock redness was observed. -medical provider update and consultation related to 	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 6 the "buttock" redness/wounds.</p> <p>-wound care provider involvement.</p> <p>-therapy involvement for appropriate bed mattress, or wheelchair and chair cushions.</p> <p>-dietary update and consultation related to skin status.</p> <p>When interviewed on 10/27/25, at 1:21 p.m., MP-A stated R1's ulcer presentation concerned him that R1 lacked appropriate hygiene cares and positioning while at the care center. MP-A, after review of R1's hospital records, verbalized the following assessment based on his 10/17/25 visit with R1 and the wound care nurse: right medial buttock pressure ulcer unstageable. Red/yellow wound bed – full thickness. Minimal serious drainage. Periwound skin sloughing epidermis with blanchable erythema. No s/s of infection. Estimated at 2.5 cm x 1 cm.</p> <p>During an interview on 10/27/25, at 2:00 p.m., the DON stated when a skin impairment, such as redness or an open area, was identified, she expected staff to update the nurse and then the nurse to complete an initial assessment and document the findings in the medical record after completion which included details such as measurements and specific location(s). Next the provider, as soon as recognized, along with herself or the care manager, and the wound care provider (after care manager review), were to be updated for further assessment processes, collaboration, and interventions. Interventions included such things as a bed air mattress and cushion on wheelchair/chair with therapy involvement to help determine the most appropriate pressure reduction devices based on resident needs. Additional interventions were to be resident specific, again based on needs, along with resident input. These interventions were then to be adjusted based on any changes in skin impairment(s) or resident status. Representative involvement would be initiated depending on the situation. In addition, dietary was to be consulted "depending on the situation." Skin impairment monitoring was to be initiated where staff "usually will put something on the TAR... usually by the MDS assessment reference date (ARD)," which was typically by the seventh day of stay. By the ARD, she expected all forms and comprehensive skin assessments to be completed. If a skin impairment was noted on admission, she ultimately wanted the initial comprehensive assessment completed "sooner than later" but this also</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 7 depended on "what [was] going on with the facility in terms of the MDS process and/or other staff tasks. Overall, a "holistic" approach was to be utilized to look at what was going on when a skin impairment was identified.</p> <p>When interviewed on 10/27/25, at 3:20 p.m., RN-B explained her processes as the nursing manager which included steps to review the admission information and the admission skin check on the resident's second day of admission, and if any concerns identified, she started wound rounds and then completed a comprehensive skin assessment by the MDS ARD. By the ARD, she was expected to have all the necessary skin alteration steps in place (i.e., assessment, monitoring setup and interventions, along with provider and/or any other appropriate ancillary staff updates and collaboration.) RN-B stated during the comprehensive skin assessment process, she only "put eyes on" the resident's skin when staff indicated concerns and "something warrants it." RN-B stated R1 was admitted with concerns for vulva cancer and that R1 went to radiation appointments most days and was out for extended periods of time with her leaving in the morning and returning in the afternoon. RN-B recalled R1 was ordered treatments to help wick away moisture but did not recall any skin issues. She denied she assessed R1's skin during her stay as R1 discharged prior to the MDS ARD. After review of R1's record, she indicated R1's day two process occurred during a weekend and thus care manager RN-D completed it, and she again lacked remembrance of any redness or open areas.</p> <p>During an interview on 10/28/25, at 11:13 a.m., RN-D stated she did not review the admission assessment information on the second day of a resident's stay; she just ensured the Day 2 checklist was completed. She indicated it was expected she reviewed the admission information "in the first week," and completed the comprehensive skin assessment by the MDS ARD; however, she typically only visualized the skin for this process if redness, or other skin impairments, were reported to her upon admission or identified during the assessment reviews. RN-D indicated she really did not remember R1; however, she identified she spoke to nursing assistants about R1's admission bath, as R1 refused the bath on 10/11/25 and there was not a weekly skin assessment identified for 10/11/25. Those conversations were free of noted concerns; however, RN-D stated she did not talk with RN-A.</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 8</p> <p>When interviewed on 10/27/25, at 3:41 p.m., RN-C stated if she were updated on, or observed, redness or other skin impairments, she was to complete an assessment, ensure all documentation was completed within the medical record, put interventions in place, and update the care manager. RN-C explained she was unable to recall R1 or any care provided to R1; however, any care or concerns would be reflected in R1's medical record if she had identified any, or if any were brought to her attention.</p> <p>When interviewed on 10/28/25, at 10:29 a.m., NP-B stated R1 informed her she had "been through hell" at the care facility and staff were not applying her creams as ordered. Further, she told NP-B staff informed her she had a "white spot" on her butt but did nothing about it. NP-B indicated R1 saw her to help manage the radiation pain. On the 10/16/25 visit, R1 displayed redness and skin peeling on bilateral buttocks and an area that resembled an unstageable pressure ulcer on her right buttock. NP-B did not expect such a presentation to be from radiation. R1 did display such radiation concerns along the front periaera regions, and this did not present a similar presentation.</p> <p>During an interview on 10/28/25, at 12:16 p.m., nursing assistant (NA)-A stated she assisted R1 on 10/11/25 with bowel incontinence care and noted R1 had "radiation marks on her butt." NA-A described these areas as "itty bity dots" that were circular in nature and about the size of a pen cap. There were "quite a few" in number and there was a "big red area" surrounding them. The areas were mainly centered more medial to the inner buttock line then the outer buttock area. These areas did not bleed despite the "first layer of skin" being "off." NA-A indicated "it was painful for [R1]." R1 informed her the areas were from the radiation treatments. NA-A updated the unit nurse [RN-C] on the identified concerns, and let the nurse know that family wanted cream on twice a day. This family member was also overhead by NA-A talking to the same nurse and letting her know of the buttock issues and the need for cream. That same day, R1 declined her shower for NA-A as she had one the evening before. NA-A lacked remembrance of staff talking to her about R1's skin after that.</p> <p>When the DON was again interviewed on 10/28/25, at 12:41 p.m., she identified the 10/17/25 comprehensive skin assessment was completed after R1 had discharged</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 9 and was completed for the MDS ARD process. She completed this assessment based on information obtained from R1's medical record, especially the initial admission assessment, and had not physically examined R1's skin for the comprehensive assessment process.</p> <p>When interviewed on 10/29/25, at 8:43 a.m., RN-A stated when a skin impairment was observed, which included redness: "Anything is key," he was to assess the area, initiate interventions, place the information on the 24-hour board, along with monitoring on the TAR, update the provider for wound care orders, and let the care manager know so that they could follow-up on the area and adjust the care plan if needed. If impairments were found in the evening, the nurse manager then followed -up the next day; however, he identified if there was "something concerning" found, there was an on-call nurse. If redness was observed, he was expected to document details such as size, location, and if the area was blanchable (skin quickly returned to normal color once pressure removed) or non-blanchable (persistent redness to skin once pressure is removed). RN-A vaguely remembered R1 and the admission buttock redness. He stated he did not think it was "significant" as it "was blanchable;" however, the redness did not go away on his shift. He explained he passed this on in report as it needed follow up and monitoring. He did not recall doing any other processes for this redness. He did not remember any skin concerns related to open areas or the effects of radiation. RN-A identified his typical practice was to immediately follow-up on expected processes but there were times, due to the unit's fast pace and periods of interruptions, where he had to go back and complete or document things later in the shift. Due to this, there was potential for steps and documentation to be missed.</p> <p>During an interview on 10/29/25, at 10:17 a.m., NP-A stated if redness was noted on admission, "they have a protocol on what to do," and she expected them to follow it. Further, she expected to see documentation of observed redness in the medical record such as size, location, blanching status, etc., along with care manager being updated and interventions put into place no matter how busy staff were, If the redness changed, she then expected to be updated. NP-A explained R1 underwent radiation to the vaginal area with noted redness to that area. R1 had informed her during the visit this was normal for her. She did not think she examined R1's buttocks. NP-A stated not having overall concerns for R1's pressure ulcer risk and questioned during the interview this being unavoidable versus</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 10 avoidable, especially in the setting of radiation and having to lay without pressure reduction for those treatments. One of her biggest questions related to where the radiation was aimed and if this caused the potential open area. NP-A reviewed R1's chart and stated there were no notes to indicate staff updated her about any identified skin concerns.</p> <p>During an interview on 10/29/25, at 11:33 a.m., R1 stated she was free of open areas on admission, or prior pressure ulcers before admission. She did not think the admission nurse informed her of the observed redness to her buttocks; however, shortly after admission, she brought concerns to staffs' attention, especially the increased pain she had to her buttock area, especially when the "sheet would stick to it" or she laid on it. She stated staff looked at her buttocks on a few occasions when she questioned them, but staff denied concerns. She indicated this went on for a few days. It was not until 10/16/25 when she was made aware of an actual open area. She was unsure what the etiology was but her being out at appointments and extended time in the wheelchair may have played a factor. She identified she utilized a cushion in her wheelchair which she brought to the facility on admission and denied the facility provided her a different one. R1 stated, when staff first saw the buttock redness, she expected they would have updated to the doctor to "put something on it." She feels it would not have gotten worse. She did not know if the area were avoidable but there was a chance it would not have gotten so bad.</p> <p>When interviewed on 10/29/25, at 11:47 a.m., for additional follow-up, the DON stated she expected R1 would have had interventions developed specific for R1 and any skin impairments identified during admission, and/or after. As the redness did not go away during her first day, she expected R1's provider would have been updated before the end of that shift for appropriate treatment. Therapy would have been involved to ensure the appropriate pressure reduction surfaces and thorough documentation would have been embedded within R1's medical record by the end of each shift where concerns were identified, especially open areas as identified by staff interview. R1 then would have been expected to be added to wound care rounds to ensure appropriate monitoring and treatment. The DON stated R1 had a "very good gamut of interventions applied in the beginning." She was unable to speculate on any outcomes for R1 if staff on admission followed her expectations; however, commented that education was clearly needed,</p>	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
F0686 SS = D	<p>Continued from page 11 along with a review of the processes.</p> <p>During an interview on 10/29/25 at 12:00 p.m., RN-E, the regional consultant, stated they identified areas for improvement and had already started on a plan to fix process concerns related to assessments, updating appropriate people, and documentation processes.</p> <p>During an interview on 10/29/25 at 12:44 p.m., the medical director expected the appropriate staff to be updated, and protocols followed when skin impairments were identified. This included care manager visual assessment of the area, adequate and timely documentation, provider updates, individualized intervention implementation, and monitoring. When it came to provider update for redness, she stated she would expect this more so if the area deteriorated. The medical director was unable to speculate answers surrounding radiation questions or what may have occurred if staff on admission followed expectations; however, commented that R1's situation appeared like "an error of omission."</p> <p>A Skin Assessment & Wound Management policy, last revised February 2025, directed the following when a "New Skin Problem" was identified: notify the nurse, provider, the resident's representative, and the nurse manager/wound nurse; complete education with resident/resident representative which included risks and benefits; initiate a Skin and Wound Evaluation; referrals to dietary and therapy if appropriate; review and update the plan of care which included interventions, along with skin breakdown identified risks, and to update the resident care lists.</p>	F0686		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
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 10/27/25 through 10/29/25, a complaint survey was conducted at your facility by a surveyor from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	20000		12/15/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20000	<p>Continued from page 1 The following complaint was reviewed. H53256182C (2646693), with a licensing order issued at 20900.</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/inforbulletins/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</p> <p>Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p> <p>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.</p>	20000		
20900	<p>Rehab - Pressure Ulcers</p> <p>CFR(s): MN Rule 4658.0525 Subp. 3</p> <p>Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that:</p> <p>A. a resident who enters the nursing home without</p>	20900	<p>The process for satisfying this requirement has been reviewed and revised as needed to ensure the facility is adequately assessing, documenting and providing appropriate staff and provider updates for treatment orders.</p> <p>R1 has since been discharged from the facility.</p> <p>All current residents with recent admission to the</p>	12/15/2025

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 2 pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and</p> <p>B. a resident who has pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to adequately assess, document, and provide appropriate staff and provider updates for treatment orders for 1 of 3 residents (R1), when R1 was found to have buttock redness during an initial skin assessment that did not dissipate with pressure reduction, or when an open area was observed by staff to R1's buttocks the following day. R1 admitted to the facility on 10/10/25 and discharged on 10/16/25.</p> <p>Findings include:</p> <p>A 10/8/25 hospital Oncology Note identified R1 had pain related to concurrent chemoradiation therapy and radiation dermatitis (Grade 1) to the inguinal (groin) area.</p> <p>R1's hospital Discharge Summary, dated 10/10/25, identified R1's primary problem was vaginal pain. R1 was diagnosed with vulvar cancer and underwent chemotherapy, and radiation that started on 10/8/25. She was provided discharge orders for perineal care related to dryness, to help wick moisture away, and for discomfort to the groin/vulva area [related to effects of radiation]. Additionally, R1 was previously discharged from the hospital on 10/3/25 with a commuted fracture of the left humerus (shoulder) that brought about issues of self-care due to cast use. A review of R1's hospital notes lacked evidence to support buttock/coccyx skin impairments (i.e., redness/wounds/pressure ulcer(s) were identified during her hospital stay.</p> <p>R1's Admission/Initial Data Collection form, dated 10/10/25, completed by registered nurse (RN)-A, identified a "Skin" section that housed a subsection to document "Incisions, Discoloration, Bruises... Decubitus, Open areas, Skin tear." This area lacked evidence of</p>	20900	<p>Continued from page 2 facility have the ability to be affected if this requirement is not met.</p> <p>Alike residents have been reviewed to ensure that the assessment of their skin condition is documented upon admission, along with provider orders are in place for applicable treatments if deemed necessary</p> <p>Appropriate Gardens at Foley staff have been reeducated to this requirement by utilizing Monarch Healthcare Managements skin assessment and wound management policy.</p> <p>Audits will be completed two (2) times per week for two (2) weeks; one (1) time per week for four (4) weeks; and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence.</p> <p>Director of nursing or designee is responsible party.</p> <p>Corrective action will be completed by 12/15/25.</p>	

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 3 any skin impairments. An additional subsection labeled "If alteration in skin noted was treatment or monitoring setup?" was checked as "Not Applicable;" however, the next subsection related to "Skin Comments" identified "Redness on the buttocks." This data collection form lacked any additional details related to the redness or further actions taken in response to the redness identification, nor did it identify the groin radiation dermatitis identified on 10/8/25.</p> <p>R1's 48 Hour [Baseline] Care Plan, dated 10/10/25, completed by RN-B, identified R1 had alterations in her skin integrity related to "perineal and buttock wounds." The goal was to have this resolved by next review with the following triggered interventions: dietary interventions, including encourage supplements as ordered, weekly skin measurements and assessment of wound, monitor for skin breakdown for signs/symptoms of infection with reports to provider, document on skin condition and keep provider updated on any changes, wound care follow, treatment to open areas per order, turn and reposition or reminders to offload every two to three hours and as needed, pressure redistribution mattress to bed, and pressure redistribution cushion to wheelchair and chair.</p> <p>R1's Admission/Initial Data Collection form, completed on 10/10/25, lacked information related to perineal and buttock "wounds:" only buttock redness.</p> <p>R1's October 2025 Treatment Administration Record (TAR), directed a weekly skin inspection due on 10/11/25, and a skin assessment form to be completed by a licensed nurse. The task was signed off by RN-C; however, there was no skin assessment form in R1's medical record.</p> <p>A Task report identified R1 refused her 10/11/25 shower/bath.</p> <p>R1's 10/11/25 progress note, completed by RN-C, identified wound care was provided; however, the note lacked any additional information on which wound(s) and/or the wound(s) status. In addition, the note lacked information related to the Weekly Skin Assessment process.</p> <p>A progress note, dated 10/12/25, indicated RN-D</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 4 questioned a nursing assistant about R1's bathing since admission. This interaction identified R1 received a shower on 10/10/25 with no skin concerns identified at that time, [despite the 10/10/25 skin assessment and baseline care plan that identified skin impairments were present that day].</p> <p>R1's Braden Evaluation (scale for predicting pressure ulcer risk), dated 10/12/25, indicated the following:</p> <ul style="list-style-type: none"> -Sensory Perception: No impairment. -Moisture: Rarely Moist. -Activity: Walks occasionally -Mobility: Slightly Limited. Makes frequent though slight changes in body or extremity position independently. -Nutrition: Adequate. -Friction and Shear: Potential problem. This scoring identified a score of 19 which equated to a lower risk. <p>A progress note, dated 10/13/25, identified R1 was assessed by nurse practitioner (NP)-A and found to have "peri area (layer of skin between genitals and anus) erythematous (abnormal redness or inflamed skin)," which R1 identified was baseline secondary to radiation. There were no changes in the plan of care. The note lacked information related to the 10/10/25 buttock redness/wounds and/or that the buttock area was assessed and found free of concerns.</p> <p>R1's Clinical Nutrition Assessment, dated 10/14/25, identified the dietitian suggested a house supplement every day related to "malnutrition." It was estimated that R1 met greater than sixty percent of her estimated needs through oral intake; however, the focus was to stay with good oral intakes and remain hydrated. The assessment indicated "No additional nutrition concern at this time." The assessment lacked information related to R1's skin alterations.</p> <p>R1's progress notes, dated 10/15/25, and 10/16/25, indicated R1's skin was free of concerns.</p> <p>R1's 5-Day Minimum Data Set (MDS), dated 10/16/25,</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 5 identified R1 admitted on 10/10/25. R1 was cognitively intact and without communication concerns. She was diagnosed with malignant neoplasm of the vulva as a primary medical condition with subsequent diagnoses of anemia, malnutrition, anxiety disorder, radiodermatitis (radiation skin damage), fibromyalgia (long-term condition that causes widespread pain and fatigue), pancytopenia (low blood levels of red and white blood cells, along with platelets with increased infection risk), and agranulocytosis (low neutrophil levels causing impairment of the body to fight infections) secondary to cancer chemotherapy. R1 required substantial/maximal physical assistance with toileting, upper and lower body dressing, bed mobility, and transfers, R1 utilized a Foley catheter for [urine management/skin impairment prevention] and was frequently incontinence of stool. R1 was free of pressure ulcers; however, she was at risk.</p> <p>An Office Visit - Palliative Care progress note, dated 10/16/25, at 10:58 a.m., identified R1 informed NP-B that the facility staff informed her there was "a white area on her buttocks that is new." R1 further identified she experienced "excessive sweating upon waking," and her appetite was decreased, and she was not eating well. Upon NB's assessment, R1 was identified to have a stage 2 (partial-thickness loss of dermis - middle layer of skin) pressure ulcer to her right buttock, along with sloughing to her bilateral buttocks. Along with this, the periarea radiation dermatitis continued. An attached picture, taken at the appointment, identified R1's bilateral buttocks. Peeling, reddened skin was present on each buttock that was overall centralized medially. The right buttock skin peeled more and was redder than the left. In the lower left corner of the right buttock peeling was an open oval/circular area with a whitish base, due to this, the depth/stage would have been unable to be determined. Periwound skin was slightly redder than the redness noted on the buttock. The progress note lacked measurements for the impairments.</p> <p>A progress note, dated 10/16/25, at 11:39 p.m., identified the St. Cloud Hospital called the facility and requested information on R1 as she was admitted for pain.</p> <p>The Emergency Department Note, dated 10/16/25, identified R1 reported to the provider pain started in her right buttock after she moved into the care center and that her pajama shorts adhered to the sore, thus</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 6 causing increased discomfort. The provider's assessment identified R1's vulva and pubic symphysis areas displayed erythema secondary to radiation and a stage 2 wound to the right buttock with surrounding erythema to the right and left buttocks that was warm to touch. Due to the redness and warmth, the provider was concerned for possible cellulitis (bacterial skin infection) concerns. The note lacked any additional ulcer details.</p> <p>A hospital progress note, dated 10/17/25, completed by medical provider (MP)-A, identified R1 reported she developed a pressure ulcer on her right buttock due to "lack of cares" at the care facility. She indicated not being provided basic hygiene cares, difficulty with repositioning, and there was no care for "gradually worsening pain in her right buttock." The note identified R1 reported mild pain localized to the right buttock which was observed an approximately 2 cm (centimeter) pressure ulcer with mild periwound erythema and no evidence of infection. This area was considered "unstageable (full-thickness ulcer that cannot be accurately assessed due to the presence of necrotic tissue/eschar (dead tissue) covering the wound bed)." R1's hospital records lacked additional details related to the ulcer.</p> <p>A facility Skin Evaluation and Skin Risk Factors form, dated 10/17/25 (the day after R1 was admitted to the hospital), and completed by the director of nursing (DON) identified R1 had "Redness" to the "Left buttock" and the "Right buttock." A "Summary" section identified R1 "noted to have redness to bilateral areas of the coccyx (tailbone region). [R1] continues with turning and repositioning schedule along with toileting plan. [R1] primary continent and one noted bowel incontinence episode." The form allowed for areas to insert additional details related to the skin alterations (length, width, depth, stage) and a description area; however, these areas remained blank. This form identified R1 was at risk for skin alterations related to medications which included psychotropic(s), pain, urinary/fecal incontinence, chronic end stage disease or cancer. Options for malnutrition, medical device (cast and catheter which was relevant to R1), and immunosuppression, were unchecked.</p> <p>A review of R1's facility medical record identified the medical record lacked the following information related to the buttock redness identified on admission, and the perineal and buttock wounds identified during the baseline care plan process:</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 7</p> <ul style="list-style-type: none"> -treatment and monitoring of the buttock redness or buttock wound(s). (Treatment was directed for perineal area). -measurements and comprehensive redness/wound assessments. -care management update(s) on the redness by the admission nurse when initial buttock redness was observed. -medical provider update and consultation related to the "buttock" redness/wounds. -wound care provider involvement. -therapy involvement for appropriate bed mattress, or wheelchair and chair cushions. -dietary update and consultation related to skin status. <p>When interviewed on 10/27/25, at 1:21 p.m., MP-A stated R1's ulcer presentation concerned him that R1 lacked appropriate hygiene cares and positioning while at the care center. MP-A, after review of R1's hospital records, verbalized the following assessment based on his 10/17/25 visit with R1 and the wound care nurse: right medial buttock pressure ulcer unstageable. Red/yellow wound bed – full thickness. Minimal serious drainage. Periwound skin sloughing epidermis with blanchable erythema. No s/s of infection. Estimated at 2.5 cm x 1 cm.</p> <p>During an interview on 10/27/25, at 2:00 p.m., the DON stated when a skin impairment, such as redness or an open area, was identified, she expected staff to update the nurse and then the nurse to complete an initial assessment and document the findings in the medical record after completion which included details such as measurements and specific location(s). Next the provider, as soon as recognized, along with herself or the care manager, and the wound care provider (after care manager review), were to be updated for further assessment processes, collaboration, and interventions. Interventions included such things as a bed air mattress and cushion on wheelchair/chair with therapy involvement to help determine the most appropriate pressure reduction devices based on resident needs. Additional interventions were to be resident specific, again based on needs, along with resident input. These</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 8 interventions were then to be adjusted based on any changes in skin impairment(s) or resident status. Representative involvement would be initiated depending on the situation. In addition, dietary was to be consulted "depending on the situation." Skin impairment monitoring was to be initiated where staff "usually will put something on the TAR... usually by the MDS assessment reference date (ARD)," which was typically by the seventh day of stay. By the ARD, she expected all forms and comprehensive skin assessments to be completed. If a skin impairment was noted on admission, she ultimately wanted the initial comprehensive assessment completed "sooner than later" but this also depended on "what [was] going on with the facility in terms of the MDS process and/or other staff tasks. Overall, a "holistic" approach was to be utilized to look at what was going on when a skin impairment was identified.</p> <p>When interviewed on 10/27/25, at 3:20 p.m., RN-B explained her processes as the nursing manager which included steps to review the admission information and the admission skin check on the resident's second day of admission, and if any concerns identified, she started wound rounds and then completed a comprehensive skin assessment by the MDS ARD. By the ARD, she was expected to have all the necessary skin alteration steps in place (i.e., assessment, monitoring setup and interventions, along with provider and/or any other appropriate ancillary staff updates and collaboration.) RN-B stated during the comprehensive skin assessment process, she only "put eyes on" the resident's skin when staff indicated concerns and "something warrants it." RN-B stated R1 was admitted with concerns for vulva cancer and that R1 went to radiation appointments most days and was out for extended periods of time with her leaving in the morning and returning in the afternoon. RN-B recalled R1 was ordered treatments to help wick away moisture but did not recall any skin issues. She denied she assessed R1's skin during her stay as R1 discharged prior to the MDS ARD. After review of R1's record, she indicated R1's day two process occurred during a weekend and thus care manager RN-D completed it, and she again lacked remembrance of any redness or open areas.</p> <p>During an interview on 10/28/25, at 11:13 a.m., RN-D stated she did not review the admission assessment information on the second day of a resident's stay; she just ensured the Day 2 checklist was completed. She indicated it was expected she reviewed the admission information "in the first week," and completed the</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 9 comprehensive skin assessment by the MDS ARD; however, she typically only visualized the skin for this process if redness, or other skin impairments, were reported to her upon admission or identified during the assessment reviews. RN-D indicated she really did not remember R1; however, she identified she spoke to nursing assistants about R1's admission bath, as R1 refused the bath on 10/11/25 and there was not a weekly skin assessment identified for 10/11/25. Those conversations were free of noted concerns; however, RN-D stated she did not talk with RN-A.</p> <p>When interviewed on 10/27/25, at 3:41 p.m., RN-C stated if she were updated on, or observed, redness or other skin impairments, she was to complete an assessment, ensure all documentation was completed within the medical record, put interventions in place, and update the care manager. RN-C explained she was unable to recall R1 or any care provided to R1; however, any care or concerns would be reflected in R1's medical record if she had identified any, or if any were brought to her attention.</p> <p>When interviewed on 10/28/25, at 10:29 a.m., NP-B stated R1 informed her she had "been through hell" at the care facility and staff were not applying her creams as ordered. Further, she told NP-B staff informed her she had a "white spot" on her butt but did nothing about it. NP-B indicated R1 saw her to help manage the radiation pain. On the 10/16/25 visit, R1 displayed redness and skin peeling on bilateral buttocks and an area that resembled an unstageable pressure ulcer on her right buttock. NP-B did not expect such a presentation to be from radiation. R1 did display such radiation concerns along the front perianal regions, and this did not present a similar presentation.</p> <p>During an interview on 10/28/25, at 12:16 p.m., nursing assistant (NA)-A stated she assisted R1 on 10/11/25 with bowel incontinence care and noted R1 had "radiation marks on her butt." NA-A described these areas as "itty bity dots" that were circular in nature and about the size of a pen cap. There were "quite a few" in number and there was a "big red area" surrounding them. The areas were mainly centered more medial to the inner buttock line than the outer buttock area. These areas did not bleed despite the "first layer of skin" being "off." NA-A indicated "it was painful for [R1]." R1 informed her the areas were from the radiation treatments. NA-A updated the unit nurse</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 10</p> <p>[RN-C] on the identified concerns, and let the nurse know that family wanted cream on twice a day. This family member was also overhead by NA-A talking to the same nurse and letting her know of the buttock issues and the need for cream. That same day, R1 declined her shower for NA-A as she had one the evening before. NA-A lacked remembrance of staff talking to her about R1's skin after that.</p> <p>When the DON was again interviewed on 10/28/25, at 12:41 p.m., she identified the 10/17/25 comprehensive skin assessment was completed after R1 had discharged and was completed for the MDS ARD process. She completed this assessment based on information obtained from R1's medical record, especially the initial admission assessment, and had not physically examined R1's skin for the comprehensive assessment process.</p> <p>When interviewed on 10/29/25, at 8:43 a.m., RN-A stated when a skin impairment was observed, which included redness: "Anything is key," he was to assess the area, initiate interventions, place the information on the 24-hour board, along with monitoring on the TAR, update the provider for wound care orders, and let the care manager know so that they could follow-up on the area and adjust the care plan if needed. If impairments were found in the evening, the nurse manager then followed-up the next day; however, he identified if there was "something concerning" found, there was an on-call nurse. If redness was observed, he was expected to document details such as size, location, and if the area was blanchable (skin quickly returned to normal color once pressure removed) or non-blanchable (persistent redness to skin once pressure is removed). RN-A vaguely remembered R1 and the admission buttock redness. He stated he did not think it was "significant" as it "was blanchable;" however, the redness did not go away on his shift. He explained he passed this on in report as it needed follow up and monitoring. He did not recall doing any other processes for this redness. He did not remember any skin concerns related to open areas or the effects of radiation. RN-A identified his typical practice was to immediately follow-up on expected processes but there were times, due to the unit's fast pace and periods of interruptions, where he had to go back and complete or document things later in the shift. Due to this, there was potential for steps and documentation to be missed.</p> <p>During an interview on 10/29/25, at 10:17 a.m., NP-A stated if redness was noted on admission, "they have a</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 11 protocol on what to do," and she expected them to follow it. Further, she expected to see documentation of observed redness in the medical record such as size, location, blanching status, etc., along with care manager being updated and interventions put into place no matter how busy staff were, If the redness changed, she then expected to be updated. NP-A explained R1 underwent radiation to the vaginal area with noted redness to that area. R1 had informed her during the visit this was normal for her. She did not think she examined R1's buttocks. NP-A stated not having overall concerns for R1's pressure ulcer risk and questioned during the interview this being unavoidable versus avoidable, especially in the setting of radiation and having to lay without pressure reduction for those treatments. One of her biggest questions related to where the radiation was aimed and if this caused the potential open area. NP-A reviewed R1's chart and stated there were no notes to indicate staff updated her about any identified skin concerns.</p> <p>During an interview on 10/29/25, at 11:33 a.m., R1 stated she was free of open areas on admission, or prior pressure ulcers before admission. She did not think the admission nurse informed her of the observed redness to her buttocks; however, shortly after admission, she brought concerns to staffs' attention, especially the increased pain she had to her buttock area, especially when the "sheet would stick to it" or she laid on it. She stated staff looked at her buttocks on a few occasions when she questioned them, but staff denied concerns. She indicated this went on for a few days. It was not until 10/16/25 when she was made aware of an actual open area. She was unsure what the etiology was but her being out at appointments and extended time in the wheelchair may have played a factor. She identified she utilized a cushion in her wheelchair which she brought to the facility on admission and denied the facility provided her a different one. R1 stated, when staff first saw the buttock redness, she expected they would have updated to the doctor to "put something on it." She feels it would not have gotten worse. She did not know if the area were avoidable but there was a chance it would not have gotten so bad.</p> <p>When interviewed on 10/29/25, at 11:47 a.m., for additional follow-up, the DON stated she expected R1 would have had interventions developed specific for R1 and any skin impairments identified during admission, and/or after. As the redness did not go away during her first day, she expected R1's provider would have been</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	<p>Continued from page 12 updated before the end of that shift for appropriate treatment. Therapy would have been involved to ensure the appropriate pressure reduction surfaces and thorough documentation would have been embedded within R1's medical record by the end of each shift where concerns were identified, especially open areas as identified by staff interview. R1 then would have been expected to be added to wound care rounds to ensure appropriate monitoring and treatment. The DON stated R1 had a "very good gamut of interventions applied in the beginning." She was unable to speculate on any outcomes for R1 if staff on admission followed her expectations; however, commented that education was clearly needed, along with a review of the processes.</p> <p>During an interview on 10/29/25 at 12:00 p.m., RN-E, the regional consultant, stated they identified areas for improvement and had already started on a plan to fix process concerns related to assessments, updating appropriate people, and documentation processes.</p> <p>During an interview on 10/29/25 at 12:44 p.m., the medical director expected the appropriate staff to be updated, and protocols followed when skin impairments were identified. This included care manager visual assessment of the area, adequate and timely documentation, provider updates, individualized intervention implementation, and monitoring. When it came to provider update for redness, she stated she would expect this more so if the area deteriorated. The medical director was unable to speculate answers surrounding radiation questions or what may have occurred if staff on admission followed expectations; however, commented that R1's situation appeared like "an error of omission."</p> <p>A Skin Assessment & Wound Management policy, last revised February 2025, directed the following when a "New Skin Problem" was identified: notify the nurse, provider, the resident's representative, and the nurse manager/wound nurse; complete education with resident/resident representative which included risks and benefits; initiate a Skin and Wound Evaluation; referrals to dietary and therapy if appropriate; review and update the plan of care which included interventions, along with skin breakdown identified risks, and to update the resident care lists.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, should review all residents at risk</p>	20900		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Foley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 253 PINE STREET , FOLEY, Minnesota, 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
20900	Continued from page 13 for pressure ulcers to assure they are receiving the necessary assessment(s) and treatment/services to prevent pressure ulcers from developing and to promote healing of pressure ulcers. The director of nursing or designee should conduct measurable audits for a specific amount of time of the delivery of care to residents affected and those who have the potential to be affected to ensure appropriate assessments, care, and services are implemented to reduce the risk for pressure ulcer development. The DON or designee should bring all audit information to the Quality Assurance Performance Improvement (QAPI) committee to determine compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: Twenty-one (21) days. See CMS-2567.	20900		