Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 17, 2024

Administrator
Warroad Care Center
1401 Lake Street Northwest
Warroad, MN 56763

RE: CCN: 245329
Cycle Start Date: June 13, 2024

Dear Administrator:

On June 21, 2024, we notified you a remedy was imposed. On July 11, 2024 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of July 11, 2024.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective July 6, 2024 be discontinued as of July 11, 2024. (42 CFR 488.417 (b))

In our letter of June 21, 2024, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from July 6, 2024. This does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted
June 21, 2024

Administrator
Warroad Care Center
1401 Lake Street Northwest
Warroad, MN 56763

RE: CCN: 245329
Cycle Start Date: June 13, 2024

Dear Administrator:

On June 13, 2024, survey was completed at your facility by the Minnesota Department of Health and Public Safety 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On June 13, 2024, the situation of immediate jeopardy to potential health and safety cited at F803 was removed. However, continued non-compliance remains at the lower scope and severity of D.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective July 6, 2024.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of

payment for new admissions is effective July 6, 2024, (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 6, 2024, (42 CFR 488.417 (b)).

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $12,924; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by July 6, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Warroad Care Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from July 6, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

DEPARTMENT CONTACT

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

Susie Haben, Regional Operations Supervisor, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 their 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 SIXTH MONTH AFTER THE LAST DAY OF THE

SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by December 13, 2024 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

APPEAL RIGHTS DENIAL OF PAYMENT

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201

A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, 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:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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.

Feel free to contact me if you have questions.

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245329	A. BUILDING _____ B. WING _____	C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARROAD CARE CENTER	1401 LAKE STREET NORTHWEST WARROAD, MN 56763

(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 6/11/24 through 6/13/24, 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: H53294201C (MN103694) with a deficiencies cited at F803. H53294535C (MN101042) with no deficiencies cited. H53294561C (MN100461) with no deficiencies cited. The survey resulted in an Immediate Jeopardy (IJ) at F803 when R1 received a regular diet instead of the physician ordered pureed diet resulting in a choking episode. The IJ began on 5/28/24, and the immediacy was removed on 6/13/24. 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 803 SS=J	. Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must-	F 803		7/5/24

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

Electronically Signed | 07/05/2024

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 803	Continued From page 1 §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to provide the physician ordered mechanically altered diet for 1 of 3 residents (R1) reviewed who was at risk for choking and served the wrong textured diet. This resulted in an immediate jeopardy (IJ) for R1. The IJ began on 5/28/24, when R1 was served a regular diet instead of the physician ordered pureed diet which resulted in R1 choking and requiring the Heimlich Maneuver to dislodge a corn dog. The administrator was notified of the IJ on 6/12/24, at 3:21 p.m. The IJ was removed on	F 803	Train dietary, dietary management, all nursing staff and then activity staff that have gone through feeder training per the attached. Train on Menu Planning, Diets available on the Menu, Dining room service and Texture and Consistency-Modified diet policies. Review care plans and update to current resident needs. Monitor meals delivered to residents for 4 weeks to make sure residents receive appropriate texture and physician ordered meal or texture. The Dietary Manager will continue to monitor	

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F 803	Continued From page 2 6/13/24, at 1:15 p.m., but noncompliance remained at the lower scope and severity level D, with no actual harm with potential for more than minimal harm that was not immediate jeopardy. Findings include: R1's Transfer/Discharge Report (no date) identified diagnosis that included Dysphagia (difficulty swallowing), quadriplegia and dementia. R1's Care Area Assessment (CAA) dated 10/9/23, identified swallowing problems and cognitive loss. The CAA indicated a swallowing evaluation was completed and a pureed, pudding thick diet was recommended. The CAA indicated R1 usually required total assistance from staff for eating and drinking and continued to cough at times when swallowing. R1's quarterly Minimum Data Set (MDS) dated 4/18/24, identified severe cognitive impairment and indicated he had upper extremity impairments on both sides. The MDS indicated R1 received a mechanically altered diet and was dependent on staff to eat. R1's care plan updated 5/30/24, identified a self care deficit and directed staff to provide total assistance to eat. The care plan further identified a nutritional problem due to dysphagia and directed staff to provide/serve diet as ordered: pureed texture, nectar thick liquids. Ensure upright position and remain upright for 30 minutes after meals. A facility Risk Review dated 4/24/24, indicated the recommended diet for R1 was pureed texture with nectar thick liquids. The report indicated R1	F 803	meals weekly for 3 months. Care coordinators will continue to update care plans as required. Completion Date 07/02/24	

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F 803	Continued From page 3 was an aspiration/choking risk. The report identified risks that included: choking, shortness of breath, poor communication abilities, aspiration pneumonia that could lead to hospitalization and potentially death. R1's Order Summary Report printed 6/17/24, identified an order dated 11/7/23, pureed texture diet with nectar thick liquids related to Dysphagia. A facility document titled Lake Dining, updated 5/29/24, indicated R1's diet was pureed with nectar thick liquids. R1's Progress Note dated 5/28/23, indicated at 6:00 p.m., author walked into dining room. Upon entering, nursing assistant (NA) was performing Heimlich maneuver on R1. Food noted to be dislodged. Noted that resident was nectar thick with pureed food. Resident denied any pain or discomfort. No bruising noted. Physician notified of incident with orders to monitor for pain in ribs and/or while breathing. Physician did not feel an x-ray was appropriate at this time. Education was provided to NA about following care plan. A facility investigation dated 6/5/24, indicated on 5/28/24, R1 received a regular textured diet instead of the physician ordered pureed diet. During interview on 6/12/24 at 8:51 a.m., the activity director (AD) said she assisted with feeding residents. The AD said she went to the serving window and told the staff who she wanted food for and they gave it to her. When asked if she knew where to look for a residents diet type, the AD said, "I just know" so I tell my staff. The AD said the diets were also posted in the kitchenette.	F 803		

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F 803	Continued From page 4 During observation on 6/12/24 at 11:51 a.m., activity aide (AA)-A was passing out food to residents in the dining room. AA-A was observed going to a window in the dining room where kitchen staff served the meal. AA-A would request food for a resident, dietary aide (DA)-A plated the food and AA-A brought food to the residents. During interview on 6/12/24 at 12:05 p.m., DA-A was asked how she knew what texture to serve the residents. DA-A said the diets were posted on the wall in the kitchenette and she had received training so she knew what to serve. The diets were observed hanging on the wall in the kitchenette and identified a pureed diet for R1. DA-A was asked to identify which food was pureed and pointed to a container with ground meat and gravy (mechanical soft, not pureed). When asked about reference materials related to textures, DA-A said there were none. During observation on 6/12/24 at 12:07 p.m., R1 was seated at a table in the dining room with NA-A. Across the table licensed practical nurse (LPN)-A was seated, assisting another resident to eat. R1's meal consisted of mashed potatoes with gravy and ground hamburger with gravy (mechanical soft). When asked about the texture of R1's hamburger, NA-A described the hamburger as minced and moist. NA-A said pureed food should have been put in a blender. Surveyor intervened before R1 was served incorrect diet. During interview on 6/12/24 at 12:17 p.m., cook (C)-A described a pureed diet and said they placed the food into the blender and blended until it looked like pudding. C-A said the finely ground	F 803		

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F 803	Continued From page 5	F 803		

meat was mechanical soft. C-A accompanied surveyor to R1's unit and verified pureed hamburger had been available and verified what R1 had received was not the correct diet.

During a subsequent interview on 6/12/24 at 12:23 p.m., DA-A was asked why she had served R1 a mechanical soft diet. DA-A stated "the girl in the colorful shirt (NA-B) asked for his ground food."

During interview on 6/12/24 at 12:54 p.m., AA-A stated she assisted with meal service and served coffee and snacks. AA-A said if she was not sure what to serve, she would ask a nurse. AA-A stated she would not know the difference between the different textured diets and said she expected the dietary staff to serve the right diet.

During interview on 6/12/24 at 12:58 p.m., NA-B stated R1 was prescribed a pureed diet and said she had delivered R1's food to the table and said he had mashed potatoes but the meat was not pureed. NA-B acknowledged she should not have served the food if she was aware it was not correct. NA-B stated she served the ground meat to R1 because she did not think they had the right food available.

During interview on 6/12/24 at 12:28 p.m., registered nurse (RN)-A stated R1 had a recent choking event on 5/28/24. RN-A said she had walked into the dining room and witnessed a NA performing the Heimlich Maneuver on R1. RN-A said the NA had dislodged a mini corn dog. RN-A stated the nursing assistant care guides listed the residents diets and said R1 was ordered a pureed diet with nectar thick liquids. RN-A stated staff were supposed to view the care guides at the

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F 803	Continued From page 6 beginning of their shift. On 6/12/24 at 1:17 p.m., the director of nursing (DON) and the dietary manager (DM) were interviewed. The DON stated when R1 had choked on 5/28/24, it appeared the NA had gone to the serving window and got a regular diet. The DON stated the NA served R1 the regular diet which resulted in R1 choking on the corn dog and required the Heimlich maneuver to dislodge the food. The DON stated the NA had been re-educated immediately following the incident and said all residents orders had been reviewed and posted in the kitchenettes for the dietary staff. No other staff involved in meals received re-education. The DM stated the servers should look at the chart in the pantry for the residents specific diet order and use that when serving. The DM acknowledged the servers did not have a visual guide that showed what each texture should look like but said they completed annual training that contained visual aides. Facility policy Texture and Consistency- Modified Diets dated 4/18/21, indicated the food and nutrition services department will be responsible for preparing and serving the diet texture and fluid consistency as ordered. Care will be take to serve the foods and fluids as ordered on the consistency altered diet or fluids. The IJ was removed on 6/13/24, when it was verified through observation, interview and document review the facility completed the following: - Reviewed and revised policies and procedures related to serving resident meals and ensuring residents receive correct textured meals. - Educated to procedures and revisions as	F 803		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245329	A. BUILDING _____ B. WING _____	C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARROAD CARE CENTER	1401 LAKE STREET NORTHWEST WARROAD, MN 56763

(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 803	Continued From page 7 appropriate. - Educated dietary and all staff who serve resident food to recognize each specific diet type/textured meal. - Educated dietary staff related to the importance of serving the correct diets to residents. - Educated all staff who serve resident food items on the importance of checking the diet slip, ensure the resident is getting the correct textured food, and then delivering the correct diet order to the resident. - Developed and implemented a plan to complete all training before each staff worked their next shift.	F 803		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 21, 2024

Administrator
Warroad Care Center
1401 Lake Street Northwest
Warroad, MN 56763

Re: Event ID: LDJ311

Dear Administrator:

The above facility survey was completed on June 13, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00797	A. BUILDING: _____ B. WING _____	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARROAD CARE CENTER	1401 LAKE STREET NORTHWEST WARROAD, MN 56763

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On 6/11/24 through 6/13/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed: H53294201C (MN103694)	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00797	A. BUILDING: _____ B. WING _____	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARROAD CARE CENTER	1401 LAKE STREET NORTHWEST WARROAD, MN 56763

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2 000	Continued From page 1 H53294535C (MN101042) H53294561C (MN100461) Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		