



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
February 7, 2024

Administrator  
Fairview Care Center  
702 10th Avenue Northwest  
Dodge Center, MN 55927

RE: CCN: 245344  
Cycle Start Date: November 2, 2023

Dear Administrator:

On December 19, 2023, we notified you a remedy was imposed. On January 22, 2024 the Minnesota Departments of Health and Public Safety 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 January 19, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective February 2, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of December 19, 2023, 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 was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 2, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on January 19, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

*An equal opportunity employer.*



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Electronically delivered  
December 19, 2023

Administrator  
Fairview Care Center  
702 10th Avenue Northwest  
Dodge Center, MN 55927

RE: CCN: 245344  
Cycle Start Date: November 2, 2023

Dear Administrator:

On December 18, 2023, we informed you of imposed enforcement remedies.

On December 13, 2023, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective February 2, 2024.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 2, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 2, 2024.

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.

As we notified you in our letter of December 18, 2023, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from February 2, 2024.

#### **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

Fairview Care Center

December 19, 2023

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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.

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

#### DEPARTMENT CONTACT

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

Lisa Krebs, Rapid Response  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Rochester District Office  
18 Woodlake Drive, Rochester MN, 55904  
Email: Lisa.Krebs@state.mn.us  
Office (507) 206-2728

#### 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 - Health Regulation Division 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

Fairview Care Center

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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 May 2, 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**

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](mailto: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

Fairview Care Center

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this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to [Steven.Delich@cms.hhs.gov](mailto:Steven.Delich@cms.hhs.gov).

#### INFORMAL DISPUTE RESOLUTION/ 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://mdhprovidercontent.web.health.state.mn.us/ltc\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm)

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](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.



Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

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

PRINTED: 01/02/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAIRVIEW CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>702 10TH AVENUE NORTHWEST</b> <b>DODGE CENTER, MN 55927</b>
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(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 12/12/23 and 12/13/23, 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 with NO deficiencies cited: H53447752C (MN00098992) . The following complaint was reviewed. H53447943C (MN00099122).</p> <p>Deficient practice was identified related to incidental findings at F0607 and F0609.</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>	F 000		
F 607 SS=D	<p><b>Develop/Implement Abuse/Neglect Policies</b> CFR(s): 483.12(b)(1)-(5)(ii)(iii)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p>	F 607		1/15/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>12/21/2023</b>
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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 607	<p>Continued From page 1</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to implement the facility's abuse policy/procedures to report and ensure resident protections from suspected or alleged abuse for 1 of 1 resident (R2) reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>The facility policy titled, Abuse Prohibition and Prevention, revised 11/7/22, directed protection-When abuse is suspected or alleged, resident safety is a priority. 1. If witness to a situation, staff shall intervene immediately to</p>	F 607	<p>1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>- Fairview's Incident Reporting policy and procedure was reviewed. Fairview's Abuse and Prevention policy was also reviewed.</p> <p>- A staff meeting was conducted and education was provided to all nursing staff on these policies and procedures on 12-20-23.</p>	

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F 607	<p>Continued From page 2</p> <p>remove the person committing the action from the scene and protect the resident from the situation. 2. If an employee is suspected of abuse, the employee shall be placed on administrative leave until completion of the investigation. The policy further directed; all employees of the care center are mandated reporters. All violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately with the following guidelines: within 2 hours for allegations that involve abuse or serious bodily injury, with in 24 hours for allegations that does not involve abuse or bodily injury to the administrator of the facility and to other officials in accordance with state law.</p> <p>Review of the Vulnerable Adult Maltreatment report submitted by the facility by the administrator on 12/09/23, at 11:55 p.m. revealed a certified nursing assistant (NA) reported another NA-B was "rough" with R2 during two separate episodes while providing cares including a transfer. NA-A reported a rough grab on R2's wrist to get her to stand up and cooperate with getting into the wheelchair at around 3:30 p.m. on 12/9/23 and again while putting R2 to bed around 7:45 p.m. NA-B was reported to take R2's legs and swing them into bed roughly.</p> <p>During an interview on 12/13/23, at 11:29 a.m. R2 was unable to answer questions and was non-sensical with conversation.</p> <p>During an interview on 12/12/23 at 2:35 p.m., NA-A stated she was a newer employee who had frequently worked with NA-B. NA-B requested her to assist in transferring R2 when she observed</p>	F 607	<ul style="list-style-type: none"> <li>- All residents were interviewed to ensure that they felt safe.</li> </ul> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> <li>- Fairview's Incident Reporting policy and procedure, Fairview's Abuse and Prevention policy and Fairview's Vulnerable Adult Abuse &amp; Neglect were reviewed.</li> <li>- A staff meeting was conducted and education was provided to all nursing staff on these policies and procedures on 12-20-23.</li> <li>- Education will be assigned for all staff to be completed by 01-15-24. Staff may be unable to work after this date until completed.</li> <li>- All residents were interviewed to ensure that they felt safe.</li> <li>- Incident Reporting and Abuse Prevention policies will be reviewed during Quarterly QAPI meetings to ensure continued compliance.</li> </ul> <p>3. The date that each deficiency will be corrected.</p> <p>Deficiency Tag F607 will be in compliance by 01-15-2024.</p>	

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

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F 607	<p>Continued From page 3</p> <p>NA-B aggressively grab R2's wrist and forcefully stand and transfer her from the bed to the wheelchair around 3:30 p.m. and was aggressive again at around 7:30 p.m. when she assisted R2 back to bed by grabbing her legs "roughly" and "threw" them onto the bed. NA-A reported she was "shocked" and had never seen NA-B act so aggressively before. She reported to the nurse at the end of her shift around 11:30 p.m. or midnight, but realized she should have reported it right away.</p> <p>During an interview on 12/13/23 at 9:57 a.m., licensed practical nurse (LPN)-A stated at around 10:30 p.m. NA-A reported she had witnessed NA-B rough during cares being provided to R2. NA-A was using words like "rough.", "grabbing," "forcefully" that caught her attention. NA-A expressed she was concerned because R2 was frail and wanted her assessed for injury. LPN-A stated she and LPN-B were both told by NA-A what had happened and attempted to call the on-call nurse but was unsuccessful so called the administrator. NA-A made a written statement and put it in an envelope for the administrator. NA-A told the administrator over the phone after 11:00 p.m.</p> <p>During an interview on 12/13/23, at 1:30 p.m. LPN-B stated he had not received report from NA-A until after 10:00 p.m. on 12/9/23. NA-A reported NA-B was shoving R2 and grabbing her clothes during transfers before dinner and again on a separate occasion when transferring her into bed for the evening. NA-A stated she didn't like how NA-B was doing her cares. LPN-B stated he had NA-A write up her statement but felt she should have reported it right away. If NA-A would have reported right away he could have removed</p>	F 607		

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F 607	<p>Continued From page 4 NA-B immediately pending investigation.</p> <p>During an interview on 12/13/23, at 10:31 a.m. administrator stated she received a call from the facility on 12/9/23 around 11:00 p.m. or 11:20 p.m. and was told NA-A needed to talk to her. NA-A reported her concerns related to NA-B grabbing R2 by the wrist and providing rough cares during the shift, once before supper around 3:30 p.m. and again when putting R2 to bed around 7:30 p.m. Administrator stated she filed the report and, in the morning, called NA-B to inform her to not come to work for her shift pending investigation. Administrator stated her expectation for staff would be for them to protect the resident and intervene right away to stop and prevent the abuse and to inform her with in 2 hours of the allegations of abuse. This did not happen so more education needed to be done.</p> <p>Facility policy, Abuse Prohibition, and Prevention, revised 11/7/22, indicated all residents have a right to be free from abuse, neglect, misappropriation of property, and exploitation. Protection-When abuse is suspected or alleged; resident safety is a priority. If witness to a situation, staff shall intervene immediately to remove the person committing the action from the scene and protect the resident from the situation. If an employee is suspected of abuse, the employee shall be placed on Administrative Leave until completion of the investigation. Reporting- indicated all employees are mandated reporters in the skilled nursing facility and all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported, and a report made immediately, within 2 hours for allegations that</p>	F 607		

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F 607  F 609 SS=D	Continued From page 5 involve abuse or serious bodily injury. Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure witnessed allegations of physical abuse (rough handling) were reported immediately, within two hours, to the State	F 607  F 609	1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice:	1/15/24

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIRVIEW CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>702 10TH AVENUE NORTHWEST</b> <b>DODGE CENTER, MN 55927</b>		
(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 609	<p>Continued From page 6</p> <p>Agency (SA) for 1 of 1 resident (R2) reviewed for allegations of staff to resident abuse.</p> <p>Findings include:</p> <p>Facility reported incident (FRI) submitted on 12/9/23 at 11:55 p.m., identified that on 12/09/23 at 7:45 p.m. nursing assistant (NA)-A stated that while assisting to transfer R2 from bed to wheelchair, they had witnessed NA-B roughly grab R1's wrist to stand her up and get her to cooperate with the transfer it was reported this incident happened around 3:30 p.m. that day and a second incident happened when NA-A again assisted NA-B with putting R1 to bed in which NA-B swung R2's legs roughly into bed.</p> <p>R2's quarterly Minimum Data Set (MDS) dated 11/20/23, indicated R2's cognition was severely impaired. R2's diagnoses included fractures or other multiple traumas, and depression. Further indicated R2 to have physical and verbal behaviors for 1 to 3 days.</p> <p>R2's care plan dated 8/21/23, indicated R2 had alteration in mobility, potential for injury related to fall risk, impaired mobility, right hip fracture, dementia, cognitive deficits, use of psychoactive medications, history of falls. Ambulation assist of 2 with front wheeled walker and gait belt to and from all destinations wheelchair to follow. Locomotion assist of 1 as needed in wheel chair.</p> <p>During an interview on 12/12/23 at 2:35 p.m., NA-A stated she had assisted NA-B in providing cares to R2 on 12/9/23, NA-A reported she witnessed rough, aggressive care being provided on two separate occasions during the shift. NA-A reported the first instance was around 3:30 p.m.</p>	F 609	<ul style="list-style-type: none"> <li>- Fairview's Incident Reporting policy and procedure was reviewed. Fairview's Abuse and Prevention policy was also reviewed.</li> <li>- A staff meeting was conducted and education was provided to all nursing staff on these policies and procedures on 12-20-23.</li> <li>- All residents were interviewed to ensure that they felt safe.</li> </ul> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> <li>- Fairview's Incident Reporting policy and procedure, Fairview's Abuse and Prevention policy and Fairview's Vulnerable Adult Abuse &amp; Neglect were reviewed.</li> <li>- A staff meeting was conducted and education was provided to all nursing staff on these policies and procedures on 12-20-23.</li> <li>- Education will be assigned for all staff to be completed by 01-15-24. Staff may be unable to work after this date until completed.</li> <li>- All residents were interviewed to ensure that they felt safe.</li> <li>- Incident Reporting and Abuse Prevention</li> </ul>	

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

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F 609	<p>Continued From page 7</p> <p>when NA-B grabbed R2 by the wrist and was being physically aggressive and again around 7:30 p.m. or so when she was helping NA-B put R2 to bed. NA-B grabbed R2's feet and threw them on the bed. NA-A stated she had reported the alleged abuse to the nurses at the end of her shift on 12/9/23 around 11:30 or midnight.</p> <p>During an interview on 12/13/23 at 9:57 a.m., licensed practical nurse (LPN)-A stated NA-A came to her around 10:30 p.m. and asked how she could report abuse. LPN-A had NA-A write out a statement and attempted to call the on-call nurse and then called the administrator.</p> <p>During an interview on 12/13/23, at 10:31 a.m. administrator stated she had gotten the abuse report about 11:00 p.m. or 11:20 p.m. on 12/9/23 from NA-A. Administrator stated it is company policy and her expectation that all allegations of abuse be reported to her immediately. If abuse is happening staff are expected to intervene immediately, protect the resident and the abuser to be removed from the facility pending an investigation. Administrator indicated the facility policy was not followed and and staff education was needed.</p> <p>Facility policy, Abuse Prohibition and prevention, revised 11/7/22, indicated all residents have a right to be free from abuse, neglect, misappropriation of property, and exploitation. F. Protection-When abuse is suspected or alleged; resident safety is a priority. If witness to a situation, staff shall intervene immediately to remove the person committing the action from the scene and protect the resident from the situation. If an employee is suspected of abuse, the employee shall be placed on Administrative</p>	F 609	<p>policies will be reviewed during Quarterly QAPI meetings to ensure continued compliance.</p> <p>3. The date that each deficiency will be corrected.</p> <p>Deficiency Tag F609 will be in compliance by 01-15-2024.</p>	

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F 609	Continued From page 8 Leave until completion of the investigation. G. Reporting- indicated all employees are mandated reporters in the skilled nursing facility and all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported, and a report made immediately, within 2 hours for allegations that involve abuse or serious bodily injury.	F 609		



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

December 19, 2023

Administrator  
Fairview Care Center  
702 10th Avenue Northwest  
Dodge Center, MN 55927

Re: Event ID: 4PN511

Dear Administrator:

The above facility survey was completed on December 13, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAIRVIEW CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>702 10TH AVENUE NORTHWEST DODGE CENTER, MN 55927</b>
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2 000	<p><b>Initial Comments</b></p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;"><b>NH LICENSING CORRECTION ORDER</b></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><b>INITIAL COMMENTS:</b> On 12/12/23-12/13/23, 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 H53447752C (MN00098992), H53447943C</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>12/21/23</b>
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2023</b>
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2 000	Continued From page 1  (MN00099122). No licensing orders were issued. 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		