



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 10, 2025

Administrator
McIntosh Senior Living

600 NORTHEAST RIVERSIDE AVENUE
MCINTOSH, MN 56556

RE: CCN: 245356
Cycle Start Date: August 19, 2025

Dear Administrator:

On August 19, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

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

REMEDIES

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

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

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

NURSE AIDE TRAINING PROHIBITION

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

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

Therefore, your agency may be prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective August 19, 2025. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

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

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



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Administrator
McIntosh Senior Living
600 NORTHEAST RIVERSIDE AVENUE
MCINTOSH, MN 56556

Re: Event ID: 1D4960H1-H1

Dear Administrator:

The above facility survey was completed on August 19, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245356	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/19/2025
NAME OF PROVIDER OR SUPPLIER McIntosh Senior Living			STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTHEAST RIVERSIDE AVENUE , MCINTOSH, Minnesota, 56556	
(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	INITIAL COMMENTS On 8/19/25, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was reviewed: H53562160C (2587460) and a deficiency was issued at (F689) at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, harm was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F0000		
F0689 SS = G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to ensure residents were free from accidents for 1 of 3 residents (R1) when R1, who was care planned for the use of a mechanical lift, was transferred on multiple occasions using a pivot transfer by staff and the facility beautician. This resulted in actual harm for R1 who sustained a fracture related to improper transfers from staff. R1's Admission Record indicated she admitted to the	F0689	"Past Noncompliance - no plan of correction required"	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0689 SS = G	<p>Continued from page 1 facility on 5/4/2022. Diagnosis included Stroke, weakness and joint stiffness. Diagnosis added 8/15/25, included osteoporosis and fracture.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 5/30/25, identified severe cognitive impairment. The MDS indicated R1 had not displayed rejection of care behaviors and was dependent on staff for transfers.</p> <p>R1's care plan dated 5/30/25, identified cognitive and communication impairments. The care plan identified impaired physical mobility related to a stroke with right sided hemiplegia (paralysis on one side of the body). The care plan directed staff to assist R1 to transfer using a mechanical stand device and two staff. The care plan was updated 8/12/25, to include a fracture of her left knee and directed staff to transfer using a mechanical stand and assist R1 with locomotion in wheelchair until she could use her left leg to self-propel again.</p> <p>R1's Progress Notes indicated the following:</p> <p>-8/8/25, R1 had been complaining of left knee pain since the previous evening. R1 had been guarding her knee, unable to manipulate it to a flat position and became upset when staff moved her leg. When asked if her pain was bad enough to make her cry, R1 shook her head yes. R1 had been moaning and grunting due to knee pain and shook her head yes when asked if it hurt when standing for transfer into bed the previous night.</p> <p>-8/9/25, R1 continued to have pain and swelling to her knee.</p> <p>-8/11/25, Physician updated due to continued knee pain. R1 had been tearful at times. Orders received for X-ray. Later in the shift, R1 left for CT (computed tomography) scan to knee.</p> <p>-8/11/25, R1 returned to the facility. Diagnosis of closed non-displaced fracture (a type of bone break where the bone cracks or breaks, but the pieces remain aligned and don't shift out of place) of condoyle (the two rounded prominences at the distal end of the thigh bone that articulate with the shin bone to form the knee joint) of left femur and had a splint in place.</p> <p>-8/12/25, Staff spoke with the physician who indicated R1 had severe osteoporosis that could have contributed to the fracture during the pivot transfers. R1 currently non-weight bearing and had a brace to be worn for six weeks.</p>	F0689		

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F0689 SS = G	<p>Continued from page 2</p> <p>During interview on 8/19/25 at 12:02 p.m., the director of nursing (DON) stated their investigation identified five staff members identified to have transferred R1 without the use of the mechanical stand as care planned previous to her injury.</p> <p>During interview on 8/19/25 at 12:11 a.m., nursing assistant (NA)-A stated R1 needed to go to the beauty shop, and she and another staff member had performed a pivot transfer from R1's recliner to her wheelchair. NA-A said three total staff were in the room at the time. NA-A stated staff had a care sheet that identified how the residents were supposed to be transferred.</p> <p>During interview on 8/19/25 at 12:18 p.m., NA-B stated she had assisted NA-A to transfer R1 without following the care plan and stated it was not the first time she had performed a pivot transfer with R1. NA-B said R1's care plan indicated staff were to transfer using a mechanical stand.</p> <p>During interview on 8/19/25 at 12:30 p.m., NA-C stated staff, including herself, had been performing pivot transfers for R1 but not all the time. NA-C said she was not sure why but said they should not have. NA-C said R1's care plan directed staff to use a mechanical stand for transfers.</p> <p>During interview on 8/19/25, at 12:42 p.m., the facility beautician (B)-A stated R1 needed to get from her wheelchair to the salon chair and said NA-D came into the salon and attempted to transfer R1 by herself but said she was not strong enough. B-A stated she assisted NA-D to pivot transfer R1 to the chair. B-A said after she was finished with R1's hair, no staff were around so she placed her arms around R1, like a bear hug, under her arms and transferred her back into her wheelchair. B-A said after she got into the wheelchair R1 started to propel herself to the dining room but said another staff brought R1 back to use the bathroom before assisting her to the dining room. B-A said she thought since NA-D was going to transfer R1 by herself it was okay to assist with just one person.</p> <p>During interview on 8/19/25, at 3:02 p.m., the DON stated after they discovered staff had not been following the care plan for transfers with R1, they had immediately educated the NA's and B-A and initiated education with all staff that provide care and transfer residents. The DON stated they had also initiated audits of transfers and educated B-A she was not to perform any resident transfers. The DON said the physician said R1 had severe osteoporosis and felt the</p>	F0689		

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F0689 SS = G	<p>Continued from page 3 pivot transfers along with her diagnosis contributed to the fracture.</p> <p>Facility Policy Safet-patient-handling Program dated 3/19/23, indicated it was the policy of the facility that when residents required assistance to move residents, that assistance was provided in a manner safe for the residents. Specifically, mechanical lifting equipment and/or other patient moving aides.</p> <p>Facility Policy Providing Cares as Outlined in the Resident Care Plan dated 4/11/23, indicated all employees must follow each resident's plan of care exactly as written. Care must be delivered by the interventions, safety precautions, and restrictions listed in the plan of care.</p> <p>Prior to the start of the survey, on 8/12/25, the facility had initiated disciplinary action and education related to following the plan of care. Further, the facility had initiated compliance audits to ensure staff were following the plan of care. The education and audits were verified through interview and document review.</p>	F0689		

Minnesota State Department of Health

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 8/19/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found in compliance with the MN State Licensure.</p> <p>The following complaint was reviewed:H53562160C (2587460)</p> <p>Minnesota Department of Health is documenting the State</p>	20000		
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Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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20000	Continued from page 1 Licensing Correction Orders using Federal Software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		