STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245368	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Village	923 HALE LAKE POINTE , GRAND RAPIDS, Minnesota, 55744

(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 5/12/26 through 5/14/26, 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. H53681687C (2997005) with a deficiency issued at F684. 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.	F0000		05/26/2026
F0684 SS = D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to ongoing assessment of respiratory status for 1 of 3 residents (R1) who experienced a change	F0684	Corrective action: Preparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared and/or executed as a means to continuously improve the quality of care, to comply with all applicable state and federal regulatory requirements and constitutes the facility's allegation of compliance. R1 was assessed by RN including full vital signs and lung sounds. RN-B and LPN-A received education on Change in condition policy, respiratory status changes, respiratory assessment, monitoring initiation and medication holds for residents exhibiting signs of respiratory distress.	06/05/2026

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: 245368	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

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F0684 SS = D	Continued from page 1 in respiratory status. In addition, facility staff administered medications to R1 while he displayed symptoms of respiratory distress resulting R1 requiring medications to be suctioned out of the back of his throat. Findings include: R1's face sheet printed 5/15/26, indicated he was admitted to the facility 11/12/25. Diagnoses included Traumatic subdural hemorrhage, hydrocephalus, and dysphagia. R1's 5-day Minimum Data Set (MDS) 12/22/25, identified severe cognitive impairment. MDS indicated R1 required substantial/maximal assistance to eat, displayed coughing/choking during meals and complaints of difficulty or pain when swallowing. R1's care plan dated 2/18/26, identified a self-care deficit and indicated he required assistance from staff to eat. The care plan identified altered communication and problem with nutrition related to neurological symptoms. Staff were directed to monitor/report as needed any symptoms of dysphagia (difficulty swallowing): pocketing, choking, drooling, holding food in mouth, several attempts at swallowing, refusal to eat or appearance of being concerned during meals. R1's Progress Notes indicated the following: 4/2/26, 10:09 p.m., R1 did not eat supper this shift. R1 wanted to go to bed. R1 seemed weaker and did not hold his head up in his wheelchair. Medications were crushed and given by syringe. R1 seemed to have a harder time swallowing. 4/4/26, 4:51 a.m., R1 had increased respirations of 22-24 breaths per minute (bpm). R1's oxygen saturation was at 90% on room air. R1 had a slight gurgle when breathing and was unable to cough to clear it. Head of bed elevated to help with respirations. Staff continue to monitor. 4/4/26, Writer was notified by cart nurse, R1 had respirations of 44 and oxygen saturation level of 73 percent. Oxygen was initiated. Pulse was 135. Blood pressure 120/83 and temperature was 97.2 degrees Fahrenheit. Instructed cart nurse to call the family to see if they would like him to be seen in the ED [emergency department] as R1 was unable to make his own decision at this time. R1 had clear	F0684	Continued from page 1 Corrective action as it applies to other residents: All residents with respiratory status changes have the potential to be affected by this deficient practice. LPN's, RN's, and TMA's will receive education on 5/28,29/26 or prior to the start of their next shift on change in condition policy, respiratory status changes, proper assessment and initiation of monitoring for changes in respiratory status and holding medications for residents who show signs of respiratory distress. Recurrence will be prevented by: LPN, RN, TMA education as stated above. Audits will be completed on respiratory changes, monitoring initiation and medication holds for any resident with signs of respiratory distress five times a week for two weeks, then once a week for two weeks, then once monthly. The QAPI committee will determine when the audits may be discontinued. The correction will be monitored by DON or designee.	06/05/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245368	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

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F0684 SS = D	Continued from page 2 lung sounds but audible gurgles upon inhalation and exhalation. R1 was not at baseline and was not responding to questions at this time. Family did call cart nurse back and wanted him sent in. 911 called at 8:35 a.m., and nurse to nurse given with hospital registered nurse (RN). 4/4/26, R1 was sent to the emergency department (ED) via North ambulance due to increased respiratory rate of 44 bpm, Oxygen saturation was 71% on room air. R1 was placed on oxygen, family member was updated and requested R1 be seen in ED, R1 was sternum breathing and gurgling with breathing. 4/4/26, 6:26 p.m., Received update from hospital RN. Per RN, R1 was admitted to hospice for aspiration pneumonia. R1's Vitals Report (date) indicated: Respirations 4/4/26- 44bpm Pulse 4/1/26- 71 4/4/26- 135 Oxygen saturation 4/1/26- 95% room air 4/4/26- 71% room air R1's April Medication Administration Record indicated R1 received oral medications on 4/4/26, despite audible gurgling. Medications were administered at 6:00 a.m., and during morning medication pass. Review of R1's April 2026, TAR lacked evidence of monitoring of R1's respiratory status. R1's record lacked evidence of ongoing respiratory assessment and/or vital signs between 4/2/26 and 4/4/26.	F0684		06/05/2026

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F0684 SS = D	Continued from page 3	F0684		06/05/2026

R1's hospital ED provider Note dated 4/4/26, indicated R1 presented for concern related to shortness of breath. Oxygen saturation was in the 70's for emergency medical services. On quick exam there were pills stuck in the back of his throat. Suspected aspiration pneumonia which had been ongoing. Increased work of breathing and aspiration events in recent days.

During interview on 5/12/26 at 1:21 p.m., family member (FM)-A said when R1 went to the emergency department, the doctor had reported to them R1 had aspirated. FM-A stated she was told by facility staff, R1 was having trouble breathing at approximately 2:00 a.m., and was not called until 8:30 a.m. FM-A was concerned R1 may have been struggling for many hours.

During interview on 5/13/26 at 8:44 a.m., medical doctor (MD)-A stated while reviewing R1's chart it was noted he had pills stuck in the back of his throat when he first got to the emergency department. MD-A stated the risk associated with aspirating pills included pneumonia and could lead to respiratory arrest.

During interview on 5/13/26 at 9:44 a.m., licensed practical nurse (LPN)-A said she remembered the note written on 4/2/26, and said if there had been a change of condition she would have notified the RN supervisor but did not remember who that would have been.

During interview on 5/13/26 at 10:00 a.m., RN-B stated she had been working the overnight shift on 4/4/26, when R1 had increased respirations. RN-B remembered R1's head of bed was raised to help with breathing. RN-B stated the floor nurses were supposed to monitor R1 and let her know if any changes occurred. RN-B expected vital signs and oxygen saturation were checked, especially with concerns related to respirations.

During interview on 5/13/26 at 1:11 p.m., NP-A stated she had not been notified of R1' s condition between 4/2/26 and 4/4/26. Staff could have notified someone sooner and medications could have been held. If concerns occurred over the weekend, an on-call provider would have sent R1 to the hospital.

During interview on 5/13/26 at 1:25 p.m., RN-C stated before R1 was sent to the ED, his oxygen saturation declined and was being monitored. RN-C was told R1 was placed on

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F0684 SS = D	Continued from page 4 monitoring that included temperature, lung sounds, oxygen saturation, and secretions. The monitoring docum entation should have been in the treatment administration record (TAR). RN-C recalled, a couple hours later, R1 declined and was admitted to the hospital. RN-C stated if R1 was having difficulty she should have been notified so she could have updated the provider but said she had not been aware. During interview on 5/13/26 at 2:09 p.m., the director of nursing (DON) stated during the middle of the night on 4/4/26, R1's oxygen saturation levels dropped, and respirations increased. The nurses on duty questioned if R1 should be evaluated in the ED. DON stated within a few hours R1 declined further so the physician was updated and R1 was sent to the ED for eval. During interview on 5/14/26 at 8:35 a.m., RN-B acknowledged she had administered medication to R1 at 6:00 a.m. on 4/4/26. RN-B stated she would have given the medication crushed in applesauce or dissolved in water if R1 was having difficulty swallowing. RN-B stated she had not considered holding his medications due to R1's status because she had been told he did that sometimes, referring to the gurgling sound. During interview on 5/14/26 at 10:10 a.m., LPN-B acknowledged she had administered medication to R1 on 4/4/26 during morning medication pass. LPN-B stated when she received report from the previous shift, the nurse reported R1 had been "breathing weird." LPN-B stated when staff got R1 up for breakfast he was breathing with his mouth open which was "weird." LPN-B stated R1 was not at his baseline, but she administered his pills in pudding. LPN-B recalled, R1 held the medications in his mouth. LPN-B said had not noticed R1's breathing until after she gave the medications. During interview on 5/14/26 at 3:29 p.m., DON stated when R1 displayed a change of condition, a respiratory assessment should have been completed including respirations, lung sounds, and a full set of vital signs. DON stated staff should have let a manager know if R1 was having difficulty swallowing. A policy related to change of condition was requested but not received.	F0684		06/05/2026

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20000	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 5/12/26 through 5/14/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure. The following complaint was reviewed during the survey. H53681687C (2997005). No licensing orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal	20000		05/26/2026

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **05/14/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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20000	Continued from page 1 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		05/26/2026

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

May 21, 2026

Administrator
Grand Village
923 HALE LAKE POINTE
GRAND RAPIDS, MN 55744

RE: CCN:245368
Cycle Start Date: May 14, 2026

Dear Administrator:

On May 14, 2026, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.

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

The 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:

Nikki Harvey, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
1400 E. Lyon St.
Marshall, MN 56258
Email: nikki.harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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 August 14, 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 November 14, 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

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us

Office: 651-201-4112

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

May 21, 2026

Administrator
Grand Village
923 HALE LAKE POINTE
GRAND RAPIDS, MN 55744

Re: Event ID: 231C58-H1

Dear Administrator:

The above facility survey was completed on May 14, 2026 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
Compliance Analyst | Federal Enforcement

Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
June 23, 2026

Administrator
Grand Village
923 HALE LAKE POINTE
GRAND RAPIDS, MN 55744

RE: CCN: 245368
Cycle Start Date: May 14, 2026

Dear Administrator:

On May 14, 2026, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

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