



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 25, 2025

Administrator
Havenwood Care Center
1633 DELTON AVENUE NW
BEMIDJI, MN 56601

RE: CCN: 245397
Cycle Start Date: June 11, 2025

Dear Administrator:

On June 24, 2025, we notified you a remedy was imposed. On September 17, 2025, the Minnesota Departments 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 August 31, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective September 11, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of September 11, 2025, 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 September 11, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on August 31, 2025, 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 Therefore, the NATCEP prohibition is rescinded.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 Location 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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 25, 2025

Administrator
Havenwood Care Center

1633 DELTON AVENUE NW
BEMIDJI, MN 56601

Re: Reinspection Results
Event ID: 1D3105-H2

Dear Administrator:

On July 16, 2025 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 7, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted

August 21, 2025

Administrator
Havenwood Care Center
1633 Delton Ave NW
Bemidji, MN 56601

RE: CCN: 245397

Cycle Start Date: August 7, 2025

Dear Administrator:

On August 7, 2025, 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.

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 August 7, 2025, 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 a 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 September 5, 2025.

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 September 5, 2025, (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 5, 2025, (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 \$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.

If you have not achieved substantial compliance by September 5, 2025 the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Havenwood Care Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 5, 2025. 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:

LeAnn Huseth, RN, Regional Operations Supervisor
Fergus Falls District Office
Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, 56537
Email: leann.huseth@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

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 **February 5, 2026** (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:

tamika.brown@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 Tamika Brown at (312) 353-1502. Information may also be emailed to tamika.brown@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)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You

may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

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

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245397		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/07/2025	
NAME OF PROVIDER OR SUPPLIER Havenwood Care Center				STREET ADDRESS, CITY, STATE, ZIP CODE 1633 DELTON AVENUE NW , BEMIDJI, Minnesota, 56601			
(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 8/5/25 to 8/7/25, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was not found NOT to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. The IJ at F803 began on 7/30/25 at 12:10 p.m., when nursing assistant (NA)-B provided R1 with a lunch tray which included potato chowder with kielbasa pieces and a chicken salad sandwich that were not cut up per physician orders. This resulted in R1 choking and required the Heimlich Maneuver, suction, and Oxygen. R1 was sent to the hospital where she was intubated and placed on a ventilator. The Administrator and director of nursing (DON) were notified of the IJ on 8/7/25 at 2:25 p.m. The IJ was removed on 8/7/25 at 6:23 p.m., but noncompliance remained at the lower scope and severity level D, with isolated actual harm that is not immediate. The following complaint was reviewed: H53971264C (2576426) with a deficiency cited at (F803). 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			08/31/2025	
F0803 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-		F0803	R1's diet was reviewed on 8/7/25 by Speech Therapist. The diet order, meal ticket, care sheet and care plan all reflect her current diet order with special instructions accurately. No changes were made upon this review. R1 returned to the facility on 8/11/25 and her diet orders were updated by charge nurse completing re-admission paperwork. Meal ticket, care sheet and		08/31/2025	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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F0803 SS = J	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 interview and document review, the facility failed to ensure a system to provide the correct physician ordered diet texture for 1 of 3 residents (R1) who was at risk for choking and had a history of dysphagia. This resulted in an Immediate Jeopardy (IJ) for R1 when she was provided lunch which was not cut up into bite sized pieces as ordered. As a result, R1 was observed to choke, requiring the Heimlich to clear obstruction, suctioning, and oxygen after she lost consciousness. R1 was transferred to the hospital, was intubated and placed on a ventilator. The IJ began on 7/30/25 at 12:10 p.m., when nursing assistant (NA)-A provided R1 with a lunch tray which included potato chowder with kielbasa pieces and a chicken salad sandwich that were not cut up per physician orders. This resulted in R1 choking and requiring the Heimlich Maneuver, was hospitalized and placed on a ventilator. The Administrator and director of nursing (DON) were notified of the IJ on 8/7/25 at 2:25 p.m. The IJ was removed on 8/7/25 at 6:23 p.m., but noncompliance remained at the lower scope and	F0803	Continued from page 1 care plan all reflect her current diet order with special instructions accurately. 17/61 residents were identified as at risk for receiving improper meals due to diet orders with special instructions. On 8/7/25 all dietary orders were reviewed by Speech Therapist to assure they were current and accurate and matched with the meal ticket, care sheet and care plan. Resident Diet Communication & Implementation Procedure was reviewed on 8/7/25 by the IDT. The dietary aide is responsible for serving meals according to orders and preferences per the procedure above. Dietary aide will double check against the printed ticket before placing items on the tray. CNA or assigned staff member delivering the tray will confirm that diet and texture match the resident's care plan and report any discrepancies to Dietary Manager or Charge Nurse. Beginning on 8/7/25, Education RN began formal re-training with return demonstration of all nursing and dietary staff to assure residents receive accurate diets. Training includes the definition of bite sized pieces (1.5cm x 1.5cm), that all food (including sandwiches) must be cut into bite sized pieces by dietary aide and that all staff understand and can demonstrate what to do if a resident is choking. Education RN or RN designee will assure all nursing and dietary staff have been trained before working their next scheduled shift as of 8/7/25 at 3:00pm. In addition, a second dietary training was completed by registered dietician on 8/14/25. The training was recorded and quiz has been created. Any dietary staff who have not completed the training and quiz by 8/31/25 will need to complete these tasks before working their next scheduled shift. Audits began on 7/30/25 and were revised on 8/7/25. Director of Nursing or designee will perform audits at all meals in both dining rooms. Dietary staff and nursing staff will be observed to assure residents receive accurate diet with immediate intervention and reeducation being provided if noncompliance is observed. Audits will occur at a rate of 6/day for 2 weeks, followed by 3/day for 2 weeks, followed by 1/day for 2 weeks. Additional auditing needs will be determined upon review of audit results and ongoing educational needs Audits will additionally be reviewed at the next scheduled QAPI meeting.	

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F0803 SS = J	Continued from page 2 severity level D, with isolated actual harm that is not immediate. Findings include: R1's quarterly Minimum Data Set (MDS) dated 6/5/24, identified R1 with moderately impaired cognition, did not reject cares, impaired mobility of both lower extremities, required setup or clean up assistance with eating and substantial assistance with oral care. In addition, R1's active diagnoses include spastic paraplegia (progressive stiffness and contraction in the lower limbs), Parkinsonism and dysphagia (difficulty swallowing). Diet was identified as Mechanically altered diet (require change in texture of food or liquids). A Facility Reported Incident (FRI) report was submitted to the State Agency (SA) on 7/30/25 at 3:25 p.m. The report identified, on 7/30/25, at 12:10 p.m., R1 experienced a choking incident requiring the Heimlich Maneuver and was sent to the hospital for treatment/evaluation. R1's hospital noted dated 7/30/25, identified R1 was intubated for airway protection following out of hospital cardiac arrest and respiratory failure and [R1 with history] of COPD presented to the ER (emergency room) following a choking event. Per EMS (Emergency Medical Services) report, patient choked on a sausage while at the assisted living facility, stopped breathing, attempt was made at Heimlich maneuver and R1 was unresponsive. R1's care plan dated 11/21/21, identified Approach: Regular Diet/Dysphagia level 4 (regular texture) with honey thick liquids; Cut food into small pieces. Encourage small bites and to chew well before swallowing. R1's physician orders dated 4/16/24, identified Honey Thick for Thickened Liquid, and Special Instructions: Cut all foods into bite size pieces. Encourage small bites and to chew well. R1's speech language pathology (SLP) evaluation and plan of treatment dated 4/2/24, recommended moderately thick liquids and Regular diet cut into bite sized pieces. R1's lunch meal ticket for 7/30/25, identified menu of Kielbasa and Potato Chowder, Chicken Salad Sandwich, Pickled Beets and Fruit Salad. The ticket identified food to be cut into bite sized pieces.		F0803				

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F0803 SS = J	Continued from page 3 During interview with family member (FM)-A on 8/5/25 at 1:06 p.m., FM-A stated she was present in the dining room at the time of R1's choking episode. FM-A stated R1 was eating food off her meal tray and then raised her left hand up in a 'wave'. Then, FM-A stated, "I think [R1] is choking" aloud to staff. Then a staff member approached R1. FM-A stated R1's skin color turned from normal to a gray color. FM-A stated staff immediately took R1 out of the dining room. During interview with nursing assistant (NA)-B on 8/5/25 at 1:17 p.m., NA-B stated, she presented R1's lunch tray to her in the dining room on 7/30/25. NA-B confirmed she did not double check the meal ticket to ensure it was accurate. NA-B stated the process for following meal ticket was for dietary staff to lay out meal tickets on the dining room tables prior to each meal, then the aides or nurses would bring the meal ticket to the kitchenette [located in each dining room] and the dietary aide would dispense the food per meal ticket. The aide would then bring the meal and meal ticket back to the resident. NA-B stated, "I should have checked the ticket and I could have cut her sandwich with a butter knife but I did not. Her meal was not bite-size pieces". During interview with licensed practical nurse (LPN)-A on 8/5/25 at 2:08 p.m., LPN-A stated when R1 was suctioned there was little pieces of food noted. LPN-A obtained R1's meal tray and observed the kielbasa was large sausages about a 50-cent piece is size. LPN-A stated there was not formal education provided to staff following the choking incident. During interview with NA-C on 8/6/25 at 5:16 p.m., NA-C stated R1 choked pretty easily and if she swallowed wrong there was a lot of clearing her throat. During interview with trained medication aide (TMA)-C on 8/6/25 at 6:11pm, TMA-C stated they did not know who ensured the food was cut up. TMA-C indicated sometimes the dietary aide completed the task and sometimes it was the nursing staff. TMA-C stated it was unclear who was responsible. During interview with NA-E on 8/6/25 at 6:37 p.m., NA-E stated they though it was a mix of both dietary aides and nursing staff who were responsible to cut the food up. NA-E indicated there was no one specifically identified who had the responsibility to ensure the food was cut up when served to the resident. During interview with NA-F on 8/6/25 at 6:40 p.m., NA-F		F0803				

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F0803 SS = J	Continued from page 4 stated they would not have thought about to cut the sausage pieces for R1. NA-F indicated that was the hard part of not knowing who is and is not responsible for cutting up food when the resident gets the food in front of them. During interview with director of nursing (DON) on 8/6/25 at 6:52 p.m., DON stated she was in the area of the dining room when R1's choking incident occurred on 7/30/25. DON stated she was notified of the choking incident and ran to R1 knowing R1 was full code. Suction machine was obtained. DON indicated when the Heimlich was first initiated, a small piece of food came out. DON stated staff removed R1's dentures and put the suction lower in her throat. Staff applied Oxygen and the fire department arrived. DON stated a piece of chicken come up. DON went and asked to see the plate of food R1 was eating from and noted the sausage pieces in the soup were the size of quarter- too big to swallow. DON stated, "I would not feed that to a two-year-old for fear of choking." DON stated the responsibility of making sure the food was cut up per orders before serving should be dietary staff. DON explained the food should come out cut up from the kitchenette and the next staff to touch the plate should have caught it. DON stated it was a learning situation. During a follow-up interview with DON on 8/7/25 at 9:23 a.m., DON confirmed facility staff had not received formal education regarding R1's choking incident and the process to address it. During interview with dietary aide (DA)-B on 8/6/25 at 5:32 p.m., DA-B stated meal ticket process involved the aides retrieving the meal tickets from the tables and give it to the dietary staff serving the meal. DA-B dietary staff would review the ticket and dish up the meal. DA-B was unable to state who was responsible for ensuring meals with orders for cut up food was done. During interview with DA-C on 8/6/25 on 5:36 p.m., DA-C stated the meal ticket would inform the staff of the consistency of meal. DA-C stated they were unsure who was ultimately responsible for cutting up food into bite sized pieces per orders. During interview with dietary manager (DM) on 8/7/25 at 8:10 a.m., DM stated soup had been served on 7/30/25, and a chunk of meat in the soup became lodged in R1's throat. DM stated he reviewed R1's meal ticket and orders and it clearly says bite sized pieces. DM stated they thought everyone was responsible [for ensuring diet orders were followed and usually it was the dietary aide that cut up the food when plating it. DM stated there was no education provided to any dietary		F0803				

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F0803 SS = J	Continued from page 5 staff following R1's choking incident. DM indicated this was a life and death situation for R1. DM stated it was important to follow orders for a safety reason and to ensure that something like this did not happen again. During interview with SLP on 8/7/25 at 7:55 a.m., SLP stated she was very familiar with R1. SLP stated the food items in R1's lunch were not appropriate in size for R1. Staff said it was cut into small circles or discs which was way too big. SLP stated they really felt like it was the duty of the kitchen and dietary staff to ensure consistency of ordered food is appropriate. SLP stated they felt like this could have been avoided. During interview with registered dietician (RD) on 8/7/25 at 9:37 a.m., RD stated the dietary aides were supposed to cut it up and then the tray brought to the resident. RD stated R1's choking incident never should have happened. RD stated importance for following dietary orders was if not followed, problems like choking could occur. During interview with nurse practitioner (NP) on 8/7/25 at 9:40 a.m., NP stated she was made aware of R1's choking incident and indicated it looked like it was non-compliance with food recommendations. R1]followed her diet really well. NP stated there was negligence on what the food looked like and what was served and should have been avoided on multiple levels. NP stated it was a very serious thing that happened and no one deserved that. NP stated dietary orders were in place to help protect these individuals and if they were not followed serious side effects can occur. During interview with medical director (MD) on 8/7/25 at 12:47 p.m., MD stated the goal was to be clear with following orders, and ensuring the diet order was followed. MD stated the R1 choking incident was unfortunate and the facility learn from this and move forward. The IJ was removed and deficient practice corrected on 8/7/25 at 6:23 p.m., after the facility implemented a systemic plan that included the following actions: -Resident Diet Communication and Implementation Procedure was reviewed and identified dietary aide is responsible for serving meals according to orders and preferences. -Residents were identified as at risk for receiving improper meals due to diet orders with special		F0803				

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245397		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/07/2025	
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F0803 SS = J	Continued from page 6 instructions. All dietary orders were reviewed by SLP to assure they were current and accurate and matched the meal ticket, care sheets and care plan. -Education started 8/7/25 for all nursing and dietary staff prior to each shift. Training includes the definition of bite sized pieces, that all food must be cut into bite sized pieces, and that all staff understand and can demonstrate what to do if a resident is choking.			F0803			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 21, 2025

Administrator
Havenwood Care Center
1633 DELTON AVENUE NW
BEMIDJI, MN 56601

Re: State Nursing Home Licensing Orders
Event ID: 1D3105-H1

Dear Administrator:

The above facility was surveyed on August 7, 2025, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

LeAnn Huseth, RN, Regional Operations Supervisor
Fergus Falls District Office
Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, 56537
Email: leann.huseth@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15

days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive, flowing style.

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

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/07/2025	
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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 8/5/25 to 8/7/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.		20000			08/31/2025	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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Minnesota State Department of Health

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20000	Continued from page 1 The following complaint was reviewed: H53971264C (2576426) with a licensing order issued at 0830. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.		20000				
21050	Menus; Meal Planning CFR(s): MN Rule 4658.0625 Subp. 1 Subpart 1. Menu planning. All menus must be planned in advance, dated, and followed. Any changes in the meals actually served must be of equal nutritional value. The general menu for a seven-day period must be posted prior to the start of that seven-day period at a location readily accessible to residents, and any changes to the general menu must be noted on that posted menu. All menus and any changes for the current and following seven-day periods must be posted in the		21050	Corrected.		08/31/2025	

Minnesota State Department of Health

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21050	Continued from page 2 dietary area. Records of menus and of foods purchased must be filed for six months. A variety of foods must be provided. A file of tested recipes adjusted to a yield appropriate for the size of the home must be maintained. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure a system to provide the correct physician ordered diet texture for 1 of 3 residents (R1) who was at risk for choking and had a history of dysphagia. This resulted in an Immediate Jeopardy (IJ) for R1 when she was provided lunch which was not cut up into bite sized pieces as ordered. As a result, R1 was observed to choke, requiring the Heimlich to clear obstruction, suctioning, and oxygen after she lost consciousness. R1 was transferred to the hospital, was intubated and placed on a ventilator. The IJ began on 7/30/25 at 12:10 p.m., when nursing assistant (NA)-A provided R1 with a lunch tray which included potato chowder with kielbasa pieces and a chicken salad sandwich that were not cut up per physician orders. This resulted in R1 choking and requiring the Heimlich Maneuver, was hospitalized and placed on a ventilator. The Administrator and director of nursing (DON) were notified of the IJ on 8/7/25 at 2:25 p.m. The IJ was removed on 8/7/25 at 6:23 p.m. Findings include: R1’s quarterly Minimum Data Set (MDS) dated 6/5/24, identified R1 with moderately impaired cognition, did not reject cares, impaired mobility of both lower extremities, required setup or clean up assistance with eating and substantial assistance with oral care. In addition, R1’s active diagnoses include spastic paraplegia (progressive stiffness and contraction in the lower limbs), Parkinsonism and dysphagia (difficulty swallowing). Diet was identified as Mechanically altered diet (require change in texture of food or liquids). A Facility Reported Incident (FRI) report was submitted to the State Agency (SA) on 7/30/25 at 3:25 p.m. The report identified, on 7/30/25, at 12:10 p.m., R1 experienced a choking incident requiring the Heimlich Maneuver and was sent to the hospital for treatment/evaluation. R1’s hospital noted dated 7/30/25, identified R1 was intubated for airway protection following out of hospital cardiac arrest and respiratory failure and [R1		21050				

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21050	Continued from page 3 with history] of COPD presented to the ER (emergency room) following a choking event. Per EMS (Emergency Medical Services) report, patient choked on a sausage while at the assisted living facility, stopped breathing, attempt was made at Heimlich maneuver and R1 was unresponsive. R1’s care plan dated 11/21/21, identified Approach: Regular Diet/Dysphagia level 4 (regular texture) with honey thick liquids; Cut food into small pieces. Encourage small bites and to chew well before swallowing. R1’s physician orders dated 4/16/24, identified Honey Thick for Thickened Liquid, and Special Instructions: Cut all foods into bite size pieces. Encourage small bites and to chew well. R1’s speech language pathology (SLP) evaluation and plan of treatment dated 4/2/24, recommended moderately thick liquids and Regular diet cut into bite sized pieces. R1’s lunch meal ticket for 7/30/25, identified menu of Kielbasa and Potato Chowder, Chicken Salad Sandwich, Pickled Beets and Fruit Salad. The ticket identified food to be cut into bite sized pieces. During interview with family member (FM)-A on 8/5/25 at 1:06 p.m., FM-A stated she was present in the dining room at the time of R1’s choking episode. FM-A stated R1 was eating food off her meal tray and then raised her left hand up in a ‘wave’. Then, FM-A stated, “I think [R1] is choking” aloud to staff. Then a staff member approached R1. FM-A stated R1's skin color turned from normal to a gray color. FM-A stated staff immediately took R1 out of the dining room. During interview with nursing assistant (NA)-B on 8/5/25 at 1:17 p.m., NA-B stated, she presented R1’s lunch tray to her in the dining room on 7/30/25. NA-B confirmed she did not double check the meal ticket to ensure it was accurate. NA-B stated the process for following meal ticket was for dietary staff to lay out meal tickets on the dining room tables prior to each meal, then the aides or nurses would bring the meal ticket to the kitchenette [located in each dining room] and the dietary aide would dispense the food per meal ticket. The aide would then bring the meal and meal ticket back to the resident. NA-B stated, “I should have checked the ticket and I could have cut her sandwich with a butter knife but I did not. Her meal was not bite-size pieces”.		21050				

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21050	Continued from page 4 During interview with licensed practical nurse (LPN)-A on 8/5/25 at 2:08 p.m., LPN-A stated when R1 was suctioned there was little pieces of food noted. LPN-A obtained R1's meal tray and observed the kielbasa was large sausages about a 50-cent piece is size. LPN-A stated there was not formal education provided to staff following the choking incident. During interview with NA-C on 8/6/25 at 5:16 p.m., NA-C stated R1 choked pretty easily and if she swallowed wrong there was a lot of clearing her throat. During interview with trained medication aide (TMA)-C on 8/6/25 at 6:11pm, TMA-C stated they did not know who ensured the food was cut up. TMA-C indicated sometimes the dietary aide completed the task and sometimes it was the nursing staff. TMA-C stated it was unclear who was responsible. During interview with NA-E on 8/6/25 at 6:37 p.m., NA-E stated they though it was a mix of both dietary aides and nursing staff who were responsible to cut the food up. NA-E indicated there was no one specifically identified who had the responsibility to ensure the food was cut up when served to the resident. During interview with NA-F on 8/6/25 at 6:40 p.m., NA-F stated they would not have thought about to cut the sausage pieces for R1. NA-F indicated that was the hard part of not knowing who is and is not responsible for cutting up food when the resident gets the food in front of them. During interview with director of nursing (DON) on 8/6/25 at 6:52 p.m., DON stated she was in the area of the dining room when R1's choking incident occurred on 7/30/25. DON stated she was notified of the choking incident and ran to R1 knowing R1 was full code. Suction machine was obtained. DON indicated when the Heimlich was first initiated, a small piece of food came out. DON stated staff removed R1's dentures and put the suction lower in her throat. Staff applied Oxygen and the fire department arrived. DON stated a piece of chicken come up. DON went and asked to see the plate of food R1 was eating from and noted the sausage pieces in the soup were the size of quarter- too big to swallow. DON stated, "I would not feed that to a two-year-old for fear of choking." DON stated the responsibility of making sure the food was cut up per orders before serving should be dietary staff. DON explained the food should come out cut up from the kitchenette and the next staff to touch the plate should have caught it. DON stated it was a learning situation. During a follow-up interview with DON on		21050				

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21050	Continued from page 5 8/7/25 at 9:23 a.m., DON confirmed facility staff had not received formal education regarding R1's choking incident and the process to address it. During interview with dietary aide (DA)-B on 8/6/25 at 5:32 p.m., DA-B stated meal ticket process involved the aides retrieving the meal tickets from the tables and give it to the dietary staff serving the meal. DA-B dietary staff would review the ticket and dish up the meal. DA-B was unable to state who was responsible for ensuring meals with orders for cut up food was done. During interview with DA-C on 8/6/25 on 5:36 p.m., DA-C stated the meal ticket would inform the staff of the consistency of meal. DA-C stated they were unsure who was ultimately responsible for cutting up food into bite sized pieces per orders. During interview with dietary manager (DM) on 8/7/25 at 8:10 a.m., DM stated soup had been served on 7/30/25, and a chunk of meat in the soup became lodged in R1's throat. DM stated he reviewed R1's meal ticket and orders and it clearly says bite sized pieces. DM stated they thought everyone was responsible [for ensuring diet orders were followed and usually it was the dietary aide that cut up the food when plating it. DM stated there was no education provided to any dietary staff following R1's choking incident. DM indicated this was a life and death situation for R1. DM stated it was important to follow orders for a safety reason and to ensure that something like this did not happen again. During interview with SLP on 8/7/25 at 7:55 a.m., SLP stated she was very familiar with R1. SLP stated the food items in R1's lunch were not appropriate in size for R1. Staff said it was cut into small circles or discs which was way too big. SLP stated they really felt like it was the duty of the kitchen and dietary staff to ensure consistency of ordered food is appropriate. SLP stated they felt like this could have been avoided. During interview with registered dietician (RD) on 8/7/25 at 9:37 a.m., RD stated the dietary aides were supposed to cut it up and then the tray brought to the resident. RD stated R1's choking incident never should have happened. RD stated importance for following dietary orders was if not followed, problems like choking could occur. During interview with nurse practitioner (NP) on 8/7/25 at 9:40 a.m., NP stated she was made aware of R1's choking incident and indicated it looked like it was		21050				

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NAME OF PROVIDER OR SUPPLIER Havenwood Care Center				STREET ADDRESS, CITY, STATE, ZIP CODE 1633 DELTON AVENUE NW , BEMIDJI, Minnesota, 56601			
(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	
21050	Continued from page 6 non-compliance with food recommendations. R1]followed her diet really well. NP stated there was negligence on what the food looked like and what was served and should have been avoided on multiple levels. NP stated it was a very serious thing that happened and no one deserved that. NP stated dietary orders were in place to help protect these individuals and if they were not followed serious side effects can occur. During interview with medical director (MD) on 8/7/25 at 12:47 p.m., MD stated the goal was to be clear with following orders, and ensuring the diet order was followed. MD stated the R1 choking incident was unfortunate and the facility learn from this and move forward. The IJ was removed and deficient practice corrected on 8/7/25 at 6:23 p.m., after the facility implemented a systemic plan that included the following actions: -Resident Diet Communication and Implementation Procedure was reviewed and identified dietary aide is responsible for serving meals according to orders and preferences. -Residents were identified as at risk for receiving improper meals due to diet orders with special instructions. All dietary orders were reviewed by SLP to assure they were current and accurate and matched the meal ticket, care sheets and care plan. -Education started 8/7/25 for all nursing and dietary staff prior to each shift. Training includes the definition of bite sized pieces, that all food must be cut into bite sized pieces, and that all staff understand and can demonstrate what to do if a resident is choking. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designee should review policies and procedures, train staff, and implement measures to ensure appropriate diets are provided. The director of nursing or designee, should conduct measurable audits to ensure appropriate diets are provided. The DON or designee should educate staff to those intervention. The results of audits should be taken to QAPI to determine compliance or the need for ongoing monitoring. TIME FRAME FOR CORRECTION: Twenty-One (21) days.		21050				