



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 19, 2023

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

RE: CCN: 245397
Cycle Start Date: September 21, 2023

Dear Administrator:

On October 3, 2023, we informed you that we may impose enforcement remedies.

On October 6, 2023, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted immediate jeopardy (Level J). 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).

REMOVAL OF IMMEDIATE JEOPARDY

On September 28, 2023, the situation of immediate jeopardy to potential health and safety cited at F689 was removed.

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 Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective December 21, 2023

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective December 21, 2023. They will also notify the State Medicaid

Agency that they must also deny payment for new Medicaid admissions effective December 21, 2023.

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.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

NURSE AIDE TRAINING PROHIBITION

Federal law, as specified in the Act at §1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Havenwood Care Center is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective October 6, 2023. This prohibition remains in effect for the specified period even though substantial compliance is attained. 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.

DEPARTMENT CONTACT

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

Havenwood Care Center

October 19, 2023

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to:

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to 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 March 21, 2024 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate

formal notification of that determination.

APPEAL RIGHTS

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

Steven.Delich@cms.hhs.gov

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

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

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

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

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division

Havenwood Care Center
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P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

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

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 10/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245397	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2023
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NAME OF PROVIDER OR SUPPLIER HAVENWOOD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1633 DELTON AVENUE NW BEMIDJI, MN 56601
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 10/6/23, 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.</p> <p>The following complaint was reviewed: H53976002C (MN97184) and a deficiency was issued at F689 at PAST NON-COMPLIANCE.</p> <p>Although the provider had implemented corrective action prior to survey, immediate jeopardy 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.</p>	F 000		
F 689 SS=J	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§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</p> <p>§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 provide adequate supervision when staff did not appropriately respond to a sounding exit door alarm for 1 of 3 residents (R1) identified at risk for elopement, who was able to exit the building, despite wander alert alarming, resulting in R1 being outside the facility without</p>	F 689	<p>Past noncompliance: no plan of correction required.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE

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

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F 689	<p>Continued From page 1</p> <p>staff knowledge. This resulted in an immediate jeopardy (IJ) for R1.</p> <p>The immediate jeopardy began on 9/23/23, at approximately 6:39 p.m. when R1 was found outside the facility by a visitor walking through the parking lot. The IJ was identified on 10/6/23, and the administrator was notified of the IJ on 10/6/23, at 4:15 p.m. The immediate jeopardy was removed on 9/28/23, and the deficient practice was corrected prior to the start of the survey and was therefore issued at past noncompliance.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set dated 9/20/23, identified severe cognitive impairment, wandering behaviors and indicated she required limited assistance from staff for ambulation. R1's care plan revised 9/22/23, identified an alteration in thought process related to anxiety and Alzheimer's disease. The care plan indicated R1 wandered and required the use of a wander alert. The care plan identified decreased physical mobility and indicated R1 ambulated with limited assist of one staff using a walker.</p> <p>R1's facility Progress Note dated 9/23/23, indicated she was found outside by a visitor. The visitor reported seeing R1 halfway between the care center and the assisted living. The visitor reported R1 was asking "can you help me, I am not sure where I should go." The visitor assisted R1 to the assisted living as she believed R1 was a resident there. Assisted living staff called the care center and assisted R1 back to the care center. R1's wander alert sounded when she re-entered the facility. Nursing assistant (NA)-A</p>	F 689		

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F 689	<p>Continued From page 2</p> <p>reported hearing the wander alert system alarm and said she looked out the door and did not see anyone so she reset the alarm after asking licensed practical nurse (LPN)-A how to do it.</p> <p>Review of video footage, dated 9/27/23, identified the following:</p> <p>9/23/23, at 6:39 p.m., R1 left the garden door and walked along the sidewalk. She had her walker. At 6:41 p.m. R1 reached the edge of the sidewalk and stepped down into the parking lot in front of the care center. R1 walked across the parking lot toward the street. R1 reached the curb on the east side of the lot, turned left and walked toward the parking lot exit which took about a minute. At 6:43 p.m. R1 was trying to cross the parking lot when a car was trying to turn into the lot. The car pulled up next to R1 and directed her through the window to turn around and walk back to the side walk. The visitor parked her car and walked over to R1 who was on the sidewalk. At 6:47 p.m. the visitor led R1 to the front door of the care center but was unable to get in as the doors were locked. The visitor then brought R1 to the assisted living.</p> <p>During observation of the unit and facility on 10/6/23, at 12:32 p.m. R1's room was noted to be on the north end of the facility. At the end of the hall was an exit door that led to a sidewalk leading to the parking lot. The facility parking lot was adjacent to a moderately busy road in a residential neighborhood to the east. The South end of the campus, approximately ½ block from the facility parking lot connected to a highly trafficked road. Behind the facility the road was closed due to construction.</p>	F 689		

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F 689	<p>Continued From page 3</p> <p>During interview on 10/6/23, at 1:34 p.m. Licensed Social worker (LSW)-A and the corporate registered nurse (RN) were intervieweed. LSW-A stated staff were trained on the wander alert system during orientation and when training on the floor. RN stated after the elopement occurred, she had spoken to NA-A who said she heard the alarm sound and had gone to the door and looked but had not seen anyone. RN stated NA-A said she thought the alarm was sounding due to another resident with a wander alert being close to the door and she was unable to turn off the alarm because she did not know the code. The corporate RN said NA-A asked LPN-A what the code was and turned off the alarm. RN said after the elopment occurred all staff were re-trained on the procedure and ongoing elopment drills were being conducted.</p> <p>During interview on 10/6/23, at 3:05 p.m. LPN-A stated when NA-A asked her for the code for the alarm her first thought was that one of the other residents with a wander alert had been sitting by the door and set off the alarm. LPN-A stated she had been trained on how to respond if a wander alert alarm sounded but it had been a crazy day and she had not even thought about it, she just gave NA-A the code to clear the alarm.</p> <p>Facility policy/procedure dated 4/2015, indicated if any unauthorized departure occurred an audio alarm would sound at the door and at the nurses station. Any staff hearing the alarm will immediately investigate and respond accordingly. The policy/procedure lacked direction in regard to how to respond if no resident was seen when responding to an alarm.</p> <p>The past noncompliance immediate jeopardy</p>	F 689		

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F 689	Continued From page 4 began on 9/23/23. The immediate jeopardy was removed, and the deficient practice corrected by 9/28/23 , after the facility implemented a systemic plan that included the following actions: - Care planned interventions were implemented to keep R1 occupied after meals. - Elopement training on 9/23/23 - 9/28/23, to include review of the policy and procedure for responding to a wander alert for all nursing care staff. - Elopement drills performed each shift then daily beginning 10/3/23, and ongoing.	F 689		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 19, 2023

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

Re: Event ID: CK8411

Dear Administrator:

The above facility survey was completed on October 6, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

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

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2023
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NAME OF PROVIDER OR SUPPLIER HAVENWOOD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1633 DELTON AVENUE NW BEMIDJI, MN 56601
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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: On 10/6/23, 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.</p> <p>The following complaints were reviewed during the survey. H53976002C (MN97184)</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2023
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2 000	<p>Continued From page 1</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		