



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

May 29, 2026

Administrator
ESSENTIA HEALTH HOMESTEAD
115 10TH AVENUE NORTHEAST
DEER RIVER, MN 56636

RE: CCN: 245428

Cycle Start Date: April 22, 2026

Dear Administrator:

On May 5, 2026, we informed you that we may impose enforcement remedies.

On May 18, 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 actual harm that was not immediate jeopardy (Level G).

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

REMEDIES

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

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

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

NURSE AIDE TRAINING PROHIBITION

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

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

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective July 22, 2026. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

DEPARTMENT CONTACT

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

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

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

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

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Sincerely,



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



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May 29, 2026

Administrator
ESSENTIA HEALTH HOMESTEAD
115 10TH AVENUE NORTHEAST
DEER RIVER, MN 56636

Re: Event ID: 232942-H1

Dear Administrator:

The above facility survey was completed on May 18, 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,

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

June 4, 2026

Administrator
ESSENTIA HEALTH HOMESTEAD
115 10TH AVENUE NORTHEAST
DEER RIVER, MN 56636

RE: CCN: 245428

Cycle Start Date: April 22, 2026

Dear Administrator:

On May 29, 2026, we notified you a remedy was imposed. On June 2, 2026, the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of May 18, 2026.

In our letter of May 29, 2026, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(l)(b) and § 1919(f)(2)(B)(iii)(l)(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 July 22, 2026 due to denial of payment for new admissions. Since your facility attained substantial compliance on May 18, 2026, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245428	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/18/2026
NAME OF PROVIDER OR SUPPLIER ESSENTIA HEALTH HOMESTEAD			STREET ADDRESS, CITY, STATE, ZIP CODE 115 10TH AVENUE NORTHEAST , DEER RIVER, Minnesota, 56636	
(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 5/18/26, 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 during the survey. H54281685C (2995818) with a deficiency cited, F689 at HARM PAST NON-COMPLIANCE. The facility is enrolled in ePOC, therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, the facility must acknowledge receipt of the electronic documents.	F0000		
F0689 SS = G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and document review, the facility failed to ensure the care plan was followed for 1 of 3 residents (R1) reviewed for falls. This resulted in actual harm to R1 when she fell out of bed and sustained a femur (the longest, heaviest, and strongest bone in the human body, located in the upper leg) fracture. Findings include: R1's Resident Face Sheet indicated she was	F0689	"Past Noncompliance - no plan of correction required"	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0689 SS = G	<p>Continued from page 1 admitted to the facility 3/28/23. Diagnoses included Parkinson's disease, dementia, anxiety and repeated falls.</p> <p>R1's comprehensive Minimum data set (MDS) dated 12/18/25, identified severely impaired cognition. The MDS indicated R1 was dependent on staff for bed mobility and transfers.</p> <p>R1's Johns Hopkins Fall Risk Assessment Tool dated 4/30/26, indicated a low risk for falls.</p> <p>R1 care plan dated 5/12/26, identified a risk for falls related to diagnosis of Parkinson's disease, dementia, hallucinations, impaired mobility, weakness and decreased safety awareness. The care plan identified:</p> <p>Fall on 3/28/23. Interventions included: call light and personal items in reach when in room. The care plan further identified an alteration in physical mobility and activities of daily living and indicated she required the use of a mechanical lift for transfers</p> <p>Fall on 8/10/23. Interventions included: low bed with non-slip mat next to bed.</p> <p>Fall on 4/22/26. Fall description indicated R1 rolled out of bed, onto the floor and sustained a femur fracture. Fall interventions included: 30-minute safety checks.</p> <p>Facility Safety Event dated 4/22/26, indicated on 4/22/26, at 7:00 a.m., R1 had a fall from her bed. R1's bed had been raised to working height so staff (nursing assistant (NA-A)) could get R1 ready for the day. NA-A left the room to get assistance from another staff member and when they returned, R1 was observed on the floor.</p> <p>R1's Resident Progress Notes indicated the following:</p> <p>4/22/26, Writer was called to [R1's] room at 7:00 a.m. Upon entering room, R1 was on the floor on her right side next to the bed. R1 appeared to have rolled out of bed. No visible injury to torso, hips, head or face.</p> <p>4/22/26, At 7:15 p.m., R1 was crying in bed</p>	F0689		

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F0689 SS = G	<p>Continued from page 2 and stated she hurt. Administered pain medication and R1 fell asleep.</p> <p>4/23/26 at 8:45 a.m., While providing morning cares, R1 complained of pain with movement of right hip. R1 said "ouch, ouch" when attempting to reposition. Facial grimacing and guarding noted. R1 was taken to radiology for imaging.</p> <p>4/23/26, 10:07 a.m., Computed Tomography (CT) scan (a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce images of the inside of the body) returned negative for fracture.</p> <p>4/24/26, 9:31 a.m., R1 was crying and leaning in her chair in the morning, and stated, "I hurt."</p> <p>4/24/26, 12:54 p.m., Bruise noted to R1's inner right leg, above the knee to the abdomen. Bruise measured 6.6 centimeters (cm) x 5.4 cm. No swelling in bruised area but upper thigh was swollen. Tenderness on palpitation of area.</p> <p>4/25/26, 1:25 p.m., Writer was called to [R1's] room to assess her right leg. Inner thigh had a large blue/purple bruise covering most of the area. Right thigh appeared swollen and larger than the left. R1 reported pain with movement of knee.</p> <p>4/25/26, 2:25 p.m., X-ray of R1's right thigh and knee performed.</p> <p>4/25/26, 3:30 p.m., X-ray indicated displaced (broken bone ends have shifted out of their normal, anatomical alignment) fracture extending from the lower femoral shaft to the metaphysis (section of bone located between the rounded end of the bone and the long, straight shaft).</p> <p>During interview on 5/18/26 at 12:51 p.m., NA-A stated on the morning of 4/22/26, staff had been getting residents up for the day. NA-A stated she got R1 ready and placed the mechanical lift sling underneath her. NA-A left R1's room to get another staff to assist and forgot to put R1's bed back down. R1's bed was about three feet from the floor. NA-A stated for a few days following the fall, R1 had seemed her normal self,</p>	F0689		

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<p>F0689 SS = G</p>	<p>Continued from page 3 then started having pain. NA-A stated following the fall she met with the administrator and the director of nursing (DON) and received education related to following the plan of care and had to complete a packet of training as well as online training.</p> <p>During interview on 5/18/26 at approximately 1:30 p.m., registered nurse (RN)-A stated prior to R1's fall she had not been able to bear weight and had contractures (a permanent or semi-permanent tightening of muscles, tendons, skin, or other soft tissues that cause joints to become stiff and restrict normal movement). RN-A said after R1 fell; she had a CT scan of her pelvis. RN-A said the fracture had not been identified during the CT scan. RN-A stated since the fall, R1 had to remain in bed because she was unable to use the mechanical lift due to the fracture.</p> <p>During interview on 5/18/26 at 1:42 p.m., the DON stated NA-A lifted R1's bed to perform cares. When NA-A stepped out to get help, R1 fell out of bed. The DON stated staff received education related to following the care plan. Audits were implemented related to awareness of the care plan, following the care plan and following safety interventions.</p> <p>During interview on 5/18/26 at 2:08 p.m., the medical director (MD) stated R1 had fallen and had a CT performed which showed no fracture. MD said R1 displayed high anxiety and difficulty communicating. A few days after the fall, R1 had increased pain and x-rays showed a fracture. The MD stated the fracture was a result of R1's fall from bed.</p> <p>Facility policy Care Planning – Care Conferences dated 9/15/25, indicated direct care staff are expected to follow the care plan as written to provide consistent, safe, resident centered care. Following the care plan supports the residents' highest practicable level of physical, mental and psychosocial well-being.</p> <p>The Past Noncompliance began on 4/22/26 when NA-A left R1 unattended with her bed raised to working height resulting in R1 falling from the bed and sustaining a femur fracture. The deficient practice was corrected by 4/23/26, after the facility provided education to NA staff related to following the plan of care and developed and implemented audits to ensure care plan compliance, safety interventions and care plan awareness.</p> <p>The education was verified through interview and</p>	<p>F0689</p>		

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F0689 SS = G	Continued from page 4 document review.	F0689		

Minnesota Department of Health

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 5/18/26, 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.</p> <p>The following complaint was reviewed during the survey. H54281685C (2995818).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p>	20000		

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 Department of Health

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20000	Continued from page 1 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		