



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 7, 2026

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

RE: CCN: 245428

Cycle Start Date: March 31, 2026

Dear Administrator:

On March 31, 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 March 31, 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 Operations Supervisor
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
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

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 03/31/2026
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 3/31/26, 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. H54289260C (2961155). with a deficiency issued at F689 at HARM PAST NON-COMPLIANCE. 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.	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 care planned interventions were implemented to reduce the risk for falls for 1 of 3 residents (R1) reviewed for falls. This resulted in actual harm to R1 who fell from her wheelchair and sustained a fracture, head injury and lacerations to her hand. Findings include:	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</p> <p>R1's Continuity of Care Document created 4/1/26, indicated she admitted to the facility 1/5/22. R1's diagnosis included aphasia (communication disorder- may affect written and spoken language as well as ability to understand), dysphagia (difficulty swallowing) muscle weakness and dependence on enabling machines and devices for transfers.</p> <p>R1's Johns Hopkins Fall Risk Assessment Tool dated 1/5/26, indicated a high risk for falls.</p> <p>R1's quarterly Minimum Data Set dated 3/13/26, identified severe cognitive impairment and indicated she required substantial/maximal assistance for transfers. The MDS indicated R1 was dependent on staff for transport in a manual wheelchair.</p> <p>R1's care plan dated 3/23/26, identified a problem related to wheelchair transport safety and positioning. The care plan directed staff to ensure R1 was fully positioned and supported in wheelchair prior to transport, verify footrests were in place prior to transport and monitor for leaning, sliding or unsafe positioning. The care plan identified a risk for falls related to diagnosis of traumatic brain injury, aphasia and impaired mobility. Care planned approach dated 9/13/22, directed staff to ensure wheelchair pedals were on at all times.</p> <p>A facility Event Report dated 3/21/26, indicated R1 sustained a fall out of her wheelchair at 7:30 p.m. in her room. No suspected head injury was identified. The report indicated R1 was able to communicate but refused to make a statement. R1's fall was witnessed by staff. The report indicated R1 was being pushed in the wheelchair after her shower, leaned forward in the chair and fell out of it.</p> <p>R1's Progress Notes identified the following:3/22/26 at 1:35 a.m., Writer received call from the emergency department (ED) stating they would be admitting R1 for a thoracic fracture.3/22/26 at 8:26 a.m., Xray result indicated "highly "suspicious for T12 (12th thoracic vertebra at the base of the mid-back) fracture. 3/22/26 at 9:19 a.m., R1 had an abrasion to her forehead and a bruise to her left knee. R1 also had two lacerations on her right hand. 3/22/26 at 10:22 a.m., R1 had two different areas that she lacerated on her right hand, fourth finger base and sutures intact upon removal of splint. R1's entire hand was black and blue and swollen. R1 had two sutures on the outside and nine on the inside. R1 had pain in the hand.3/22/26 at 3:21 p.m., late entry note for 3/21/26. At 7:30 p.m., after</p>	F0689		

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F0689 SS = G	<p>Continued from page 2</p> <p>shower, nursing assistant (NA) was wheeling R1 to her room. While going through the doorway, R1 leaned forward and fell out of her wheelchair. Upon assessment, R1 had a laceration on her right hand, a lump on her head and a bruise on her left knee. R1 was transferred to the ED. 3/23/26, ED physician Visit Note; R1 arrived from the facility following a fall out of her wheelchair resulting in abrasions and injury to her forehead, left knee and right hand. According to camera footage, R1 fell out of the wheelchair when she was being transported to her room in the wheelchair. The wheelchair hit the door frame stopping the chair with R1 then falling out of the chair. Assessment indicated a head injury with concussion, left upper mid head abrasion and contusion, T12 fracture and right hand laceration that required repair with sutures.</p> <p>During observation on 3/31/26 at 11:27 a.m., R1 was seated at a table in the dining room. R1 had a bandage on her right hand. Foot pedals were observed on R1's wheelchair.</p> <p>During interview on 3/31/26 at 2:14 p.m., NA-A stated R1 had received a shower and when she transported R1 from the shower room to her room, she had not put the foot pedals on the wheelchair. NA-A stated when she wheeled R1 into her room she hit the doorframe with the right side of the wheelchair. NA-A said R1 had begun to lean forward in the chair and fell onto the floor. NA-A stated she was aware she should have had the foot pedals on the wheelchair but had not put them on since she was only transporting R1 from the shower to her room. NA-A stated, following the incident, she received education related to following the care plan and was required to demonstrate transfers and transports more than once.</p> <p>During interview on 3/31/26 at 2:26 p.m., the director of nursing (DON) stated the care plan had not been followed when R1 had fallen. The DON stated after the incident, education had been completed with NA- A and ongoing audits had been implemented to ensure safe transport and to ensure staff were following the plan of care.</p> <p>Facility policy Activities of Daily Living Standards of Care dated 9/10/25, indicated a plan of care was developed for each resident based on assessment, preferences, choices and standards of care. All staff will be responsible for knowing and following the individual plan of care for each resident.</p> <p>The Past Noncompliance began on 3/21/26 when NA-A was assisting R1 in her wheelchair from the shower room to</p>	F0689		

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F0689 SS = G	Continued from page 3 R1's room without use of foot pedals. R1's wheelchair hit the door frame of R1's room. This caused R1 to fall from her wheelchair which resulted in R1 sustaining a fracture, head injury and lacerations to her hand. The deficient practice was corrected by 3/22/26, 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 and safe wheelchair transfers and transport. The education was verified through interview and document review.	F0689		



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

Re: Event ID: 22C8CA-H1

Dear Administrator:

The above facility survey was completed on March 31, 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

Minnesota State Department of Health

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 3/31/26, 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 complaints were reviewed during the survey. H54289260C (2961155).</p>	20000		

Office of Primary Care and Health Systems Management

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Minnesota State Department of Health

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20000	Continued from page 1 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.	20000		