Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 18, 2025

Administrator
Gracepointe Crossing Gables
1601 RIVERHILLS PARKWAY NORTHWEST
CAMBRIDGE, MN 55008

RE: CCN: 245432
Cycle Start Date: August 8, 2025

Dear Administrator:

On August 8, 2025, 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.

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:

LeAnn Huseth, RN, Regional Operations Supervisor
Fergus Falls District Office
Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, MN 56537
Email: leann.huseth@state.mn.us

Office: (218) 332-5140 Mobile: (218) 403-1100

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.

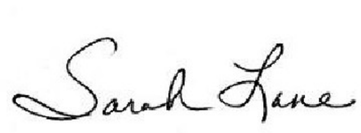
INFORMAL DISPUTE RESOLUTION (IDR)

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,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

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Re: Event ID: 1D369F-H1

Dear Administrator:

The above facility survey was completed on 08/08/2025 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,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900

Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245432	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracepointe Crossing Gables	**1601 RIVERHILLS PARKWAY NORTHWEST , CAMBRIDGE, Minnesota, 55008**

(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 8/8/25, an abbreviated survey was completed by surveyors from the Minnesota Department of Health (MDH) to conduct a complaint investigation. Your facility was found IN compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H54321082C (2568553 and 1058281); with past non-compliance cited at F689. 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 care-planned interventions for safety with hot beverages were consistently implemented to reduce the risk of accident and injury for 1 of 1 residents (R1) reviewed who required lids on their hot beverages. This resulted in actual harm for R1 who was served a cup of hot tea without a lid and spilled it onto herself causing multiple second-degree burns. However, the facility had taken multiple corrective action(s) prior to the onsite	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	Continued from page 1 survey so these findings are issued at past non-compliance. Findings include: A United States (US) National Library of Medicine Burn Classification article, dated 9/2023, identified burns happen with the skin is exposed to heat sources such as flames or hot objects. The article listed definitions and/or types of burns which included a first-degree burn as, " ... involves the epidermis only. These burns can be pink-to-red, without blistering, are dry and can be moderately painful." The article then listed a section labeled, "Partial-Thickness Burns," and recorded them as, "A second-degree burn ... affects the superficial layer of the dermis. Blisters are common and may still be intact when first evaluated ... These burns are painful. Healing typically occurs within 2 to 3 weeks with minimal scarring." A submitted facility-reported incident (FRI), dated 7/22/25, identified an allegation of potential neglect was submitted for R1 by the care center staff. The report outlined R1 was brought into the dining room and was served hot tea in a mug without a lid despite R1 being care-planned to use mugs with a lid for hot beverages. R1 spilled the tea onto herself. R1 was immediately assessed and the provider contacted for treatment orders. The report outlined, "The water in the carafe [pitcher] was obtained from the coffee machine which is set at a temp of 170 [F] ... Hot beverage policy was followed at the time of the incident." R1's quarterly Minimum Data Set (MDS), dated 7/15/25, identified R1 had severe cognitive impairment and had no other skin impairments (i.e., burns) present at the time of the review. On 8/8/25 at 9:05 a.m., R1 was observed seated in a high-back wheelchair while in the dining room. R1 was seated at a table with other residents and had a regular plate in front of her on the table which had stacked debris present (i.e., napkins, utensils). R1 had a visible dark-colored, hard plastic coffee cup next to her plate which was turned upside down and underneath of the cup was a white-colored lid. R1 was not served any hot beverages at that time. A white-colored menu slip was placed on the table next to R1's items which outlined R1's name, the date (8/8), and that R1 consumed a regular diet with thin liquids. The slip included a section labeled, "Spec [special] Direct [directions]," which outlined, "HOT BEVERAGES IN MUGS WITH LIDS, ADD ICE TO HOT BEVERAGES IT [sic]	F0689		

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F0689 SS = G	Continued from page 2 REFUSING LIDS, NO STRAWS." Dietary aide (DA)-A was present in the dining room and picked up R1's used cutlery and menu slip from the table. R1 was interviewed and expressed she thought she had eaten pancakes for the breakfast meal but then added aloud, "My memory's not that good." R1 stated she didn't have any coffee or tea then added, "I got burnt a week ago." R1 recalled the incident and explained a woman was sitting across the table from her whom had spilled her cup which then poured onto her clothes causing a burn. R1 stated, "It burnt so bad right into the skin!" R1 stated it was painful adding, "Oh God yes." R1 was unsure if the person who spilled it was a staff member or another resident responding with, "Just a lady in a hurry I guess with her cup." Following this, at 9:12 a.m., DA-A was interviewed and explained the DA staff members are typically the people to make and serve the beverages within the dining room. DA-A stated R1 needed a lid on her coffee cups for "hot beverages" which was placed at the table for any staff to see and use. DA-A stated R1 had been required to use the lids for a while but was unsure exactly how long adding, "Honestly, I don't know." DA-A stated any staff who serve R1 food or beverages should be reading the white-colored menu slip prior to setting the items on the table for her. R1's nutritional care plan, revised 7/28/25, identified R1 had a potential risk for nutritional problems due to requiring additional fluid/nutrition supplement. The care plan outlined R1 was able to eat independently at meals with tray set up and added, " ... hot beverages in mugs with lids or add ice in hot beverages if she refuses to have a lid." The care plan listed an intervention reading, "Assist me with tray set up at meals and provide me with hot beverages in mugs with lids," which had a last revision date listed, "04/09/2025." The care plan listed another intervention which read, "Add ice to hot beverages if refusing lids," with a date initiated, "07/28/25." On 8/8/25 at 9:43 a.m., R1's family member (FM)-A was interviewed and verified they were R1's emergency contact. FM-A explained they were aware of R1 having sustained a burn and expressed it had been explained to them that "someone got bumped" in the dining room which is what caused the hot beverage to spill onto R1. FM-A reiterated they were told the tea was "going to someone else" and had mistakenly got spilled onto R1. FM-A stated R1 did report having pain from the burns at the time, however, it had been improving more recently. FM-A stated they recalled hearing R1 say, "They burned me." R1's progress note, dated 7/22/25, identified R1 had	F0689		

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F0689 SS = G	Continued from page 3 spilled hot tea on her lap. The note outlined, "Cool wash clothes [sic] were applied right away to her right upper thigh, right lower abd [abdomen] and towards the back that were red and warm to the touch." The note outlined R1 repeatedly tried to remove the cloths. R1 was recorded as "complaining of it hurting and the areas were hot." A subsequent note, dated 7/22/25, identified the medical provider ordered skin prep daily for five days with dictation, " ... was updated regarding the blisters forming on those areas." R1's corresponding Resident Occurrence Report, dated 7/22/25, identified two (2) burns were obtained including on her right upper thigh, and right lower abdomen towards her back. The report listed an analysis of the occurrence as R1 spilling hot tea on herself and directed to continue using lids with hot beverages along with immediately medical treatment orders. R1's Prescriber Order, dated 7/23/25, identified a telephone order from the medical provider was obtained. The order directed, "Apply ABD pads [dressing] to right upper thigh and RLQ [right lower quadrant] blister areas one time a day ... do not put tape on burn areas. Burns." R1's progress note, dated 7/24/25, identified a plan of care note which outlined, " ... wounds are blisters that are not weeping and light pink edging around that area ... includes upper right thigh, RLQ [right lower quadrant], and abdomen area towards back area." R1's progress note, dated 7/26/25, identified an eMAR note which outlined, " ... blister on right thigh continues to be fluid filled with yellow colored fluid. Blister on RLQ is red in color and no fluid is noted in blister." A subsequent note, dated 7/29/25, identified all blisters had reabsorbed but R1's skin remained discolored in the affected areas adding, "Still continues to have some areas that are slightly red." R1's progress note, dated 8/1/25, identified another plan of care note entry which outlined, "Resident has 4 areas that vary in size, but all are under 5cm [centimeters] long that continue to be red. The areas that are red are the areas that had the blisters that have been reabsorbed." On 8/8/25 at 9:55 a.m., DA-A was interviewed, and explained they were aware of R1 getting burned. DA-A stated what they had heard about it was there was a "relatively young" DA working in R1's unit that day who had served her (R1) a hot beverage without a lid on it. R1 then spilled it onto herself and obtained the burns	F0689		

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F0689 SS = G	Continued from page 4 adding, "I heard the burn was pretty bad." DA-A stated the DA who had served R1 must "not have read the ticket" which directed to use a lid. DA-A stated staff are trained and told to read those tickets or their I-pad (which had instructions on it) before serving meal or beverage items to the residents and reiterated aloud, "You have to look at the ticket." DA-A explained that since the incident happened, they had been given repeated instructions to review the ticket with meal pass and that the kitchen was now sending up a highlighted form which had people who used adaptive equipment on it for another source of reference. Further, DA-A stated the staff involved with the incident directly was DA-B. Following, on 8/8/25 at 10:01 a.m., R1 was seated in her wheelchair in her room. R1 was asked about her burns and if there was still pain when R1 responded, "You wanna see them?" R1 then pulled down her waistband exposing two separate burn sites on her abdomen and upper leg, respectively. The areas were each dark pink in color around the perimeter getting more red in color towards the center of the wound; and each was approximately 8 to 10 centimeters (cm) in total length with a visible, white-colored center of the wound bed. R1 reiterated the burns were very painful when they happened but were improving now adding, "It's getting better I think." When interviewed on 8/8/25 at 10:13 a.m., nursing assistant (NA)-A stated they had worked with R1 prior and described her as needing help with most cares. NA-A stated they were working on the day R1 spilled the tea onto herself, however, did not witness it personally. NA-A stated the burns "took like a half a day" to "turn into what it turned into" with blisters and skin damage. NA-A stated they say R1's skin shortly after the incident and the areas looked "really hot" and R1 kept saying aloud, "It's hot, it's hot." NA-A verified R1 was supposed to have covered cups with all hot beverages which had been an intervention "for sure six months." Further, NA-A stated since the incident happened, they had been told again to make sure lids were used for hot beverages and to check a resident' meal ticket when serving them. On 8/8/25 at 10:48 a.m., DA-B was interviewed, and verified they were the DA involved with the incident on 7/22/25. DA-B explained the DA staff were typically the people who served the beverages and meals to residents within the dining room adding they work "all over kinda" on multiple units. DA-B recalled the incident on 7/22/25, and explained they were in the dining room and R1 was seated in her wheelchair at the table. R1 had	F0689		

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F0689 SS = G	Continued from page 5 complained about not feeling well and DA-B offered to get her some tea. DA-B stated she prepared and served R1 hot tea "without looking at the I-pad." DA-B stated then "about a minute later" she heard R1 scream and discovered she had spilled it onto herself. DA-B verified they had been trained to review the I-pad or menu ticket prior to serving, however, expressed they didn't that day as they were working on doing other orders when they offered R1 the hot tea. DA-B stated they figured they'd give the tea to R1 "right quick" and go back to the other orders. DA-B verified they physically poured and served R1 the hot tea directly with no other residents or staff members being involved. DA-B stated since the incident happened, the assistant culinary director (ACD) had spoken to them and verbally re-educated them on meal service procedures including to review the meal ticket or I-pad with service along with ongoing reminders to other staff. DA-B stated a new listing had been sent up just recently, too, for staff to have available and be able to reference any special equipment needed for residents. DA-B added, "I feel horrible [about this]." On 8/8/25 at 11:18 a.m., the ACD and director of nursing (DON) were interviewed, and the DON verified the intervention to use a lid with hot beverages was on the care plan and expected to be done on 7/22/25. ACD recalled the incident on 7/22/25, and explained they were in the kitchen working when they were notified someone "had a burn" and needed to be reviewed. ACD went to R1's unit and spoke with DA-B about it who reported they "didn't put a cover on the mug" when serving her hot tea. ACD stated they immediately re-educated DA-B on using the "e-menu [I-pad]" and did a demonstration for them. ACD verified staff should be reviewing the e-menu before serving beverages to a resident adding aloud, "Correct." DON stated DA-B was then sent home for the rest of the day while the facility investigated the situation adding DA-B had completed a formal education on meal service before they had been allowed to return to work. DON explained the initial burns presented as red areas which then "turned into a blister," and verified they were unaware of anything else which could have burned R1 that day. DON stated the nurses immediately assessed the area and obtained treatment orders from the medical provider for the two burns. DON stated they were unsure if having a lid on the mug that day would have prevented the burns adding, "I can't answer that." However, DON acknowledged a lid being attached to the mug would have, at minimum, slowed or reduced the amount of fluid pouring out of the mug onto R1's clothes or skin. DON verified R1 was physically able to manipulate utensils and coffee cups on her own. DON stated they checked the	F0689		

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F0689 SS = G	Continued from page 6 temperature of the water inside the coffee carafe shortly after the incident and it was "at 170 [F]" then which was allowable per the manufacturer's guidelines. DON then explained that since the incident, several steps had been taken to correct the issue including immediate re-education to DA-B and the other culinary staff members, reviewing other residents for adaptive equipment use, having dietary now "pre-setting the table" with items needed, and continuing to do "quality assurance" audits of the dining service. DON stated they felt the care center had adequate systems in place to prevent accidents like what happened, however, with R1's incident it had been "one staff member that for some reason that day chose to not do as she had been taught." DON reiterated the facility had a system for serving hot beverages safely adding, "There's no way we could have foreseen [DA-B] would do that." A provided Hot Beverage Policy, dated 4/2021, identified the purpose of ensuring hot beverages were provided that were palatable but safe temperature. The policy outlined a procedure which directed to have all beverage machines set according to manufacturer recommended temperature settings, serving the machines as directed by the guidelines, and reporting concerns with resident safety to the interdisciplinary team (IDT) for review or care plan revisions. The past non-compliance harm-level findings were corrected prior to the onsite survey. The steps taken and re-education articulated by the DON were all verified as being implemented during the onsite investigation through observation, interviews with staff members, and review of the corresponding documentation. In addition, no further burns from hot beverages had happened since 7/22/25.	F0689		

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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 8/8/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed: H54321082C (2568553 and 1058281)	20000		

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Minnesota State Department of Health

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Gracepointe Crossing Gables	**1601 RIVERHILLS PARKWAY NORTHWEST , CAMBRIDGE, Minnesota, 55008**

(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
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		