Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 23, 2025

Administrator
Bethany On The Lake LLC
1020 Lark Street
Alexandria, MN 56308

RE: CCN: 245434
Cycle Start Date: December 12, 2024

Dear Administrator:

On January 22, 2025, we notified you a remedy was imposed. On January 10, 2025 the Minnesota Department 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 December 26, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 12, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of January 22, 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 is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from January 10, 2025. 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,

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 19, 2024

Administrator
Bethany On The Lake LLC
1020 Lark Street
Alexandria, MN 56308

RE: CCN: 245434
Cycle Start Date: December 12, 2024

Dear Administrator:

On December 12, 2024, 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 no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable 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.

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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Annette Winters, Regional Supervisor Federal RR
Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 the 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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by March 12, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by June 12, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

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,

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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December 19, 2024

Administrator
Bethany On The Lake LLC
1020 Lark Street
Alexandria, MN 56308

Re: Event ID: 74YL11

Dear Administrator:

The above facility survey was completed on December 12, 2024 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
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245434	A. BUILDING _____ B. WING _____	C 12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY ON THE LAKE LLC	1020 LARK STREET ALEXANDRIA, MN 56308

(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
F 000	INITIAL COMMENTS On 12/10/24 through 12/12/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H54341681C (MN00108490, MN00108502) with a deficiency cited at F622. 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.	F 000		
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is	F 622		12/26/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/24/2024

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 622	Continued From page 1 endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record	F 622		

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F 622	Continued From page 2 must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to ensure an appropriate facility-initiated discharge for 1 of 3 residents (R1) reviewed who admitted to the facility, was told to discharge due to a sexual abuse charge and was re-hospitalized.	F 622	Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited and is also not to be construed as an admission of fault by the facility, the Administrator or	

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F 622	Continued From page 3 Findings include: R1's admission record indicated he admitted to the facility on 11/19/24 and discharged 11/21/24. R1's diagnosis included paraplegia, muscle weakness, need for assistance with personal care and pressure ulcer of right buttock, stage IV (Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining. R1's hospital discharge summary note dated 11/19/24 indicated due to mobility issues the patient is not ready to discharge back to independent living. He is discharging to skilled nursing facility. R1's physical therapy (PT) Evaluation and Plan of Treatment dated 11/19/24 indicated he required supervision or touching assistance for transfers and bed mobility. The evaluation indicated; reason for Referral / Current Illness: R1 was referred to skilled PT following hospitalization for a right ischial decubitus ulcer. He was also a paraplegic. R1 presented with decreased dynamic balance, trunk weakness, low activity tolerance, and difficulty with transfers and indicated R1 would benefit from PT to increase safety and independence with transfers. R1's progress note dated 11/19/24 indicated R1 received antibiotics for wound Infection. Incontinence care provided. Unable to visualize wound due to non-removable dressing. R1 turned and repositioned frequently. Positioning devices applied as ordered. Offloading of affected area. R1 displayed difficulty with movement in multiple extremities. Had weakness in bilateral lower	F 622	any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction.¿ In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations.¿¿¿ Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs.¿ This Plan of Correction is submitted as the facility's credible allegation of compliance.¿¿¿ F622 SS=D The process for completing a facility initiated transfer or discharge has been reviewed and revised as needed to ensure all residents will discharge or transfer per Monarch Policy. R1 was discharged from the facility. Reviewed all residents who have the potential for transferring or discharging to an alternative setting that is less than a skilled nursing facility. No other residents are identified currently. All residents who are a facility initiated discharging or transfer to a lower level of care than a skilled nursing facility have the potential to be affected if this regulation is not met.	

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F 622	Continued From page 4 extremities. Skilled need: PT, OT, treatment of Stage III or IV pressure ulcer. Management & evaluation of patient care plan. Observation & assessment of resident condition. Teaching & training to manage resident's condition. R1's occupational therapy (OT) Evaluation and Plan of Treatment dated 11/20/24 indicated the following: Toilet transfer = Dependent. Mobility Function Score (ranges from 0 - 12; 12 being the highest function) = 0 Toileting hygiene = Dependent. Bathing Shower/bathe self = Dependent. Dressing Upper body dressing = Partial/moderate assistance. Lower body dressing = Dependent. Putting on/taking off footwear = Dependent. Self-Care Function Score (score 0 - 12; 12 being the highest function) = 6 R1's base line care plan dated 11/20/24 identified a risk for decline in activities of daily living and mobility related to paraplegia (paralysis of the lower body). The care plan indicated R1 transferred himself. The care plan identified a risk for skin breakdown related to incontinence and directed staff to provide incontinent products and assist to change as needed and indicated R1 was able to manage incontinent products and external catheter independently. Identified a chronic wound on his coccyx and directed staff to provide turn and reposition or reminders to offload every 2-3 hours and as needed. R1's progress note dated 11/20/24 indicated discharge plan to home with homecare services to manage R1's wound. R1 indicated he was able to manage cares and mobility independently and	F 622	All necessary Bethany on the Lake staff have received education regarding facility initiated discharge and transfers by reviewing the Monarch Facility initiated discharge policy. All residents who are a potential discharge will be reviewed at our Medicare Meeting 2 times a week and as needed with the IDT. If the resident is discharged or transferred to a setting that is a lower level than a skilled nursing facility it will be reviewed with the IDT to ensure the resident has improved sufficiently by reviewing therapy notes, nursing care levels, GG review, and progress notes. All Facility initiated discharges or transfers will be audited for compliance per policy. Audits will be conducted for a period of 3 months. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence. Director of Nursing or Designee is the responsible party. Corrective Action will be completed on or before 12/26/2025	

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F 622	Continued From page 5 had support from family members. R1 was accepting of homecare services to complete wound care three times a week. R1 stated he felt comfortable with this discharge plan and was willing to discharge tonight or tomorrow. R1 had transportation available by his niece. R1's admission minimum data set dated 11/21/24 indicated intact cognition and indicated he was dependent on staff for toileting hygiene, required partial to moderate assistance for transfers and did not ambulate. R1's progress note dated 11/21/24 indicated social services met with R1 earlier to review discharge plan and complete admission assessments. R1 was accepting of discharge plan and would receive home health services through Homecare and transportation through the facility bus. R1 was from a different county with multiple disciplines involved in his care, both for medical care and for criminal activity. Social services and facility care team members worked with those parties to coordinate return to his apartment and back to an area more familiar to him. R1 scored 15 on the BIMS, indicating his cognition was intact. R1 did not have questions at this time. Social services had called family members to provide updates. Social services will remain available to him throughout stay. R1's progress note dated 11/21/24 indicated R1 was discharged to his home at this time with his medications and all personal items sent with him. Transported by facility bus. Discharge paperwork and instructions completed by nurse manager, signed with copy given to resident. During an interview on 12/10/24 at 1:20 p.m.,	F 622		

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F 622	Continued From page 6 R1's health plan care coordinator (HPCC) stated after R1 was discharged from the facility back to his home, he "did not make it very long" before returning to the hospital. The HPCC stated prior to his admission to the facility R1 had been hospitalized, then went to a swing bed (A swing-bed is a service that rural hospitals and critical access hospitals provide that allows a patient to transition from acute care to skilled nursing facility care without leaving the hospital. This allows a patient to continue receiving services in the hospital even though acute care is no longer required). The HPCC said the swing bed facility felt he needed more ongoing care, so they discharged him the a skilled nursing facility on 11/19/24. The HPCC stated she spoke to the social services director (SSD) at the facility on 11/20/24, who told her R1 would be there for a few months. She stated the SSD asked her about R1's pending court date and they looked up the information. The HPCC said due to the nature of the charges, the facility told her they were going to discharge R1 immediately and R1 was discharged back home. The HPCC stated R1 went back to the hospital on 11/24/24, because his wound vac (vacuum assisted closure is a therapeutic technique using a suction pump, tubing, and a dressing to remove excess exudate and promote healing in acute or chronic wounds) had come off. She stated R1 was discharged back home again on 12/2/24, and re-hospitalized on 12/4/24. The HPCC said R1 was currently in another rehab facility. The HPCC stated she had verbalized to the facility SSD her concerns about the discharge being unsafe and was told the "higher-ups" had decided to discharge R1. During an interview on 12/10/24 at 2:07 p.m., the SSD stated after R1 admitted to the facility she	F 622		

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BETHANY ON THE LAKE LLC	**1020 LARK STREET ALEXANDRIA, MN 56308**

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F 622	Continued From page 7 received a call from R1's HPCC who mentioned R1 needed to speak with a lawyer related to a sexual abuse charge. The SSD stated R1 had sexually harassed someone at the hospital but she was unsure of the circumstances and said R1 had not yet been convicted. The SSD stated she notified the administrator and director of nursing (DON) due to the vulnerability of the facility population. The SSD said they sought consult from the corporate leadership. R1 was independent with therapy so they set up home care services for wound care. R1 was accepting of the discharge. The SSD stated the facility had initiated the discharge. During an interview on 12/10/24 at 2:17 p.m., the administrator stated he had spoken to R1 after he was alerted R1 needed to speak to a lawyer about ongoing legal proceedings. The administrator said he talked to R1 and said "we both agreed it would be appropriate for him to go home." The administrator stated he had spoken to an acquaintance with the local police department who said R1 should go back to his county of residence but had not documented the conversation. The administrator stated R1 had not received a discharge notice because he had asked R1 if he wanted to leave and R1 agreed. The administrator further stated the risks and benefits of discharge were not discussed with R1. During an interview on 12/10/24 at 2:39 p.m., R1's family member (FM)-A stated R1 was currently in another rehab facility and said she spoke with R1 frequently. FM-A stated the facility told R1 he could not rehab there because of his sexual abuse charge. FM-A stated they sent him home and R1 was hospitalized again because the wound dressing kept falling off when he got in his	F 622		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245434	A. BUILDING _____ B. WING _____	C 12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY ON THE LAKE LLC	1020 LARK STREET ALEXANDRIA, MN 56308

(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
F 622	Continued From page 8 wheelchair. FM-A stated "I think they (Bethany on the Lake) violated his rights). During an interview on 12/10/24 at 3:37 p.m., the hospital swing bed social worker (SW) stated R1 had been sent to them following a hospital stay. R1 was discharged to the facility skilled nursing for the wound vac. R1 was able to transfer from the bed to his wheelchair but said every time he self-transferred the wound vac dressing came off. The SW stated home care would have been able to assist with changing the wound vac every three days but could not go to R1's home and replace the wound vac every time it came off, which was why he was referred to the skilled nursing facility. During an interview on 12/10/24 at 3:44 p.m., the facility medical director (MD) stated she had done a face-to-face visit for the referral to homecare. The MD said when R1 admitted to the facility she was told he was upset and asking about his court date and his lawyer communication about the pending court date. The medical director stated R1 was at the facility for wound care and was doing well. The MD stated she had not been aware the swing bed facility had sent him to the rehab facility because they had concerns about R1's wound vac coming off when he self-transferred. During an interview on 12/10/24 at 4:24 p.m., the DON stated R1 was admitted to the facility due to a chronic pressure injury that was infected. The DON stated R1 had orders for therapy and a wound vac. The DON said R1 had legal concerns, so the administrator had a conversation with him and discharge had been discussed. She spoke with R1 and he was concerned about his location. The facility had not	F 622		

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	245434	A. BUILDING _____ B. WING _____	C 12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY ON THE LAKE LLC	**1020 LARK STREET ALEXANDRIA, MN 56308**

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F 622	Continued From page 9 assessed R1 as no longer having a skilled nursing need and no risk and benefits of leaving had been discussed with R1. The DON said R1 was able to self-transfer, even though therapy assessed R1 to need further rehab, so wound care could be done at home with home health. During an interview on 12/10/24 at 4:45 p.m., the SSD stated the only concern she heard from R1 was he wanted to talk about how to get hold of his lawyer. She had not assisted R1 to reach his lawyer, nor had she offered to assist with transportation to his court appearance. The SSD stated, "I just did what was directed by my superiors." During an interview on 12/11/24 at 7:30 p.m., R1 stated he was told by the administrator he could not be at the facility because of his sexual abuse charge and said, "I think it sucked actually." R1 stated the administrator had not asked him if he wanted to leave but told him he had to leave. R1 said the facility had not given him a notice nor had they asked him what happened related to the charge and said they more or less just said since the court date was happening, he could not stay. R1 stated after he discharged from the facility his wound did not do well and said the wound vac kept coming off. R1 said he had to have a friend come over and try to help with the wound vac and she had him sent back to the hospital. Facility policy Transfer or Discharge Notice for Facility Initiated Transfers dated 7/2024, indicated a facility initiated discharge referred to a discharge that a resident objects to or did not initiate and did not align with the residents goals for care and preferences. The policy indicated the resident and or family were notified in writing:	F 622		

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F 622	Continued From page 10 Specific reason for transfer or discharge, effective date, location and an explanation of their right to appeal.	F 622		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00108	A. BUILDING: _____ B. WING _____	C 12/12/2024

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2 000	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 12/10/24 through 12/12/24, 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: H54341681C (MN00108490, MN00108502). NO	2 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/24/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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2 000	Continued From page 1 licensing orders were issued. 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.	2 000		