



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered  
January 30, 2025

Administrator  
The Gardens at Winsted LLC  
551 Fourth Street North  
Winsted, MN 55395-0750

RE: CCN: 245459  
Cycle Start Date: January 3, 2025

Dear Administrator:

On January 29, 2025, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Sincerely,

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

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



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Electronically delivered

January 30, 2025

Administrator  
The Gardens at Winsted LLC  
551 Fourth Street North  
Winsted, MN 55395-0750

Re: Reinspection Results  
Event ID: WLDB12

Dear Administrator:

On January 29, 2025 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 3, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

*Kamala Fiske-Downing*

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



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
January 7, 2025

Administrator  
The Gardens At Winsted LLC  
551 Fourth Street North  
Winsted, MN 55395-0750

RE: CCN: 245459  
Cycle Start Date: January 3, 2025

Dear Administrator:

On January 3, 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 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

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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:

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](mailto:nikki.harvey@state.mn.us)

Office: (320) 223-7318 Mobile: (320) 216-5631

## 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 April 3, 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 July 3, 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](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>

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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,

*Kamala Fiske-Downing*

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

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

PRINTED: 02/06/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245459</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS AT WINSTED LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 FOURTH STREET NORTH WINSTED, MN 55395</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 01/02/2025 - 01/03/2025, 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.</p> <p>The following complaint was reviewed: H54593741C (MN00109437) with a deficiency cited at F755.</p> <p>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.</p> <p>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.</p>	F 000		
F 755 SS=D	<p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving,</p>	F 755		1/20/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>01/17/2025</b>
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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 755	<p>Continued From page 1</p> <p>dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure resident's ordered medications were fully communicated to the filling pharmacy. In addition, the facility failed to ensure all licensed staff (including pool agency staff) understood and utilized the emergency medication kit (E-Kit) for 1 of 3 residents (R1) who did not have all physician ordered medications delivered from pharmacy for continuity of care.</p> <p>Findings include:</p> <p>R1's Active Diagnosis listing documented the following diagnoses: acute and chronic congestive heart failure, type 2 diabetes (insulin dependent), asthma and morbid obesity due to</p>	F 755	<p>R1 ordered medications were fully communicated to the filling pharmacy and have since been received. All residents have the potential to be affected if this requirement is not met. Necessary GAW staff have been re-educated on steps to take when ordering medications from pharmacy: Fax orders once received to prevent delay, check for fax confirmation after sending, and to call to ensure pharmacy has received. Necessary licensed staff have been educated regarding utilizing the medication kit and for residents who do not have all physician ordered medications delivered from pharmacy. Audits will be completed two (2) times per</p>	

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F 755	<p>Continued From page 2</p> <p>excess calories. R1's minimum data set (MDS) was still in process due to R1's admission on 12/24/24. However, the facility had performed a Brief Interview for mental Status (BIMS) with R1, dated 12/24/24 and found to have scored 15 (cognitively intact).</p> <p>In review of R1's Clinical Profile (Face Sheet), R1 was admitted to the facility on 12/24/24 from Ridgeview Hospital Waconia. The hospital sent, both before and upon the admission process of R1, medication and treatment orders for continuity of R1's care.</p> <p>A review of R1's scanned orders (dated 12/24/24), the facility placed checks next to each medication and treatment order, question marks next to orders needing clarification from the prescribing physician. The facility staff utilized this process in placing R1's orders and treatments in to the Point Click Care system (electronic medication record).</p> <p>R1's progress notes were reviewed. The following medications were not filled by pharmacy immediately following R1's admission to the facility. The following entries were noted:</p> <p>12/24/2024 22:35 (10:35 p.m.) Note Text: Nystatin External Powder 100000 UNIT/GM (Gram) Apply to skin topically two times a day for Infection Mix with Triad and apply to Skin fold/under pannus/into groin between legs. coming from pharmacy</p> <p>12/24/2024 22:35 (10:35 p.m.) Note Text: Torsemide Oral Tablet Give 100 mg (milligrams) by mouth two times a</p>	F 755	<p>week for two (2) weeks; one (1) time per week for four (4) weeks; and monthly thereafter for one (1) month. Any deficient practice will be identified and corrected at the time of occurrence.</p> <p>Director of Nursing or designee is the responsible party.</p> <p>Corrective Action will be completed by 1/20/2025.</p>	

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F 755	<p>Continued From page 3</p> <p>day related to HEART FAILURE, EDEMA. coming from pharmacy</p> <p>12/24/2024 22:35 (10:35 p.m.) Note Text: Triamcinolone Acetonide External Cream 0.1 % Apply to Skin topically two times a day. Apply a thin layer to entire outer layer of skin in the genital area where new tunnels are forming. coming from pharmacy</p> <p>12/24/2024 22:35 (10:35 p.m.) Note Text: Montelukast Sodium Oral Tablet Give 10 mg by mouth at bedtime related to UNSPECIFIED ASTHMA, UNCOMPLICATED. coming from pharmacy</p> <p>12/24/2024 22:34 (10:34 p.m.) Note Text: Pantoprazole Sodium Oral Tablet Delayed Release Give 40 mg by mouth in the evening related to GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS for 90 Days Do not crush. Take on an empty stomach at least 30 minutes before a meal or at bedtime coming from pharmacy</p> <p>12/24/2024 22:34 (10:35 p.m.) Note Text: Breztri Aerosphere Inhalation Aerosol 160-9-4.8 MCG (micrograms)/ACT 2 puff inhale orally two times a day related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED coming from pharmacy</p> <p>12/24/2024 22:34 (10:35 p.m.) Note Text: Insulin NPH (Human) (Isophane) Subcutaneous Suspension Pen-injector 100 UNIT/ML</p>	F 755		

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F 755	<p>Continued From page 4</p> <p>Inject 25 units subcutaneously in the evening related to TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION With supper coming from pharmacy</p> <p>12/24/2024 22:34 (10:35 p.m.) Note Text: Atorvastatin Calcium Oral Tablet Give 80 mg by mouth in the evening related to HYPERLIPIDEMIA coming from pharmacy</p> <p>In further review of R1's orders received at admission on 12/24/24, the facility had been waiting for clarification on R1's sliding scale insulin to be clarified. The hospital sent the following order for R1's sliding insulin scale:</p> <p>"insulin aspart 100 UNIT/ML injection Commonly known as: NovoLOG Dose: 1-32 Units Subcutaneous, WITH MEALS AND BEDTIME. Blood Glucose Target - Daytime (mg/dL): 153 Blood Glucose Target - Bedtime and Overnight (mg/dL): 185 Hyperglycemia Correction Factor - Daytime: 15 Hyperglycemia Correction Factor - Bedtime and Overnight: 30"</p> <p>This order failed to delineate the number of insulin units to be given for a given blood sugar range. Only to give 1 - 32 units of insulin aspart 100 units/ml with meals and bedtime.</p> <p>During interview on 1/2/25 at 2:02 p.m., director of nursing (DON) and resident care manager (RCM) were interviewed. The DON stated she became aware of the above documented medication not being delivered on 12/25/24. Working with the licensed staff that day, they contacted the pharmacy and again electronically</p>	F 755		

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F 755	<p>Continued From page 5</p> <p>sent the orders for the missing medications. DON was told by the pharmacy they had only filled the medications on the pages received, 8 in total. RCM was in the facility on 12/24/24 when R1 was admitted and assisted with the review of R1's ordered medications and communication to the filling pharmacy. Both the DON and RCM stated the facility utilized a PIXUS medication dispensing system and a refrigerated E-Kit (located in a locked medication room) incase a resident's medications had not been ordered or the pharmacy had yet to deliver resident's medications. Both nurses indicated most of the medications identified above could have been obtained from the PIXUS / E-Kit. For medications not included in these two systems a STAT order to the pharmacy could have been done by the scheduled licensed staff. Both nurses stated the ordering physicians refused to clarify the sliding scale orders, leaving it for the primary physician to deal with at a later time.</p> <p>In review of R1's blood sugar records, the following was noted:</p> <p>12/26/2024 13:13 434.0 mg/dL 12/26/2024 11:20 434.0 mg/dL 12/25/2024 20:51 442.0 mg/dL 12/25/2024 09:17 291.0 mg/dL 12/24/2024 20:06 213.0 mg/dL 12/24/2024 17:03 189.0 mg/dL</p> <p>During a telephone interview on 1/2/25 at 3:08 p.m., pharmacist (PharmD) with Polaris Pharmacy (St. Louis Park, MN) stated, according to their records they had only received 6 pages of R1's medication and treatment orders from the facility. PharmD stated the pharmacy delivers twice a day, however only once a day on holidays.</p>	F 755		

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F 755	<p>Continued From page 6</p> <p>PharmD further stated, should the facility have called a STAT order to their services, they could have had the medications to the facility within 4 hours. PharmD stated their company runs 24 hours a day, 7 days a week.</p> <p>In further interview on 1/2/25 at 3:17 p.m., DON stated the facility utilized pool agency staff during relief shift on 12/24/24 and both day and relief shifts on 12/25/24. DON stated both she and the RCM take turns being on call during the holidays and weekends, and neither had received a call in regards to R1's medications not being delivered in full, until the morning of 12/25/24. DON stated when the day shift pool staff nurse (RN)-A contacted her, she assisted RN-A to contact the pharmacy and re-send R1's orders. DON stated the facility staff have access to the PIXUS system, however the agency pool staff do not. The facility created a systems tree for the pool staff, which is covered during their initial orientation to the facility. The system tree illustrated how pool staff were to deal with missing medications and / or medications which have yet to arrive to the facility from pharmacy. DON stated should a medication be needed from the secured PIXUS system, the pool staff were to call the oncall nurse to obtain the medication for the resident in need. However, in the case of R1's insulin, located in the refrigerated E-Kit, the pool staff failed to check this location. In not checking the E-Kit, R1 missed her evening dose of insulin on 12/24/24 and morning dose on 12/25/24. The facility identified the medication errors and had contacted the provider, with facility staff educated on the ordering of medications.</p> <p>Attempts were made, both on 1/2/25 and 1/3/25, to contact the schedule pool agency staff:</p>	F 755		

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F 755	<p>Continued From page 7</p> <p>licensed practical nurse (LPN)-A for the relief shift on 12/24/24, and RN-A who covered both the day and relief shift on 12/25/24, with no response back from either.</p> <p>During a follow-up interview on 1/2/25 at 3:58 p.m., PharmD was asked specifically, if the missing of R1's two doses of insulin would be a significant error. PharmD, after review of R1's blood sugars and historical information, stated the omission of the two doses of insulin were not a significant medication error due to her more historic higher blood sugar levels. And with the insulin being received by the facility on 12/25/24, and no change in R1's overall condition, it was not a significant omission.</p> <p>In a telephone interview on 1/2/25 at 3:52 p.m., physician assistant (PA), who performs the weekly facility rounds (three times a week) for R1's primary physician, stated she first met with R1 on 12/26/24 during rounds. PA stated she clarified the sliding scale orders the hospital failed to do, and has been adjusting resident's regularly scheduled insulin doses since admission. PA stated R1 has a history of non-compliance with her type 2 diabetes, normally running in the 300's or more. R1 was hospitalized after a fall at home and it was found she was experiencing a bladder infection. Although the facility failed to follow up on the scheduled insulin order, PA did not feel the omission of the two doses (evening of 12/24/24 and AM of 12/25/24) were significant. In review of R1's blood sugar readings, during the time of the omissions, R1's blood sugars were lower than normal. The PA noted the two 400 readings, noted on 2/26/24 were the the day she clarified R1's sliding scale. PA stated her blood sugar levels, now that she is in the facility, are coming</p>	F 755		

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

PRINTED: 02/06/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245459</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/03/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS AT WINSTED LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 FOURTH STREET NORTH</b> <b>WINSTED, MN 55395</b>		
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F 755	Continued From page 8 down and R1's nutritional intake is better monitored.  A facility policy, in regards to facility communication with pharmacy on the obtaining / receiving of electronic orders was requested, however, not received.	F 755		



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
January 7, 2025

Administrator  
The Gardens At Winsted LLC  
551 Fourth Street North  
Winsted, MN 55395-0750

Re: State Nursing Home Licensing Orders  
Event ID: WLDB11

Dear Administrator:

The above facility was surveyed on January 2, 2025 through January 3, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

The Gardens At Winsted LLC

January 7, 2025

Page 2

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

**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](mailto:nikki.harvey@state.mn.us)

Office: (320) 223-7318 Mobile: (320) 216-5631

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.

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00352</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS AT WINSTED LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 FOURTH STREET NORTH WINSTED, MN 55395</b>
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 01/02/2025 - 01/03/2025, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>01/17/25</b>
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00352</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/03/2025</b>
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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed: H54593741C (MN00109437) with a licensing order issued at MN Rule 4658.1335 Subpart 1</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at &lt;<a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>&gt; The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of</p>	2 000		

Minnesota Department of Health

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21550	<p>MN Rule 4658.1325 Subp. 1 Administration of Medications; Pharmacy Serv.</p> <p>Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure resident's ordered medications were fully communicated to the filling pharmacy. In addition, the facility failed to ensure all licensed staff (including pool agency staff) understood and utilized the emergency medication kit (E-Kit) for 1 of 3 residents (R1) who did not have all physician ordered medications delivered from pharmacy for continuity of care.</p> <p>Findings include:</p> <p>R1's Active Diagnosis listing documented the following diagnoses: acute and chronic congestive heart failure, type 2 diabetes (insulin dependent), asthma and morbid obesity due to excess calories. R1's minimum data set (MDS) was still in process due to R1's admission on</p>	21550	Corrected	1/16/25

Minnesota Department of Health

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21550	<p>Continued From page 3</p> <p>12/24/24. However, the facility had performed a Brief Interview for mental Status (BIMS) with R1, dated 12/24/24 and found to have scored 15 (cognitively intact).</p> <p>In review of R1's Clinical Profile (Face Sheet), R1 was admitted to the facility on 12/24/24 from Ridgeview Hospital Waconia. The hospital sent, both before and upon the admission process of R1, medication and treatment orders for continuity of R1's care.</p> <p>A review of R1's scanned orders (dated 12/24/24), the facility placed checks next to each medication and treatment order, question marks next to orders needing clarification from the prescribing physician. The facility staff utilized this process in placing R1's orders and treatments in to the Point Click Care system (electronic medication record).</p> <p>R1's progress notes were reviewed. The following medications were not filled by pharmacy immediately following R1's admission to the facility. The following entries were noted:</p> <p>12/24/2024 22:35 (10:35 p.m.) Note Text: Nystatin External Powder 100000 UNIT/GM (Gram) Apply to skin topically two times a day for Infection Mix with Triad and apply to Skin fold/under pannus/into groin between legs. coming from pharmacy</p> <p>12/24/2024 22:35 (10:35 p.m.) Note Text: Torsemide Oral Tablet Give 100 mg (milligrams) by mouth two times a day related to HEART FAILURE, EDEMA. coming from pharmacy</p>	21550		

Minnesota Department of Health

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21550	<p>Continued From page 4</p> <p>12/24/2024 22:35 (10:35 p.m.) Note Text: Triamcinolone Acetonide External Cream 0.1 % Apply to Skin topically two times a day. Apply a thin layer to entire outer layer of skin in the genital area where new tunnels are forming. coming from pharmacy</p> <p>12/24/2024 22:35 (10:35 p.m.) Note Text: Montelukast Sodium Oral Tablet Give 10 mg by mouth at bedtime related to UNSPECIFIED ASTHMA, UNCOMPLICATED. coming from pharmacy</p> <p>12/24/2024 22:34 (10:34 p.m.) Note Text: Pantoprazole Sodium Oral Tablet Delayed Release Give 40 mg by mouth in the evening related to GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS for 90 Days Do not crush. Take on an empty stomach at least 30 minutes before a meal or at bedtime coming from pharmacy</p> <p>12/24/2024 22:34 (10:35 p.m.) Note Text: Breztri Aerosphere Inhalation Aerosol 160-9-4.8 MCG (micrograms)/ACT 2 puff inhale orally two times a day related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED coming from pharmacy</p> <p>12/24/2024 22:34 (10:35 p.m.) Note Text: Insulin NPH (Human) (Isophane) Subcutaneous Suspension Pen-injector 100 UNIT/ML Inject 25 units subcutaneously in the evening related to TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION With supper</p>	21550		

Minnesota Department of Health

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21550	<p>Continued From page 5</p> <p>coming from pharmacy</p> <p>12/24/2024 22:34 (10:35 p.m.) Note Text: Atorvastatin Calcium Oral Tablet Give 80 mg by mouth in the evening related to HYPERLIPIDEMIA coming from pharmacy</p> <p>In further review of R1's orders received at admission on 12/24/24, the facility had been waiting for clarification on R1's sliding scale insulin to be clarified. The hospital sent the following order for R1's sliding insulin scale:</p> <p>"insulin aspart 100 UNIT/ML injection Commonly known as: NovoLOG Dose: 1-32 Units Subcutaneous, WITH MEALS AND BEDTIME. Blood Glucose Target - Daytime (mg/dL): 153 Blood Glucose Target - Bedtime and Overnight (mg/dL): 185 Hyperglycemia Correction Factor - Daytime: 15 Hyperglycemia Correction Factor - Bedtime and Overnight: 30"</p> <p>This order failed to delineate the number of insulin units to be given for a given blood sugar range. Only to give 1 - 32 units of insulin aspart 100 units/ml with meals and bedtime.</p> <p>During interview on 1/2/25 at 2:02 p.m., director of nursing (DON) and resident care manager (RCM) were interviewed. The DON stated she became aware of the above documented medication not being delivered on 12/25/24. Working with the licensed staff that day, they contacted the pharmacy and again electronically sent the orders for the missing medications. DON was told by the pharmacy they had only filled the medications on the pages received, 8 in total. RCM was in the facility on 12/24/24 when R1 was admitted and assisted with the review of R1's</p>	21550		

Minnesota Department of Health

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21550	<p>Continued From page 6</p> <p>ordered medications and communication to the filling pharmacy. Both the DON and RCM stated the facility utilized a PIXUS medication dispensing system and a refrigerated E-Kit (located in a locked medication room) incase a resident's medications had not been ordered or the pharmacy had yet to deliver resident's medications. Both nurses indicated most of the medications identified above could have been obtained from the PIXUS / E-Kit. For medications not included in these two systems a STAT order to the pharmacy could have been done by the scheduled licensed staff. Both nurses stated the ordering physicians refused to clarify the sliding scale orders, leaving it for the primary physician to deal with at a later time.</p> <p>In review of R1's blood sugar records, the following was noted:</p> <p>12/26/2024 13:13 434.0 mg/dL 12/26/2024 11:20 434.0 mg/dL 12/25/2024 20:51 442.0 mg/dL 12/25/2024 09:17 291.0 mg/dL 12/24/2024 20:06 213.0 mg/dL 12/24/2024 17:03 189.0 mg/dL</p> <p>During a telephone interview on 1/2/25 at 3:08 p.m., pharmacist (PharmD) with Polaris Pharmacy (St. Louis Park, MN) stated, according to their records they had only received 6 pages of R1's medication and treatment orders from the facility. PharmD stated the pharmacy delivers twice a day, however only once a day on holidays. PharmD further stated, should the facility have called a STAT order to their services, they could have had the medications to the facility within 4 hours. PharmD stated their company runs 24 hours a day, 7 days a week.</p>	21550		
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21550	<p>Continued From page 7</p> <p>In further interview on 1/2/25 at 3:17 p.m., DON stated the facility utilized pool agency staff during relief shift on 12/24/24 and both day and relief shifts on 12/25/24. DON stated both she and the RCM take turns being on call during the holidays and weekends, and neither had received a call in regards to R1's medications not being delivered in full, until the morning of 12/25/24. DON stated when the day shift pool staff nurse (RN)-A contacted her, she assisted RN-A to contact the pharmacy and re-send R1's orders. DON stated the facility staff have access to the PIXUS system, however the agency pool staff do not. The facility created a systems tree for the pool staff, which is covered during their initial orientation to the facility. The system tree illustrated how pool staff were to deal with missing medications and / or medications which have yet to arrive to the facility from pharmacy. DON stated should a medication be needed from the secured PIXUS system, the pool staff were to call the oncall nurse to obtain the medication for the resident in need. However, in the case of R1's insulin, located in the refrigerated E-Kit, the pool staff failed to check this location. In not checking the E-Kit, R1 missed her evening dose of insulin on 12/24/24 and morning dose on 12/25/24. The facility identified the medication errors and had contacted the provider, with facility staff educated on the ordering of medications.</p> <p>Attempts were made, both on 1/2/25 and 1/3/25, to contact the schedule pool agency staff: licensed practical nurse (LPN)-A for the relief shift on 12/24/24, and RN-A who covered both the day and relief shift on 12/25/24, with no response back from either.</p> <p>During a follow-up interview on 1/2/25 at 3:58 p.m., PharmD was asked specifically, if the</p>	21550		

Minnesota Department of Health

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21550	<p>Continued From page 8</p> <p>missing of R1's two doses of insulin would been a significant error. PharmD, after review of R1's blood sugars and historical information, stated the omission of the two doses of insulin were not a significant medication error due to her more historic higher blood sugar levels. And with the insulin being received by the facility on 12/25/24, and no change in R1's overall condition, it was not a significant omission.</p> <p>In a telephone interview on 1/2/25 at 3:52 p.m., physician assistant (PA), who performs the weekly facility rounds (three times a week) for R1's primary physician, stated she first met with R1 on 12/26/24 during rounds. PA stated she clarified the sliding scale orders the hospital failed to do, and has been adjusting resident's regularly scheduled insulin doses since admission. PA stated R1 has a history of non-compliance with her type 2 diabetes, normally running in the 300's or more. R1 was hospitalized after a fall at home and it was found she was experiencing a bladder infection. Although the facility failed to follow up on the scheduled insulin order, PA did not feel the omission of the two doses (evening of 12/24/24 and AM of 12/25/24) were significant. In review of R1's blood sugar readings, during the time of the omissions, R1's blood sugars were lower than normal. The PA noted the two 400 readings, noted on 2/26/24 were the the day she clarified R1's sliding scale. PA stated her blood sugar levels, now that she is in the facility, are coming down and R1's nutritional intake is better monitored.</p> <p>A facility policy, in regards to facility communication with pharmacy on the obtaining / receiving of electronic orders was requested, however, not received.</p>	21550		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00352</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS AT WINSTED LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 FOURTH STREET NORTH WINSTED, MN 55395</b>
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21550	<p>Continued From page 9</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The director of nursing (DON) or designee could review and revise policies and procedures for medication notification to the filling pharmacy and knowlege of what medications are in both the PIXUS and E-Kit. The director of nursing or designee could develop a system to educate staff (including agency pool staff) and develop a monitoring system of staff sending medication refills/new orders/STAT orders to the filling pharmacy and knowlege of what medications are in both the PIXUS and E-Kit. The quality assurance committee could monitor these measures to ensure compliance.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty One (21) days</p>	21550		