



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
February 19, 2026

Administrator
Eventide Lutheran Home
1405 7TH STREET SOUTH
MOORHEAD, MN 56560

RE: CCN: 245461

Cycle Start Date: November 13, 2025

Dear Administrator:

On December 23, 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.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads '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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 5, 2025

Administrator
Eventide Lutheran Home

1405 7TH STREET SOUTH
MOORHEAD, MN 56560

RE: CCN:245461

Cycle Start Date: November 13, 2025

Dear Administrator:

On November 13, 2025, a survey was completed at your facility by the Minnesota Departments 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:

Elizabeth Silkey, Regional Operations Supervisor
Mankato District Office
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, MN 56001
Email: elizabeth.silkey@state.mn.us

Office: (507) 344-2742 Mobile: (651) 368-3593

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 February 13, 2026, (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 May 13, 2026, (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

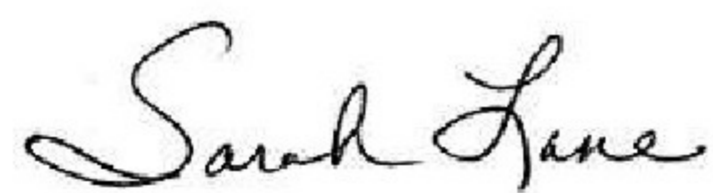
INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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
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December 5, 2025

Administrator
Eventide Lutheran Home
1405 7TH STREET SOUTH
MOORHEAD, MN 56560

Re: Event ID: 1DAC5F-H1

Dear Administrator:

The above facility survey was completed on November 13, 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,

A handwritten signature in cursive script that reads '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: 245461	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025
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NAME OF PROVIDER OR SUPPLIER Eventide Lutheran Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1405 7TH STREET SOUTH , MOORHEAD, Minnesota, 56560
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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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F0000	<p>INITIAL COMMENTS</p> <p>On 11/12/25 and 11/13/25, 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 H54616447C (2651963).</p> <p>Deficient practice was identified related to incidental finding at F684.</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>	F0000		12/13/2025
F0684 SS = D	<p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview, observation and document review, the facility failed to ensure orders were followed as prescribed by the physician for 1 of 3 residents (R1) reviewed for post-op care after a right great toe amputation.</p>	F0684	<p>How corrective action will be accomplished for the resident(s) impacted:</p> <p>R1's post op after care orders, including the use of R1's surgical shoe, and careplan were reviewed and revised to reflect current plan of care. This was reviewed with nursing staff on R1's unit and is going through shift reports.</p> <p>How facility will identify other residents who have potential to be affected:</p> <p>All residents with post op after care orders and immobilization devices have the potential to be affected.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will</p>	12/19/2025

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245461	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER Eventide Lutheran Home			STREET ADDRESS, CITY, STATE, ZIP CODE 1405 7TH STREET SOUTH , MOORHEAD, Minnesota, 56560	
(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
F0684 SS = D	<p>Continued from page 1</p> <p>R1's quarterly Minimum Data Set (MDS) assessment dated 10/14/25, identified severely impaired cognition with physical behavioral symptoms towards others (hitting, kicking, pushing, scratching, grabbing) and verbal behavioral symptoms directed towards others (screaming, threatening others and cursing). Medical diagnoses included: non-traumatic brain dysfunction, peripheral vascular disease (PVD) (a circulation disorder where blood vessels outside the heart become narrowed, blocked, and can cause pain, cramping, numbness, and poor wound healing), diabetes mellitus (DM), and Alzheimer's.</p> <p>R1's care plan dated 11/12/25, identified a potential for skin breakdown related to dementia, urinary incontinence, history of stage 2 pressure ulcer to right buttock and seborrheic dermatitis, right great toe ulcers and left toe diabetic ulcers. Interventions directed staff to apply Prevalon boots (a cushioned bottom that floats the heel off the surface of the mattress, helping to reduce pressure) when going off the unit and to activities. Tubigrips (a brand of elastic tubular bandage used for providing compression and tissue support for conditions like sprains, strains, edema, and post-burn scarring) to bilateral lower extremities as ordered and wrapped bars around foot pedals of Rock n Go (type of wheelchair) with towel for protection. R1's post-op surgical shoe was not included in the care plan.</p> <p>Nursing assistant (NA) care plan dated 11/13/25, identified R1 transferred with assist of two and Hoyer (mechanical device used for transferring), non-ambulatory. Positioning: Prevalon boots when going off unit and to activities. Safety/Falls: gripper socks when in bed or room if not wearing shoes. R1's post-op surgical shoe was not included in the NA care plan.</p> <p>R1's post operative discharge instructions/orders dated 10/30/25, signed off by licensed practical nurse (LPN) on 10/30/25, identified weight bearing as tolerated in post-op shoe (a supportive medical shoe designed to protect and provide comfort for a foot recovering from surgery or injury), may gently wiggle toes within the dressings.</p> <p>R1's progress note dated 10/30/25 at 5:04 p.m., Provider Order: Ice to affected area for 48 to 72 hours and as needed (PRN). Avoid placing ice pack directly on skin. Place the ice pack under the knee of the surgical foot. Elevated leg for 72 hours. Keep dressing clean/dry/intact until follow up appointment on 11/12/25. May shower or bath. Wrap dressing with waterproof protection such as saran wrap or plastic</p>	F0684	<p>Continued from page 1 not recur:</p> <p>Education will be provided to all nursing staff on 12/16/2025 regarding the process for reviewing and entering post op after care orders and immobilization devices.</p> <p>All care plans for residents who have immobilization devices have been reviewed and updated as needed. The orders for immobilization devices are on the treatment administration record and careplans for residents identified.</p> <p>The policies titled, "Immobilization Devices (splints, braces, immobilizers, slings, etc.)" and "Admission/Hospital Return" have been reviewed and remain appropriate.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is corrected and will not recur:</p> <p>The Director of Nursing or designee will audit all resident post op care orders and careplans for one month, 10 resident orders and careplans a month for 3 months, and 5 resident orders and careplans a month for 1 month to ensure post op care orders were entered and appropriate immobilization device interventions were implemented with additional audits as recommended by the QA committee.</p> <p>If concerns are identified, immediate corrective action will be implemented. The Director of Quality and Infection Prevention or designee will submit a report of the monitoring results to the QA committee at the quarterly meeting.</p>	

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F0684 SS = D	<p>Continued from page 2 bag. If dressing became soaked with water, contact the foot and ankle clinic.</p> <p>A telephone encounter returned phone call from wound clinic to nursing home dated 11/3/25, who needed a change in wound care order orders for patient's right great toe. He had a right partial hallux (big toe) amputation, hardware removal on 10/30/25. Orders were placed for post-surgery. Recommendations: discontinue wound clinic orders for the right great toe, continue with post-surgical orders placed by provider.</p> <p>R1's progress note dated 11/11/25 at 5:29 a.m. R1 kicked the wall by the secretary desk on 2nd floor before lunch. He had refused to move from that location. Looked at right foot earlier no injury and blood noted at the bottom on left gripper sock. He had a skin tear to tip of left forth toe 0.5 centimeters (cm) by 0.5 cm small amount of bleeding.</p> <p>R1's clinic visit dated 11/12/25, identified R1 with a history of type 2 diabetes with neuropathy, peripheral arterial disease (PAD) (narrowed arteries reduces blood flow to the arms and legs), atrial fibrillation and Alzheimer's. Two weeks post partial amputation of his great toe secondary to osteomyelitis (infection in the bone) and retained hardware. The incision was well coapted (edges of incision were closed) and no signs of dehiscence (splitting or opening) or erythema (redness of the skin). Healing was delayed but the wound edges are healthy and capillary refill to the flap was immediate. Sutures remained intact.</p> <p>During an observation on 11/12/25 at 2:03 p.m., R1 sat at nurse's station in Broda (allows the user to change angle of backrest to reduce pressure points and improve circulation) chair with blue lift sheet underneath him. R1 wore a blue pull-on gripper sock on the left foot and a black open toed post-op shoe on the right foot. The right foot and lower ankle were wrapped with a dressing and Tubigrip.</p> <p>During an observation on 11/13/25 at 8:07 a.m., R1 sat in Broda chair in dining room along with two other residents. He was well groomed and wore gripper socks on both feet. His left foot was placed on the floor in front of the Broad chair and right foot hung just above the floor. R1 did not have post-op shoe on his right foot.</p> <p>During an observation and interview on 11/13/25 at 11:12 p.m., NA-A and NA-B transferred R1 with a Hoyer lift from Boada chair onto his bed to off load him for a short period of time. R1's post-op shoe was not on</p>	F0684		

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F0684 SS = D	<p>Continued from page 3</p> <p>his right foot and was observed on the floor in front of the recliner. R1 was transferred back to the Broda chair via Hoyer. R1's right foot was wrapped with cling/gauze on top of Coban (stretchy dressing wrap) from the ankle to the top of foot, and from ankle to just under right knee had Tubigrip. R1 had gripper socks on both feet. Registered nurse (RN)-A observed the transfer and stated R1 should have had his post-op shoe on right foot when up out of bed. The end of the shoe hung out further then the end of his toes and protected the surgical site during transfers. RN-A placed the post-op shoe on R1's right foot. RN-A was unable to locate surgical shoe order and when it should be applied. RN-A stated it was common sense R1 should have had the post-op shoe on to protect the amputation since he kicked things and could have caused more harm.</p> <p>During an observation on 11/13/25 at 1:30 p.m., R1 laid in bed on his left side. Both feet had blue pull on slippers. The inner lateral side of the right foot involving great toe amputation rested on the bed mattress crossed over by R1's left leg. At 1:59 p.m. NA-A entered R1's room and applied blue Prevalon boots to both of R1's feet.</p> <p>During an observation on 11/13/25 at 2:30 p.m., R1 sat in Broda chair in TV lounge. R1's left foot had a black post-op shoe with Velcro straps across the top of the foot attached to the inner side of the shoe. R1's right foot had on a slip-on gripper sock.</p> <p>During an observation on 11/13/25 at 2:48 p.m., R1 sat in Broda chair in TV lounge with a black post-op shoe on left foot. R1's feet were extended out in front of him, crossed at the ankles with the left foot resting on top of the right foot NA-A sat in a lounge chart documenting and was asked if she had clarified with floor manager the use of R1's surgical shoe. NA-A jumped up and said "oh ya, it should have been placed on the right foot not the left and needed to be switched". NA-A sat in front of R1 and offered to switch the post-op shoe from the left foot to the right but R1 refused. NA-A informed staff nurse via walkie that R1 refused and would try again later.</p> <p>During an observation on 11/13/25 at 3:52 p.m., NA-C approached R1 while in TV lounge and asked if she could remove and clean up the post-op shoe. R1 refused. NA-C stated the Velcro was on the wrong side and the shoe and belonged on the right foot instead of the left. R1 agreed and allowed NA-C to remove shoe from left foot and placed on right foot.</p> <p>During an interview on 11/13/25 at 9:54 a.m., LPN-A</p>	F0684		

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F0684 SS = D	<p>Continued from page 4 stated R1 tended to kick walls/doors/staff. R1 had kicked the wall, ended up with a sore right on great toe, and started going to the wound clinic in September 2025. R1 wore shoes on his feet initially and later taken off because they may have caused pressure (per the wound clinic) and shoes replaced with gripper and compression socks, then changed to Tubigrip pulled onto lower legs and toes left exposed.</p> <p>During an interview on 11/13/25 at 11:36 a.m., family member (FM)-B stated she was with R1 when he was being discharged back to the facility after his right big toe amputation surgery. FM-B confirmed the surgical post-op shoe was placed on his right foot over the dressing prior to the transfer back to the facility. FM-B stated the nurse informed her it was used to protect R1's foot and amputation site of his big toe. The shoe looked like an open toed sandal with Velcro used to hold it in place. They placed a pull-on slipper on his left foot.</p> <p>During an interview on 11/13/25 at 12:15 p.m., FM-A stated she visited R1 weekly, and noticed during every visit the black post-op shoe had not been placed on his right foot. R1 had blue pull on socks on both feet during visits. FM-A stated R1's right foot surgical area should have been protected so it healed properly.</p> <p>During an interview on 11/13/25 at 1:45 p.m., NA-B stated R1 punched and kicked. R1 had his big toe removed. NA-B verified R1's care plan did not identify if a post-op shoe should be worn or not. NA-B was unsure as to why and when a post-op shoe would be needed. NA-A stated staff would be expected to protect R1's right foot after surgery and prevent him from hitting things with the end of his foot.</p> <p>During an interview on 11/13/25 at 2:03 p.m., NA-A stated she referred to R1's care plan to take care of him. R1 had behaviors including being combative, not wanting to be changed, touched, or transferred. NA-A indicated since surgery she had not placed anything other than a pull-on slipper over R1's right foot. NA-A stated she had placed the black post-op shoe on R1's left foot, and was pretty sure he should not have anything on his right foot since the amputation of his toe. NA-A stated earlier this morning she had been instructed by the staff nurse over the walkie R1's post-op shoe should be placed on his left foot. NA-A states she placed R1's black post-op shoe on his left foot and R1 wore it all day while up in his chair. NA-A reviewed R1's care sheet and verified no indication of the post-op shoe was included. NA-A indicated R1's care plan identified gripper socks were to be worn in bed or in room if not wearing shoes, and Prevalon boots to be</p>	F0684		

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F0684 SS = D	<p>Continued from page 5 worn when going off unit and to activities. NA-A stated she planned on checking with the floor manager regarding the use of the post-op shoe and which foot she should have placed it on.</p> <p>During an interview on 11/13/25 at 2:58 p.m., RN-B resident care manager stated was hard to protect R1's right toe amputation site with how restless he was. RN-B stated there was nothing currently used to protect R1's right foot after surgery. When up in Broda chair he should have gripper socks on and no shoes. RN-B stated R1's care plan was not updated after his right toe amputation before today and should have been. RN-B stated an open toes shoe was a surgical shoe and there were no orders for it, will need to check on that. Generally, the surgical post-op shoe was used for residents with diabetes for toe protection but if R1 had just received the surgical shoe, most likely should have been used to protect the amputation site and added to the care plan. RN-B stated when R1 returned from surgery the staff nurse would have been expected to process the orders from his discharge papers, follow up with provider if he was to wear the boot and how often. The secretary placed the orders, and the nurse verified them on 10/30/25. On 11/3/25, he had a follow-up and no mention of a post-op shoe. RN-B further stated R1 had a history of kicking things and would have been important to protect the site without pressure applied to his toes/surgical area.</p> <p>Facility policy Care Plan dated 11/2021, identified care plans will be updated, and changes will be made as they occur to ensure the most current plan for the resident. Care plans will be reviewed at least monthly by each discipline and documentation will be made in the electronic medical record indicating that the care plan was reviewed and summarizing the changes made, if any. Any changes made to the comprehensive care plan will also be updated in the NA care plan for accuracy.</p>	F0684		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER Eventide Lutheran Home			STREET ADDRESS, CITY, STATE, ZIP CODE 1405 7TH STREET SOUTH , MOORHEAD, Minnesota, 56560	
(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 11/12/25 through 11/13/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaint was reviewed during the survey H54616447C (2651963).</p>	20000		12/05/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/13/2025
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20000	Continued from page 1 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		