Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 15, 2025

Administrator
Bayside Manor LLC
640 THIRD STREET
GAYLORD, MN 55334

RE: CCN: 245473

Cycle Start Date: May 29, 2025

Dear Administrator:

On June 27, 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.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 15, 2025

Administrator
Bayside Manor LLC
640 Third Street
Gaylord, MN 55334

RE: Reinspection Results
Event ID: 4T2K12

Dear Administrator:

On June 27, 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 May 29, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 6, 2025

Administrator
Bayside Manor LLC
640 Third Street
Gaylord, MN 55334

RE: CCN: 245473
Cycle Start Date: May 29, 2025

Dear Administrator:

On May 29, 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 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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 August 29, 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 November 29, 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,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 6, 2025

Administrator
Bayside Manor LLC
640 Third Street
Gaylord, MN 55334

Re: State Nursing Home Licensing Orders
Event ID: 4T2K11

Dear Administrator:

The above facility was surveyed on May 28, 2025 through May 29, 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. 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.

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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245473	A. BUILDING _____ B. WING _____	C 05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE MANOR LLC	640 THIRD STREET GAYLORD, MN 55334

(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 5/28/25 and 5/29/25, 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. The following complaint was reviewed: H54735390C (MN113164) with a deficiency cited at F628. 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 628 SS=D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)(i)-(iii) §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. (iii) Information provided to the receiving provider must include a minimum of the following:	F 628		6/16/25

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

Electronically Signed | 06/18/2025

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 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 628	Continued From page 1 (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. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable	F 628		

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F 628	Continued From page 2 before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for	F 628		

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F 628	Continued From page 3 the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that	F 628		

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F 628	Continued From page 4 specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge	F 628		

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F 628	Continued From page 5 medications (both prescribed and over-the-counter). This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to convey a resident's most current Provider Order for Life Sustaining Treatment (POLST) form to the receiving provider when 1 of 1 resident (R1) was transferred to the emergency department (ED), reviewed for discharge. Findings include: R1's POLST dated 11/28/23, identified Section A: if R1 has no pulse and is not breathing do not attempt resuscitation. Section B: Comfort-Focused Treatment (Allow Natural Death). Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to the hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Section C: R1's documentation of discussion and was signed by R1. Section D: signed by certified nurse practitioner and dated 11/23/23. Section E: additional preferences- no artificial nutrition by tube, no antibiotics, use other methods to relieve symptoms when possible. R1's care plan dated 4/30/25, identified a focus of current code status; see POLST. Interventions included an advanced Directive in place and will be honored during the review period, arrange MD consultation as necessary, assess resident for ability to cope with information provided, review	F 628	1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice R1's most recent POLST was provided to the hospital via email on 05/15/25. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice will not recur All residents who are transferred to the ER have the potential to be affected. 3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur A full house audit was completed to ensure all residents currently hospitalized or in the ER had their most current POLST sent in the transfer packet. Reviewed CFR 483.15 Admission, Transfer, and Discharge Rights, including (c)(2) Documentation and facility process for transfers to the ER and documentation expectations. Education provided to nurses on facility processes for transfers to the ER and documentation expectations. 4. How the facility will monitor its corrective actions to ensure that the	

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F 628	Continued From page 6 resident's Advance Directive PRN per resident and/or family request and staff to follow POLST guidelines. R1's POLST dated 4/25/25, identified Section A: if R1 has no pulse and is not breathing do not attempt resuscitation. Section B: Comfort-Focused Treatment (Allow Natural Death). Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to the hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Section C: R1's documentation of discussion and was signed by R1. Section D: signed by certified nurse practioner and dated 4/25/25. Section E: additional preferences- no artificial nutrition by tube, no antibiotics, use IV/IM antibiotics. R1's order summary dated 4/25/25 identified R1 was Do Not Resuscitate (DNR). R1's admission Minimum Data Set (MDS) dated 5/1/25, identified that R1 had moderately impaired cognition and diagnoses included paranoid schizophrenia, unspecified intellectual disabilities and diabetes mellites. R1 nursing progress note dated 5/14/25 at 6:43 p.m., R1 was sent to hospital per care coordinators and provider - R1 had been refusing all cares and being aggressive towards staff. R1's ED to hospital admission documents dated 5/14/25, R1's hospital course identified had chronic cognitive impairment, paranoid	F 628	deficient practice is being corrected and will not recur Director of Nursing or designee with complete random audits to ensure compliance twice weekly x1 week, weekly x3 weeks, monthly x2 months, and will report to QAPI committee for further review and recommendations.	

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BAYSIDE MANOR LLC	640 THIRD STREET GAYLORD, MN 55334

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F 628	Continued From page 7 schizophrenia, type 2 diabetes insulin-dependent, lower extremity lymphedema, presented from facility via EMS due to increased confusion, agitation and refusal of cares. Review of R1's POLST shows comfort measures only, DNR DNI and no antibiotics. Was able to discuss case with R1's family he does not have a court appointed guardian as he has remained his own guardian. Review of the POLST was that it was signed by R1. It stated that he does not wish to have any antibiotics including oral and wants comfort measures only. After discussion with family, she reported that we should follow the POLST recommendations as that would be his wishes. R1 was admitted for possible right lower lobe pneumonia and left lower extremity cellulitis. Given R1's wishes noted on previous POLST signed on November 23, 2023, that R1 would not wish to have any antibiotics including oral antibiotics and comfort measures only. This was confirmed with R1's family member. Based on this R1 will plan to discharge back to his facility possibly on hospice. R1's Discharge summary dated 5/15/25, identified R1 was discharged with the plan to initiate hospice based on the initial POLST form from 2023. However, with the new information and further conversation with R1 at his skilled nursing facility hospice has not been initiated. Given that R1 was hemodynamically stable, afebrile, not requiring supplemental oxygen it was reasonable that R1 was discharged on oral antibiotics with close outpatient follow-up with primary care provider. Therefore, R1 will be discharged on a course of Augmentin for presumptive right lower lobe pneumonia. R1 should return to the emergency room if he has worsening symptoms or concern for clinical	F 628		

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	245473	A. BUILDING _____ B. WING _____	C 05/29/2025

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F 628	Continued From page 8	F 628		

decline. Otherwise recommend follow-up with primary care provider in 1 to 2 days.

R1's progress note dated 5/15/25 at 1:59 p.m., At 3:15 p.m., R1 was sent back to the facility from the hospital with a diagnosis of pneumonia.

During an interview on 5/28/25 at 3:25 p.m., R1 was seated in his wheelchair in the hallway. R1 stated he was in hospital a couple weeks ago because he was out of his diet mountain dew, and he got dehydrated. R1 stated he thought he had an infection somewhere but really couldn't remember.

During an interview on 5/29/25 at 10:56 a.m., licensed practical nurse care coordinator (LPNCC)-A stated she worked on 5/14/25, and R1 was not himself that day had been refusing cares for several hours and was combative with staff. LPNCC-A stated they did get an order form a provider to send R1 to the ED. LPNCC-A further stated she printed out his face sheet and his medication administration record, for the nurse that would be sending R1 out. LPNCC-A stated she did not print R1's POLST. LPNCC-A stated she had left the building before R1 was sent to the ED, so she was unsure if R1's most recent POLST was printed and sent with.

During a phone interview on 5/29/25 at 1:17 p.m., licensed practical nurse (LPN)-A stated he worked on 5/14/25, and was the nurse responsible for R1. LPN-A stated he did not print out any additional forms to send with R1 to the ED. LPN-A verified he did not print out R1's most recent POLST to send with to the ED.

During an interview on 5/29/25 at 1:33 p.m.,

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F 628	Continued From page 9 nurse manager (NM)-A stated when a resident is sent to the hospital emergently the following forms should be sent with; the face sheet, order summary, medication administration record and a current POLST form. NM-A stated all the forms should be handed to ambulance person. During an interview on 5/29/25 at 1:37 p.m., regional nurse consultant (RNC)-A stated the process for sending a resident to the ED, was to have a provider order and send the following forms with the resident: face sheet, order summary, medication administration record and a current POLST form. RNC-A stated it looked like R1's POLST did not get sent with him to the hospital, so the hospital had R1's old POLST that identified R1 was not to receive antibiotics. RNC-A stated they are in the process of educating all nursing staff on what forms are to be sent with residents during an emergent transfer to ensure the receiving provider can honor resident wishes. Advanced directive policy requested and not received. Emergency transfer document requested and not received. Facility policy, "POLST Documentation Procedure," dated 4/2025, identified a purpose to identify a code status consistent with resident wishes and to facilitate providing emergency care and services in accordance with the resident's plan of care. The Resident and/or Resident Representative's decision will be entered into the individualized plan of care/electronic medical record, and will be communicated throughout the facility, so that staff know immediately what action	F 628		

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F 628	Continued From page 10 to take or not take when an emergency arises. 1. Resident's and/or Resident Representative's wishes will be discussed and verified by referring to the discharge orders. 2. If the resident's or resident representative's wishes no longer align with the discharge orders, a physician's order must be obtained immediately to support these modified wishes. 3. The physician order should be placed into Point Click Care per the following process.' o When indicating the Code Status of choice, please utilize the standardized abbreviation of DNR or CPR which is located in the Monarch Admission Order Sets. o Advance Directive status should be listed as "Current and Verified" before completing and saving the new order entry. o Order type should be "Advanced Directive". 4. Code Status will be reflected in multiple areas within the electronic medical record. This includes Care Profile section located under residents' picture in Point Click Care and Point of Care, and on the MAR/TAR. 5. In the event of an interruption of the electronic health record, refer to the MAR backup software to verify code status. 6. POLST should be uploaded in PCC documents/Misc. tabs. pending signature from Physician/NP and entered POLST (Unsigned). 7. Upload the signed POLST and the unsigned POLST will be deleted out of PCC. The paper POLST will be shredded after uploading. Current POLST that is uploaded, should have verbiage CURRENT POLST. If there are any other POLSTS uploaded into the Documents/Misc., these POLSTS should remain listed and named VOID POLST. 8. A routine audit of the POLST documentation should be completed to ensure consistent and accurate documentation of the POLST form, physician orders, the care plan and entry in PCC.	F 628		

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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 5/28/25 and 5/29/25, 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	2 000		

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2 000	Continued From page 1 and identify the date when they will be completed. The following complaint was reviewed: H54735390C (MN113164) with a licensing order issued at 0690. 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. 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/ib14_1.html> 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	2 000		

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2 000	Continued From page 2 state form. 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.	2 000		
2 690	MN Rule 4658.0465 Subp. 3 Transfer, Discharge, and Death Subp. 3. Transfer or discharge to another facility. When a resident is transferred or discharged to another health care facility or program, the nursing home must send the discharge summary compiled according to subpart 2, and pertinent information about the resident's immediate care and sufficient information to ensure continuity of care prior to or at the time of the transfer or discharge to the other health care facility or program. Additional information not necessary for the resident's immediate care may be sent to the new health care facility or program at the time of or after the transfer or discharge. This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to convey a resident's most current Provider Order for Life Sustaining Treatment (POLST) form to the receiving provider when 1 of 1 resident (R1) was transferred to the emergency department (ED), reviewed for discharge. Findings include: R1's POLST dated 11/28/23, identified Section A: if R1 has no pulse and is not breathing do not	2 690	Corrected.	6/16/25

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2 690	Continued From page 3 attempt resuscitation. Section B: Comfort-Focused Treatment (Allow Natural Death). Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to the hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Section C: R1's documentation of discussion and was signed by R1. Section D: signed by certified nurse practitioner and dated 11/23/23. Section E: additional preferences- no artificial nutrition by tube, no antibiotics, use other methods to relieve symptoms when possible. R1's care plan dated 4/30/25, identified a focus of current code status; see POLST. Interventions included an advanced Directive in place and will be honored during the review period, arrange MD consultation as necessary, assess resident for ability to cope with information provided, review resident's Advance Directive PRN per resident and/or family request and staff to follow POLST guidelines. R1's POLST dated 4/25/25, identified Section A: if R1 has no pulse and is not breathing do not attempt resuscitation. Section B: Comfort-Focused Treatment (Allow Natural Death). Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to the hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Section C: R1's documentation of discussion and was signed by	2 690		

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2 690	Continued From page 4 R1. Section D: signed by certified nurse practioner and dated 4/25/25. Section E: additional preferences- no artificial nutrition by tube, no antibiotics, use IV/IM antibiotics. R1's order summary dated 4/25/25 identified R1 was Do Not Resuscitate (DNR). R1's admission Minimum Data Set (MDS) dated 5/1/25, identified that R1 had moderately impaired cognition and diagnoses included paranoid schizophrenia, unspecified intellectual disabilities and diabetes mellites. R1 nursing progress note dated 5/14/25 at 6:43 p.m., R1 was sent to hospital per care coordinators and provider - R1 had been refusing all cares and being aggressive towards staff. R1's ED to hospital admission documents dated 5/14/25, R1's hospital course identified had chronic cognitive impairment, paranoid schizophrenia, type 2 diabetes insulin-dependent, lower extremity lymphedema, presented from facility via EMS due to increased confusion, agitation and refusal of cares. Review of R1's POLST shows comfort measures only, DNR DNI and no antibiotics. Was able to discuss case with R1's family he does not have a court appointed guardian as he has remained his own guardian. Review of the POLST was that it was signed by R1. It stated that he does not wish to have any antibiotics including oral and wants comfort measures only. After discussion with family, she reported that we should follow the POLST recommendations as that would be his wishes. R1 was admitted for possible right lower lobe pneumonia and left lower extremity cellulitis. Given R1's wishes noted on previous POLST signed on November 23, 2023, that R1 would not	2 690		

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2 690	Continued From page 5 wish to have any antibiotics including oral antibiotics and comfort measures only. This was confirmed with R1's family member. Based on this R1 will plan to discharge back to his facility possibly on hospice. R1's Discharge summary dated 5/15/25, identified R1 was discharged with the plan to initiate hospice based on the initial POLST form from 2023. However, with the new information and further conversation with R1 at his skilled nursing facility hospice has not been initiated. Given that R1 was hemodynamically stable, afebrile, not requiring supplemental oxygen it was reasonable that R1 was discharged on oral antibiotics with close outpatient follow-up with primary care provider. Therefore, R1 will be discharged on a course of Augmentin for presumptive right lower lobe pneumonia. R1 should return to the emergency room if he has worsening symptoms or concern for clinical decline. Otherwise recommend follow-up with primary care provider in 1 to 2 days. R1's progress note dated 5/15/25 at 1:59 p.m., At 3:15 p.m., R1 was sent back to the facility from the hospital with a diagnosis of pneumonia. During an interview on 5/28/25 at 3:25 p.m., R1 was seated in his wheelchair in the hallway. R1 stated he was in hospital a couple weeks ago because he was out of his diet mountain dew, and he got dehydrated. R1 stated he thought he had an infection somewhere but really couldn't remember. During an interview on 5/29/25 at 10:56 a.m., licensed practical nurse care coordinator (LPNCC)-A stated she worked on 5/14/25, and R1 was not himself that day had been refusing	2 690		

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2 690	Continued From page 6 cares for several hours and was combative with staff. LPNCC-A stated they did get an order form a provider to send R1 to the ED. LPNCC-A further stated she printed out his face sheet and his medication administration record, for the nurse that would be sending R1 out. LPNCC-A stated she did not print R1's POLST. LPNCC-A stated she had left the building before R1 was sent to the ED, so she was unsure if R1's most recent POLST was printed and sent with. During a phone interview on 5/29/25 at 1:17 p.m., licensed practical nurse (LPN)-A stated he worked on 5/14/25, and was the nurse responsible for R1. LPN-A stated he did not print out any additional forms to send with R1 to the ED. LPN-A verified he did not print out R1's most recent POLST to send with to the ED. During an interview on 5/29/25 at 1:33 p.m., nurse manager (NM)-A stated when a resident is sent to the hospital emergently the following forms should be sent with; the face sheet, order summary, medication administration record and a current POLST form. NM-A stated all the forms should be handed to ambulance person. During an interview on 5/29/25 at 1:37 p.m., regional nurse consultant (RNC)-A stated the process for sending a resident to the ED, was to have a provider order and send the following forms with the resident: face sheet, order summary, medication administration record and a current POLST form. RNC-A stated it looked like R1's POLST did not get sent with him to the hospital, so the hospital had R1's old POLST that identified R1 was not to receive antibiotics. RNC-A stated they are in the process of educating all nursing staff on what forms are to be sent with residents during an emergent	2 690		

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2 690	Continued From page 7 transfer to ensure the receiving provider can honor resident wishes. Advanced directive policy requested and not received. Emergency transfer document requested and not received. Facility policy, "POLST Documentation Procedure," dated 4/2025, identified a purpose to identify a code status consistent with resident wishes and to facilitate providing emergency care and services in accordance with the resident's plan of care. The Resident and/or Resident Representative's decision will be entered into the individualized plan of care/electronic medical record, and will be communicated throughout the facility, so that staff know immediately what action to take or not take when an emergency arises. 1. Resident's and/or Resident Representative's wishes will be discussed and verified by referring to the discharge orders. 2. If the resident's or resident representative's wishes no longer align with the discharge orders, a physician's order must be obtained immediately to support these modified wishes. 3. The physician order should be placed into Point Click Care per the following process.' o When indicating the Code Status of choice, please utilize the standardized abbreviation of DNR or CPR which is located in the Monarch Admission Order Sets. o Advance Directive status should be listed as "Current and Verified" before completing and saving the new order entry. o Order type should be "Advanced Directive". 4. Code Status will be reflected in multiple areas within the electronic medical record. This includes Care Profile section located under residents' picture in Point Click Care and Point of Care, and on the MAR/TAR. 5. In the	2 690		

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2 690	Continued From page 8 event of an interruption of the electronic health record, refer to the MAR backup software to verify code status. 6. POLST should be uploaded in PCC documents/Misc. tabs. pending signature from Physician/NP and entered POLST (Unsigned). 7. Upload the signed POLST and the unsigned POLST will be deleted out of PCC. The paper POLST will be shredded after uploading. Current POLST that is uploaded, should have verbiage CURRENT POLST. If there are any other POLSTS uploaded into the Documents/Misc., these POLSTS should remain listed and named VOID POLST. 8. A routine audit of the POLST documentation should be completed to ensure consistent and accurate documentation of the POLST form, physician orders, the care plan and entry in PCC. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee should review policies and procedures for advanced directives, physician orders and/or a POLST to ensure records are consistent and maintained accurate throughout the medical record upon admission, quarterly, and with any significant change such as the election of a hospice benefit. The DON should also ensure a process for inputting this changed data appropriately into the electronic medical record and ensure approprite forms are sent when residents are emergently transferred. Staff should be educated on the need to clarify discrepancies in advanced directives, POLST, and/or physician orders, along with what forms to send when an a resident is emeregently transferred out. The DON or designee should review the resident affected, and all other current residents to ensure accuracy of code status and audit any newly admitted resident EMR. Also be auditing the transfer to ED process to ensure the	2 690		

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2 690	Continued From page 9 correct forms are sent with during a transfer out of facility. The results of those audits should go to the Quality Assurance Performance Improvement (QAPI) committee for a specific time until compliance is achieved and maintained to determine compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: Twenty One (21) days	2 690		