



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 1, 2026

Administrator
EMMANUEL NURSING HOME
1415 MADISON AVENUE
DETROIT LAKES, MN 56501

RE: CCN: 245489

Cycle Start Date: January 28, 2026

Dear Administrator:

On February 12, 2026, we notified you a remedy was imposed. On March 18, 2026, the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of February 23, 2026.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective February 27, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter of February 12, 2026, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 27, 2026, due to denial of payment for new admissions. Since your facility attained substantial compliance on February 23, 2026, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

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 Submitted

February 12, 2026

Administrator
EMMANUEL NURSING HOME
1415 MADISON AVENUE
DETROIT LAKES, MN 56501

RE: CCN: 726040700

Cycle Start Date: January 28, 2026

Dear Administrator:

On January 28, 2026, 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On January 28, 2026, the situation of immediate jeopardy to potential health and safety cited at F808 - Therapeutic Diet Prescribed by Physician was removed. However, continued non-compliance remains at the lower scope and severity of D.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective February 27, 2026.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 27, 2026, (42 CFR 488.417 (b)), (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 27, 2026, (42 CFR 488.417 (b)).

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$13,343; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by February 27, 2026, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, EMMANUEL NURSING HOME will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 27, 2026. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

DEPARTMENT CONTACT

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

Susie Haben, Regional Operations Supervisor RR

Health Regulation Division

Minnesota Department of Health

4140 Thielman Lane

Saint Cloud, Minnesota 56301-4557

Email: susie.haben@state.mn.us

Office: (320) 223-7356 Mobile: (651) 230-2334

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 their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by July 28, 2026, (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

APPEAL RIGHTS DENIAL OF PAYMENT

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice.

A copy of the hearing request shall be submitted electronically to:

tamika.brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown at (312) 353-1502. Information may also be emailed to tamika.brown@cms.hhs.gov.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division

330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201

A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

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,

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



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February 12, 2026

Administrator
EMMANUEL NURSING HOME
1415 MADISON AVENUE
DETROIT LAKES, MN 56501

Re: Event ID: 1E1D56-H1

Dear Administrator:

The above facility survey was completed on January 28, 2026 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: 245489	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE , DETROIT LAKES, Minnesota, 56501	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>On 1/22/26 through 1/28/26, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed. H54893980C (2720455) with a deficiency issued at F808.</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> <p>The survey resulted in an Immediate Jeopardy (IJ) at F808 when the facility failed to ensure meals were served as prescribed by the physician for 2 of 4 residents (R1, R3) reviewed with modified diet orders. This resulted in immediate jeopardy for R1 when she was served food despite a strict NPO (nothing by mouth) order, R3 who was served food that was not in accordance with the prescribed diet. The IJ began on 1/19/26, and the immediacy was removed on 1/28/26.</p>	F0000		02/23/2026
F0808 SS = J	<p>Therapeutic Diet Prescribed by Physician</p> <p>CFR(s): 483.60(e)(1)(2)</p> <p>§483.60(e) Therapeutic Diets</p> <p>§483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.</p>	F0808	<p>F808 Therapeutic Diet Prescribed by a Physician</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Wrong diets removed from R1, R2 and R3. Diets reviewed and care plans updated to reflect ordered diet preferences. Immediate just in time education</p>	02/23/2026

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: 245489	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/28/2026
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F0808 SS = J	<p>Continued from page 1</p> <p>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and document review the facility failed to ensure modified diet orders were served in accordance with physician's orders for 3 of 4 residents (R1, R2, R3) who were at risk of aspiration and choking. This resulted in an immediate jeopardy for R1 and R3 when R1 was served food despite a strict order for nothing by mouth (NPO) and R3 who had a history of dysphasia (difficulty swallowing) and was served non pureed meat, not in accordance with the prescribed diet.</p> <p>The IJ began on 1/19/26, /when dining assistant (DA) served R1 a regular textured meal consisting of a sandwich against physician's orders for NPO. R1's oxygen saturation level was 71% (a normal blood oxygen level is between 95% and 100%, regardless of age) and was taken to the emergency department (ED) by ambulance. In addition, on 1/27/26 at 12:32 p.m., R3 was seated at a table in the dining room. R3 was eating from a plate that contained a hotdish made from stuffing with chunks of turkey in it. DA-A stated the regular hotdish was for a regular or minced and moist diet, not a pureed diet as ordered by her physician. The administrator was notified of the immediate jeopardy at 4:15 p.m. on 1/27/26. The immediate jeopardy was removed on 1/28/26, but noncompliance remained at the lower scope and severity level of D, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R1's Admission Record indicated she was admitted to the facility on 1/6/26, R1's diagnosis included dementia, dysphagia and aphasia (a language disorder that impairs a person's ability to speak.)</p> <p>R1's admission Minimum Data Set (MDS) 1/12/26, indicated eating not evaluated due to medical condition.</p> <p>R1's Physicians Order dated 1/6/26, indicated NPO diet related to aphasia (affects language ability) following</p>	F0808	<p>Continued from page 1</p> <p>provided to all dining assistants, including DA-A, DA-B, and DA-C. Meal audit implemented immediately. Audits when serving meals to assure that the right resident receives the right diet.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Education to all team members on how to verify right resident receives right diet prior to serving.</p> <p>What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur</p> <p>Education to team members on procedure to ensure correct diets are given.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur</p> <p>Audits when serving meals to assure that the right resident receives the right diet will be conducted weekly x 4 weeks then Monthly x3 months. After completion of audits, it will be reviewed at the QAPI meeting and determined if additional audits are necessary based on findings.</p> <p>Responsible Persons: dietary staff/nursing staff</p> <p>Date of completion: 2/23/26</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/28/2026
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F0808 SS = J	<p>Continued from page 2 cerebral infarction (stroke).</p> <p>R1's care plan dated 1/6/26, identified impaired cognition and a communication problem due to Aphasia and Dysarthria (happens when the muscles used for speech are weak or are hard to control), motor speech disorder, staff were to observe, and report decline in cognitive status, mood, activities of daily living and deterioration in respiratory status. The care plan indicated R1 was NPO due to a swallowing problem; EATING: Dependent with assist of one, GT Tube (a method of providing nutrition directly to the stomach for individuals who cannot eat enough by mouth.)</p> <p>R1's Progress Note dated 1/19/26, indicated R1 was in the dining room and significant other (SO) requested to speak to the nurse. Registered nurse (RN) went to R1 and discovered she had eaten part of a sandwich and drank some juice. RN brought R1 to her room and assessed. R1's oxygen saturation level (SpO2) was 71 percent. R1 was sent to the ED.</p> <p>R1's ED Provider Note dated 1/19/26, indicated R1 presented to the ED following a transient hypoxic episode that occurred around lunchtime. R1 had resided in the facility following a stroke. Per facility report, R1 had been given lunch despite being on a strict NPO status, after which her SpO2 reportedly dropped to the low 70's. Concern for aspiration event with brief hypoxemia. Diagnosis indicated transient hypoxemia after suspected aspiration event.</p> <p>R1's medical record lacked evidence of previous hypoxic events since admission to the facility.</p> <p>During interview on 1/27/26 at 1:09 p.m. the speech language pathologist (SLP) stated R1 had a recent stroke and said when the hospital performed a video swallow study, R1 had scored "pretty poorly." The SLP said basically the food went down the wrong pipe. The SLP stated she would not have suspected a lodged airway for R1 but would suspect aspiration from food particles going down the wrong pipe. The SLP stated R1 had de-saturated and said that could have happened from aspiration.</p> <p>During interview on 1/22/26 at 3:58 p.m., R1's SO stated he arrived at the facility around noon on 1/19/25, and R1 was not in her room. The SO said he went to the dining room, and she was eating a sandwich</p>	F0808		

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F0808 SS = J	<p>Continued from page 3 and had a salad. The SO said a lady came over and said R1 was not supposed to have food. The nurse brought R1 to her room, and said her oxygen was low, so they called an ambulance.</p> <p>During interview on 1/22/26 at 4:17 p.m., the culinary director (CD) stated R1 should have a dietary ticket printed that indicated NPO. The CD said a staff member had brought R1 to the dining room after a therapy session and said R1 did not normally go to the dining room. The CD said she believed the dining assistant (DA)-A thought R1 was another resident and served her lunch. The CD stated they had pictures of the residents on the dietary cards and the tablet, and this was reviewed with the staff following the incident.</p> <p>During interview on 1/27/26, at 10:41 a.m., DA-A said on 1/19/26, she saw R1 in the dining room but did not realize she could not eat. DA-A said a nurse noticed R1 and said she could not have food. DA-A said she thought because R1 was in the dining room she could eat. DA-A stated they had diet slips and a tablet they could use to identify the residents and view their diet. DA-A said she had not used the tablet and said she had thought R1 was a different resident. DA-A said she had served R1 a ham or turkey sandwich with cheese.</p> <p>R3's Admission Record indicated she was admitted to the facility 3/30/16. Diagnosis included Multiple Sclerosis, mild cognitive impairment and dysphagia.</p> <p>R3's quarterly MDS dated 11/18/25, identified cognitive impairment and indicated she was able to eat independently.</p> <p>R3's Physician Orders dated 1/27/26, indicated a Level 4- pureed texture diet and thin liquids.</p> <p>R3's care plan revised 1/26/26, identified a nutritional risk due Multiple Sclerosis and history of seizure disorder. The care plan directed staff to serve diet as ordered. The care plan identified a regular diet, regular texture with thin liquids and pureed meats.</p> <p>R3's Progress Notes indicated the following:</p>	F0808		

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NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE , DETROIT LAKES, Minnesota, 56501	
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F0808 SS = J	<p>Continued from page 4</p> <p>1/4/26, Staff came out of dining room to alert writer R3 was throwing up in the dining room. R3 was removed from the dining room and was spitting up and not swallowing her food. R3 had wheezing noted in her lower lung lobes upon assessment.</p> <p>1/4/26, R3's family member (FM)-B was concerned about R3 and brought her to the ED.</p> <p>1/6/26, R3 was seen by nurse practitioner (NP) for follow up visit after ED visit and coughing episode on food. R3 went to the ED and needed to be scoped to push food through that was lodged in her throat.</p> <p>R3's ED visit note dated 1/4/26, indicated R3 presented with concerns for dysphasia. Has had some issues with dysphasia that usually self-resolved. Had another episode where she felt like she could not keep anything down when she tried to swallow. R3 stated she felt like it was not passing into her stomach, and she ended up regurgitating her food or liquids. Denied food stuck in her esophagus.</p> <p>R3's NP Note dated 1/6/26, indicated R3 was evaluated in the ED due to choking. She had been regurgitating and felt she was not passing food into her stomach. R3 underwent esophagogastroduodenoscopy (EGD), (a minimally invasive procedure used to examine the upper gastrointestinal tract, including the esophagus, stomach, and duodenum) and extraction of food bolus.</p> <p>During observation and interview on 1/27/26 at 12:32 p.m., R3 was seated at a table in the dining room. R3 was eating from a plate that contained a hotdish made from stuffing with chunks of turkey in it. DA-A stated the regular hotdish was for a regular or minced and moist diet, not a pureed diet. DA-B said the diets were available on the iPads and said sometimes she used them and sometimes she did not. DA-C was present and said they had dining slips also and showed surveyor a basket on the back of the counter. DA-C then handed DA-B an iPad. No iPads or diet slips had been observed in use prior to surveyor inquiry.</p> <p>During interview on 1/27/26 at 12:38 p.m., the DON said R3 should have been served a regular diet with pureed meat. The DON stated the staff should have been using iPads when serving to ensure the correct meal was</p>	F0808		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE , DETROIT LAKES, Minnesota, 56501	
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F0808 SS = J	<p>Continued from page 5 served.</p> <p>The immediate jeopardy that began on 1/19/26 /was removed on 1/28/26, after the facility implemented a systemic plan that included the following actions:</p> <ul style="list-style-type: none"> -Review of the facility process for ensuring the correct resident received the correct diet as prescribed by the provider. -Care plans were reviewed and revised for accuracy. -All staff were educated with competency on resident care plan revisions, the facility procedure for implementing resident's physician ordered diets, education on diet textures and protections from negative outcomes. -Meal tray audits were implemented. <p>R2's Admission Record indicated he was admitted to the facility 12/4/17. R2's diagnosis included dementia and aphasia.</p> <p>R2's quarterly MDS dated 10/28/25, identified severe cognitive impairment and indicated he could eat independently after setup.</p> <p>R2's Physician Order dated 12/1/25, indicated: diet-level 2- mildly thick liquids. L4- pureed texture diet (when you only eat foods you do not need to bite or chew. Foods are smooth and moist before eating them. This makes it easier to swallow. Food that is pureed -is smooth, soft, and moist, is usually eaten with a spoon, holds its shape on a spoon, flows very slowly and cannot be sucked through a straw).</p> <p>R2's care plan dated 11/8/25, identified an alteration in communication due to dementia and expressive aphasia. The care further identified a need for a modified diet. Diet indicated Level 4 pureed texture, Level 2 mildly thick liquids. R2's care plan indicated per family member (FM)-A, R2 could have thin liquids/different textures that she would provide when she was with him. FM-A would also leave cookies/snacks</p>	F0808		

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<p>F0808 SS = J</p>	<p>Continued from page 6 with the staff that she was okay with him having upon request when she was not present. If R2 was seen with cookies or drinks that were not provided by FM-A and not part of his recommended diet, staff were to remove the items and offer appropriate alternative.</p> <p>R2's Progress Notes indicated the following:</p> <p>11/9/25, R2's FM-A called and said she had concerns regarding R2's behavior at lunch. FM-A stated R2 was pocketing his food in his mouth.</p> <p>11/15/25, Staff in the dining room alerted writer R2 had been choking in the dining room, wasn't breathing and had turned purple. Writer arrived in dining room and R2 was breathing and had good color. He did have pureed food in front of him. R2 was reminded to eat slowly.</p> <p>11/18/25, Care conference was held. R2 was scheduled for a speech evaluation. FM-A stated she felt R2 was eating too fast and that was causing him to cough on food. R2 was on a pureed diet for a trial period. R2 liked to help himself to juice, and staff was aware to thicken his juice if he was found to help himself.</p> <p>12/2/25, FM-A requested R2 no longer have snacks in his room. FM-A stated she would continue stocking snacks in the medication room, and she would serve them when she was at the facility.</p> <p>During observation on 1/27/26 at 4:21 p.m., R2 was propelling himself in the hallway, near the dining room, with his wheelchair. R2 was eating Oreo cookies. R2 was not supervised by staff. The DON was alerted and stated R2 takes his own snacks, then went to the dining room.</p> <p>During interview on 1/28/26 at 8:30 a.m., the director of nursing (DON) stated R2's FM-A brought him snacks. The DON stated she thought R2's FM-A may have signed something related to his snacks and said she was going to look for it. The DON said the facility kept snacks up high so residents could ask them if they wanted something. The DON said she did not know who had given R2 the Oreo cookies the previous day and said she would investigate if he could have them.</p>	<p>F0808</p>		

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F0808 SS = J	<p>Continued from page 7</p> <p>During interview on 1/28/26 at 10:15 a.m., R2's FM-A stated R2 was currently receiving pureed food. FM-A said about a month or so ago, R2 had been choking when he swallowed so the facility provided testing and changed his diet to pureed. FM-A said she had snacks in R2's room that he could eat as long as she was with him. FM-A said if she was not there, she did not want R2 to have the snacks. FM-A said she brought in things like soft fruit, puddings and some soft cookies but said she did not bring in hard things. FM-A said she had not provided R2 with Oreos and said he should not have them. She added that R2 used to go into other residents' rooms, indicating he may have gotten the cookies from someone else's room, but she did not think he had been doing that as much as he used to.</p> <p>During interview on 1/28/26 at 10:48 a.m. the DON stated the facility did not have signed consent for a liberalized diet. The DON stated she had spoken with FM-A who did not want R2 to have Oreo cookies.</p> <p>Facility policy Therapeutic Diets dated October 2017, indicated therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care in accordance with his or her goals and preferences. A therapeutic diet is considered a diet ordered by a physician, practitioner or dietician as part of treatment for a disease or clinical condition. Snacks will be compatible with the therapeutic diet.</p>	F0808		

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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 1/22/26 through 1/28/26, 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 complaints were reviewed during the survey. H54893980C (2720455).</p>	20000		02/23/2026

Office of Primary Care and Health Systems Management

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