



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 21, 2025

Administrator
Emmanuel Nursing Home
1415 Madison Avenue
Detroit Lakes, MN 56501

RE: CCN: 245489
Cycle Start Date: December 18, 2024

Dear Administrator:

On February 18, 2025, we notified you a remedy was imposed. On March 18, 2025 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of March 12, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 18, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of February 18, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 18, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on March 12, 2025, 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 Therefore, the NATCEP prohibition is rescinded.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 delivered

March 21, 2025

Administrator
Emmanuel Nursing Home
1415 Madison Avenue
Detroit Lakes, MN 56501

Re: Reinspection Results
Event ID: D1F612

Dear Administrator:

On March 5, 2025 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 30, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink 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
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February 18, 2025

Administrator
Emmanuel Nursing Home
1415 Madison Avenue
Detroit Lakes, MN 56501

RE: CCN: 245489
Cycle Start Date: December 18, 2024

Dear Administrator:

On December 26, 2024, we informed you that we may impose enforcement remedies.

On January 30, 2025, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found 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.

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:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective March 18, 2025

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 18, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 18, 2025.

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.

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

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 March 18, 2025, 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 March 18, 2025. 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 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 an "E" tag), i.e., the plan of correction should be directed to:

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division 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 June 18, 2025 (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 § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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

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:

Steven.Delich@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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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.

Emmanuel Nursing Home

February 18, 2025

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A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

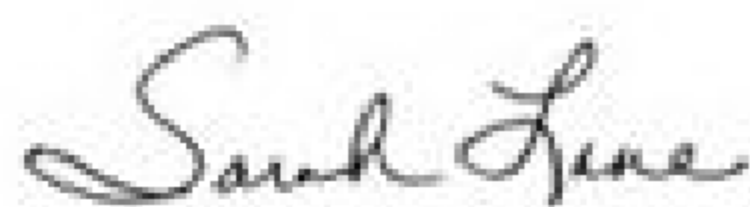
In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



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Electronically delivered
February 18, 2025

Administrator
Emmanuel Nursing Home
1415 Madison Avenue
Detroit Lakes, MN 56501

Re: State Nursing Home Licensing Orders
Event ID: D1F611

Dear Administrator:

The above facility was surveyed on January 29, 2025 through January 30, 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.

Emmanuel Nursing Home

February 18, 2025

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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.

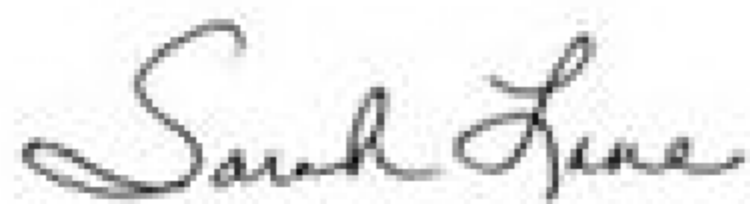
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting 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:

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

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sincerely,



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 CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2025
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NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE DETROIT LAKES, MN 56501
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 1/29/25 and 1/30/25, 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, H54895880C (MN00110030) with a deficiency issued at F550.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's</p>	F 550		3/4/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/21/2025
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2025
NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE DETROIT LAKES, MN 56501		
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F 550	<p>Continued From page 1</p> <p>individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure call lights were answered in a timely manner that promoted dignity for 3 of 4 (R2, R3, R4) reviewed.</p> <p>Findings include: R2's significant change Minimum Data Set (MDS) dated 12/24/24, identified severely impaired cognition and no behaviors. He required</p>	F 550	<p>Tag: F550 Resident rights/exercise of Rights</p> <p>Corrective action to resident found to be affected: (R2) and (R3) discussed a plan to reduce long call light times/anticipate needs and promote dignity. (R)4- no longer resides at the facility.</p> <p>How the facility identified other residents'</p>	

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F 550	<p>Continued From page 2</p> <p>supervision/touch assist with all transfers and ambulation up to 10 feet, partial/moderate assistance with toileting, personal/toileting hygiene, and sit to stand, substantial/maximum assist with bathing, and used a walker and/or wheelchair for mobility. He was occasionally incontinent of bladder and always continent of bowel. Diagnoses included stroke, arthritis, dementia, anxiety, and depression.</p> <p>R2's care plan dated 1/29/25, identified he was at risk for falls related to mobility deficits and psychotropic drug use and directed staff to anticipate and meet the needs of the resident, call light place within reach, encourage to use call light for assistance as needed and prompt response to all requests for assistance. He had an activities of daily living (ADL) self-care deficit due to stroke and directed staff to offer toilet with cares, limited/extensive assistance for toileting, peri-cares and hygiene related to incontinence. He required extensive assistance of one and a four wheeled walker for transfers, attempted to self-transfer in room, and required hourly checked due to increased fall risk.</p> <p>The call light response time log was requested and reviewed for the date range of 1/1/25 through 1/23/25. Review of the call light response times for R2 revealed his call light was not responded to in a timely manner on the following dates:</p> <p>On 1/1/25, the call light was activated at 8:42 a.m. and was responded to 25 minutes 53 seconds after it was activated.</p> <p>On 1/1/25, the call light was activated at 1:24 p.m. and was responded to 20 minutes 16 seconds after it was activated.</p>	F 550	<p>potential to be affected: Audit done on all residents call lights. If there was a pattern of long call light times noted, conversation with those residents to see if they would like a plan for us to better anticipate their needs to promote dignity.</p> <p>Measures put in place to ensure it will not recur: Education to NAR's and Nurses on call light policy and dignified resident treatment regarding answering call lights/communication with resident if longer wait time is anticipated.</p> <p>How the facility will monitor its performance to ensure solutions are sustained: Audits 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: Nurses/RN Managers/Director of Nursing/Designee</p>	

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F 550	<p>Continued From page 3</p> <p>On 1/5/25, the call light was activated at 8:40 a.m. and was responded to 27 minutes 48 seconds after it was activated.</p> <p>On 1/6/25, the call light was activated at 12:34 p.m. and was responded to 58 minutes 25 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 8:22 p.m. and was responded to 20 minutes 05 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 6:44 a.m. and was responded to 25 minutes 29 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 10:22 a.m. and was responded to 25 minutes 16 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 11:21 a.m. and was responded to 30 minutes 40 seconds after it was activated.</p> <p>On 1/23/25, the call light was activated at 6:37 a.m. and was responded to 35 minutes 12 seconds after it was activated.</p> <p>During an interview/observation on 1/29/25 at 2:56 p.m. R2 sat in his recliner in his room fully dressed in gripper socks. He used the call light when assistance was needed for toileting. Staff were busy and took up to one hour at times to respond to the call light. He used the urinal or took himself to the bathroom when unable to get staff assistance to avoid an accident. Observation showed a urinal hung from the backside of his four wheeled walker and had approximately 100</p>	F 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2025
NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE DETROIT LAKES, MN 56501		
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F 550	<p>Continued From page 4</p> <p>milliliters (ml) of yellow urine in it. He was aware he required assistance but became more impatient since his stroke, refused assistance at times, and felt staff avoided him because of that. He stated he was 92 years old, wished he could get the assistance he needed, frustrated, felt like he did not matter, and worried about falling again.</p> <p>R3's significant change MDS dated 1/14/25, identified intact cognition without behaviors. She required set up/clean up with personal hygiene, supervision/touching with sit to stand and all transfers, partial/moderate assist with toileting hygiene and bathing, and used a walker and/or wheelchair for mobility. She was frequently incontinent of bladder and always continent of bowel. Diagnoses included renal failure, DM, Alzheimer's, dementia, and respiratory failure. Medications included diuretics and oxygen.</p> <p>R3' care plan dated 1/24/25, identified she was at risk for falls and had an ADL care deficit due to gait/balance problems, activity intolerance, history of falls and directed staff to encourage call light for assistance and routine safety checks. She had urinary stress incontinence and potential for impairment to skin integrity required up to extensive assistance of one staff member for toilet use and hygiene and directed staff to change her disposable briefs per schedule/as needed and clean peri-area with incontinence episode.</p> <p>The call light response time log was requested and reviewed for the date range of 1/17/25 through 1/30/25. Review of the call light response times for R3 revealed her call light was not responded to in a timely manner on the following dates:</p>	F 550		

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NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE DETROIT LAKES, MN 56501		
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F 550	<p>Continued From page 5</p> <p>On 1/7/25, the call light was activated at 7:23 a.m. and was responded to 17 minutes 44 seconds after it was activated.</p> <p>On 1/8/25, the call light was activated at 5:40 p.m. and was responded to 30 minutes 56 seconds after it was activated.</p> <p>On 1/9/25, the call light was activated at 10:27 a.m. and was responded to 33 minutes 05 seconds after it was activated.</p> <p>On 1/19/25, the call light was activated at 12:38 p.m. and was responded to 54 minutes 29 seconds after it was activated.</p> <p>On 1/23/25, the call light was activated at 10:16 a.m. and was responded to 19 minutes after it was activated.</p> <p>On 1/23/25, the call light was activated at 5:49 p.m. and was responded to 2 hours 55 minutes 43 seconds after it was activated.</p> <p>On 1/28/25, the call light was activated at 8:14 p.m. and was responded to 16 minutes 59 seconds after it was activated.</p> <p>R3's diagnoses list included urinary stress incontinence and history of urinary tract infections.</p> <p>R3's urinary continence record from 1/6/25 through 1/28/25 identified:</p> <p>On 1/7/25 at 6:26 a.m. and 12:33 p.m. incontinent</p> <p>On 1/8/25 at 6:02 a.m., 2:29 p.m., and 10:03 p.m.</p>	F 550		

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F 550	<p>Continued From page 6 incontinent</p> <p>On 1/9/25 no documentation on day shift.</p> <p>On 1/19/25 at 1:45 p.m. incontinent.</p> <p>On 1/23/25, at no documentation on day shift and at 11:51 p.m. incontinent.</p> <p>On 1/28/25 no documentation this day for all three shifts.</p> <p>During an interview/observation on 1/30/25 at 11:15 a.m. R3 sat in her wheelchair in her room with oxygen on per nasal cannula (NC). She stated there were times staff had taken up to over an hour to answer her call light for assistance to get cleaned up after a stool accident. She could do it herself but was more difficult due to increased weakness. She knew staff were busy, found it hard to have to rely on them for assistance, and felt embarrassed when she defecated in her pants. She suggested surveyor visit with her daughter while she visited her husband down the hallway for further details.</p> <p>R4's quarterly MDS dated 12/02/24, identified intact cognition and no behaviors. R2 required supervision/touching with personal hygiene and ambulation up to 10 feet, partial/moderate assist with all transfers, sit to stand, bathing, dependent with toiling hygiene, and used a walker and/or wheelchair for mobility. She was frequently incontinent of bladder and always continent of bowel. Diagnoses included congestive heart failure (CHF), diabetes mellitus (DM), arthritis, upper impairment of bilateral extremities, anxiety, depression, and respiratory failure. Medications included a diuretic (increased urine production</p>	F 550		

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F 550	<p>Continued From page 7</p> <p>used to reduce fluid buildup in the body) and dependent on continuous oxygen.</p> <p>R4's care plan dated 12/16/24, identified she had bladder urge incontinence and bowel incontinence related to history of diarrhea and impaired mobility and directed staff to clean peri-are with each incontinence episode and ensure an unobstructed path to the bathroom. She was at risk for falls and instructed staff to ensure call light was within reach, used for assistance as needed, and routine safety checks. She had an ADL self-care deficit related to impaired balance and wound care and instructed staff to have provided limited assistance of one for stand, pivot transfers or patient lift transfer (PAL) as needed if she felt lower extremities were weak.</p> <p>The call light response time log was requested and reviewed for the date range of 12/26/24 through 1/21/25. Review of the call light response times for R4 revealed her call light was not responded to in a timely manner on the following dates:</p> <p>On 12/26/24, the call light was activated at 5:28 p.m. and was responded to 1 hour 34 minutes 5 seconds after it was activated.</p> <p>On 12/27/24, the call light was activated at 12:52 p.m. and was responded to 1 hour 8 minutes 2 seconds after it was activated.</p> <p>On 1/6/25, the call light was activated at 4:46 p.m. and was responded to 19 minutes 25 seconds after it was activated.</p> <p>On 1/6/25, the call light was activated at 9:40</p>	F 550		

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F 550	<p>Continued From page 8</p> <p>p.m. and was responded to 32 minutes 14 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 8:57 a.m. and was responded to 59 minutes 8 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 12:36 p.m. and was responded to 22 minutes 5 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 8:26 p.m. and was responded to 41 minutes 8 seconds after it was activated.</p> <p>On 1/9/25, the call light was activated at 8:18 a.m. and was responded to 22 minutes 41 seconds after it was activated.</p> <p>On 1/11/25, the call light was activated at 10:06 a.m. and was responded to 25 minutes 23 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 7:43 a.m. and was responded to 1 hour 3 minutes 55 seconds after it was activated.</p> <p>On 1/13/25, the call light was activated at 8:43 a.m. and was responded to 23 minutes 46 seconds after it was activated.</p> <p>On 1/18/25, the call light was activated at 9:41 p.m. and was responded to 53 minutes 6 seconds after it was activated.</p> <p>On 1/19/25, the call light was activated at 9:47 a.m. and was responded to 21 minutes 34 seconds after it was activated.</p>	F 550		

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

PRINTED: 03/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2025
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F 550	<p>Continued From page 9</p> <p>On 1/21/25, the call light was activated at 10:46 a.m. and was responded to 33 minutes 23 seconds after it was activated.</p> <p>On 1/24/25, the call light was activated at 6:49 a.m. and was responded to 23 minutes 33 seconds after it was activated.</p> <p>On 1/24/25, the call light was activated at 10:40 a.m. and was responded to 29 minutes 30 seconds after it was activated.</p> <p>On 1/26/25, the call light was activated at 10:46 a.m. and was responded to 33 minutes 23 seconds after it was activated.</p> <p>On 1/27/25, the call light was activated at 11:06 a.m. and was responded to 18 minutes 47 seconds after it was activated.</p> <p>R4's diagnoses list included candidiasis (fungal infection) of the skin.</p> <p>R4's urinary continence record from 1/6/25 through 1/27/25 identified:</p> <ul style="list-style-type: none"> -On 1/6/25 at 2:29 p.m. incontinent. -On 1/7/25 at 1:57 p.m. incontinent. -On 1/9/25 at 11:31 p.m. incontinent. -On 1/10/25 at 12:35 p.m. and 10:29 p.m. incontinent. -On 1/11/25 at 2:04 p.m. and 10:29 p.m. incontinent. -On 1/12/25 at 5:28 a.m. and 2:12 p.m. 	F 550		

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F 550	<p>Continued From page 10 incontinent.</p> <p>-On 1/13/25 at 4:58 a.m. incontinent.</p> <p>-On 1/18/25 at 1:17 p.m. incontinent.</p> <p>-On 1/19/25 at 2:29 p.m. and 9:51 p.m. incontinent.</p> <p>-On 1/21/25 at 1:39 p.m., 9:42 p.m., and 11:23 p.m. incontinent.</p> <p>-On 1/24/25 at 2:29 p.m. and 9:14 p.m. incontinent.</p> <p>-On 1/27/25 at 2: 29 p.m. incontinent.</p> <p>R4's progress notes dated 1/10/2025 at 10:43 a.m. identified was seen by nurse practitioner (NP) for routine visit. She is continent of bowel, incontinent of urine, does have continent voids with toileting. Currently receiving Nystatin to buttocks/groin for fungal infection and is improving with current treatment. She requires up to extensive assist of one for ADL tasks, is independent with mobility once in power scooter.</p> <p>During an interview on 1/30/25 at 10:32 a.m. nursing assistant (NA)-A stated there were days they lacked staff and residents' needs were not being met such as toileting and repositioning. There were residents, R4 was one of them, that were continent but became incontinent due to lack of assistance of staff to the toilet them. Call lights we are expected to be answered within five minutes. She stated the staff were responsible to meet resident needs to help promote dignity and keep them safe.</p>	F 550		

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F 550	<p>Continued From page 11</p> <p>During an interview/observation on 1/30/25 at 11:15 a.m. R4 sat in a wheelchair fully dressed, gripper socks, oxygen on per NC, and a call light pendent around her neck. She stated she used the call light when she requested assistance of staff but had waited over one hour on the toilet, was uncomfortable, and on a hard surface to have sat on there that long. She had frequent stool and urine accidents, at least five times a week, when staff were unable to answer her call light timely, and she was unable to hold it. She could have stayed dry if staff would have provided her help, she did not like going to the bathroom in her pants and was embarrassed. She had skin problems especially on her bottom due to moisture, was itchy, scratched a lot, and was uncomfortable. She had contacted the ombudsman and received assistance; things had improved for a while but last two to three months had gotten bad again and took a long time for staff to respond to call lights. She had not filed a grievance but had talked to the floor manager and was unable to remember what she had told her.</p> <p>During an interview on 1/30/25 at 11:31 a.m. with a family member (FM) stated both of her parents live at this facility. She was frustrated with lack of staff assistance and response time to call lights. Both parents had expressed to her they felt like they cannot get the assistance when needed, the reason they do not use their call lights as often anymore, felt like they had to do more for themselves, and a was burden to the staff. She stated as a daughter she wanted to make sure their needs were being met, was exhausted and felt like she was expected to help her parents but also felt it was her fault and she did more than she should have due to inability to get call lights answered. She stated her mother had dementia</p>	F 550		

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F 550	<p>Continued From page 12</p> <p>and, in her mind, believed staff were too busy and she was expected to do things herself. FM stated it was hard to see how her mother sat in a wet and soiled incontinent brief. Her mother used her call light, waited up to 40 minutes on the toilet to get staff to respond, has had explosive diarrhea, when she had to go, she had to go. Her mother had taken herself to the bathroom in her wheelchair, locked the brakes, gets on and off the toilet herself, and usually changed her own brief, the NA's do not toilet her. Her Mother was on continuous oxygen and her levels dropped upon exertion, she was limited as to how much she could do, and her condition had declined; therefore, required more help now. Her father required assistance of one staff, but they avoided his room due to his stroke and how stubborn he was. He has taken himself to the bathroom alone at times but also used the urinal and had a hard time getting staff to empty it for him. She was worried without assistance he would have tried to empty it himself an end up falling again.</p> <p>During an interview on 1/30/25 at 12:51 p.m. licensed practical nurse (LPN)-A nursing supervisor stated staff were expected to answer call lights in order they come on within at least five minutes to prevent self-transferring.</p> <p>During an interview on 1/30/25 at 2:13 p.m. registered nurse (RN)-B Transitional Care Unit (TCU) manager stated staff were expected to answer resident call lights within 15 minutes and depended on what is going on and if there were other situations when another resident needed assistance. This would be considered good nursing and was nice for residents to know someone was here for whatever reason.</p>	F 550		

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F 550	<p>Continued From page 13</p> <p>During an interview on 1/30/25 at 2:31 p.m. RN-A clinical manager stated R4 required assistance of one for cares, toileting in the bathroom, and was able to have continent voids when placed on the toilet. R4 had a history of moisture associated chronic dermatitis and skin breakdown which urine could have made worse. She expected staff to answer call lights within in 15 minutes in order of when they go on and work towards the next one to verify resident safety, improve continence and quality of life, and over all well-being. She stated did not recall R4 had talked to her about long call light times or lack of assistance to bathroom.</p> <p>During an interview on 1/30/25 at 2:39 p.m. NA-B stated staff were expected to answer call lights within 15 minutes for safety and provide assistance to meet their needs.</p> <p>During an interview on 1/30/25 at 2:45 p.m. administrator stated staff were expected to respond to call lights within 15 minutes and if unable to assist them right away should have shared that with the resident and another team mate to get additional assistance if possible. Staff were expected to assist the residents and provided support to meet their needs.</p> <p>Facility policy Activities of Daily Living (ADLs) Supporting dated 2018, identified residents who are unable to carry out ADLs independently will receive care, treatment, and services as appropriate to receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Those services would include hygiene, mobility, elimination (toileting), dining, and communication and identified on the resident care plan. The resident's ability to perform ADLs</p>	F 550		

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F 550	<p>Continued From page 14</p> <p>will be measured using clinical tools including the MDS.</p> <p>Facility policy Dignity dated 2021, identified each resident shall be cared for in a manner that promotes and enhances their sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Individual needs and preferences of the resident are identified through the assessment process. Demeaning practices and standards of care that compromise dignity are prohibited. Staff were expected to promote dignity and assist residents promptly to resident's request for toileting assistance. Staff were expected to treat cognitively impaired residents with dignity and sensitivity such as addressing the underlying motives or root causes for behaviors.</p> <p>Facility policy Answering the Call light dated 2022, identified staff were to ensure timely responses to the resident's requests and needs. Answer the call system as soon as possible and if the resident requested something that can be fulfilled, the task should be completed within 15 minutes if possible.</p>	F 550		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2025
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NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE DETROIT LAKES, MN 56501
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 1/29/25 through 1/30/25, 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 order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

02/21/25

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaint was reviewed:</p> <p>H54895880C (MN00110030) with a licensing order issued at 1805.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <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</p>	2 000		

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NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE DETROIT LAKES, MN 56501
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2 000	Continued From page 2 not required at the bottom of the first page of 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		
21805	MN St. Statute 144.651 Subd. 5 Patients & Residents of HC Fac.Bill of Rights Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure call lights were answered in a timely manner that promoted dignity for 3 of 4 (R2, R3, R4) reviewed. Findings include: R2's significant change Minimum Data Set (MDS) dated 12/24/24, identified severely impaired cognition and no behaviors. He required supervision/touch assist with all transfers and ambulation up to 10 feet, partial/moderate assistance with toileting, personal/toileting hygiene, and sit to stand, substantial/maximum assist with bathing, and used a walker and/or wheelchair for mobility. He was occasionally incontinent of bladder and always continent of bowel. Diagnoses included stroke, arthritis,	21805	corrected	3/4/25

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21805	<p>Continued From page 3</p> <p>dementia, anxiety, and depression.</p> <p>R2's care plan dated 1/29/25, identified he was at risk for falls related to mobility deficits and psychotropic drug use and directed staff to anticipate and meet the needs of the resident, call light place within reach, encourage to use call light for assistance as needed and prompt response to all requests for assistance. He had an activities of daily living (ADL) self-care deficit due to stroke and directed staff to offer toilet with cares, limited/extensive assistance for toileting, peri-cares and hygiene related to incontinence. He required extensive assistance of one and a four wheeled walker for transfers, attempted to self-transfer in room, and required hourly checked due to increased fall risk.</p> <p>The call light response time log was requested and reviewed for the date range of 1/1/25 through 1/23/25. Review of the call light response times for R2 revealed his call light was not responded to in a timely manner on the following dates:</p> <p>On 1/1/25, the call light was activated at 8:42 a.m. and was responded to 25 minutes 53 seconds after it was activated.</p> <p>On 1/1/25, the call light was activated at 1:24 p.m. and was responded to 20 minutes 16 seconds after it was activated.</p> <p>On 1/5/25, the call light was activated at 8:40 a.m. and was responded to 27 minutes 48 seconds after it was activated.</p> <p>On 1/6/25, the call light was activated at 12:34 p.m. and was responded to 58 minutes 25 seconds after it was activated.</p>	21805		

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21805	<p>Continued From page 4</p> <p>On 1/7/25, the call light was activated at 8:22 p.m. and was responded to 20 minutes 05 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 6:44 a.m. and was responded to 25 minutes 29 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 10:22 a.m. and was responded to 25 minutes 16 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 11:21 a.m. and was responded to 30 minutes 40 seconds after it was activated.</p> <p>On 1/23/25, the call light was activated at 6:37 a.m. and was responded to 35 minutes 12 seconds after it was activated.</p> <p>During an interview/observation on 1/29/25 at 2:56 p.m. R2 sat in his recliner in his room fully dressed in gripper socks. He used the call light when assistance was needed for toileting. Staff were busy and took up to one hour at times to respond to the call light. He used the urinal or took himself to the bathroom when unable to get staff assistance to avoid an accident. Observation showed a urinal hung from the backside of his four wheeled walker and had approximately 100 milliliters (ml) of yellow urine in it. He was aware he required assistance but became more impatient since his stroke, refused assistance at times, and felt staff avoided him because of that. He stated he was 92 years old, wished he could get the assistance he needed, frustrated, felt like he did not matter, and worried about falling again.</p> <p>R3's significant change MDS dated 1/14/25, identified intact cognition without behaviors. She</p>	21805		

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21805	<p>Continued From page 5</p> <p>required set up/clean up with personal hygiene, supervision/touching with sit to stand and all transfers, partial/moderate assist with toileting hygiene and bathing, and used a walker and/or wheelchair for mobility. She was frequently incontinent of bladder and always continent of bowel. Diagnoses included renal failure, DM, Alzheimer's, dementia, and respiratory failure. Medications included diuretics and oxygen.</p> <p>R3' care plan dated 1/24/25, identified she was at risk for falls and had an ADL care deficit due to gait/balance problems, activity intolerance, history of falls and directed staff to encourage call light for assistance and routine safety checks. She had urinary stress incontinence and potential for impairment to skin integrity required up to extensive assistance of one staff member for toilet use and hygiene and directed staff to change her disposable briefs per schedule/as needed and clean peri-area with incontinence episode.</p> <p>The call light response time log was requested and reviewed for the date range of 1/17/25 through 1/30/25. Review of the call light response times for R3 revealed her call light was not responded to in a timely manner on the following dates:</p> <p>On 1/7/25, the call light was activated at 7:23 a.m. and was responded to 17 minutes 44 seconds after it was activated.</p> <p>On 1/8/25, the call light was activated at 5:40 p.m. and was responded to 30 minutes 56 seconds after it was activated.</p> <p>On 1/9/25, the call light was activated at 10:27 a.m. and was responded to 33 minutes 05</p>	21805		

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21805	<p>Continued From page 6</p> <p>seconds after it was activated.</p> <p>On 1/19/25, the call light was activated at 12:38 p.m. and was responded to 54 minutes 29 seconds after it was activated.</p> <p>On 1/23/25, the call light was activated at 10:16 a.m. and was responded to 19 minutes after it was activated.</p> <p>On 1/23/25, the call light was activated at 5:49 p.m. and was responded to 2 hours 55 minutes 43 seconds after it was activated.</p> <p>On 1/28/25, the call light was activated at 8:14 p.m. and was responded to 16 minutes 59 seconds after it was activated.</p> <p>R3's diagnoses list included urinary stress incontinence and history of urinary tract infections.</p> <p>R3's urinary continence record from 1/6/25 through 1/28/25 identified:</p> <p>On 1/7/25 at 6:26 a.m. and 12:33 p.m. incontinent</p> <p>On 1/8/25 at 6:02 a.m., 2:29 p.m., and 10:03 p.m. incontinent</p> <p>On 1/9/25 no documentation on day shift.</p> <p>On 1/19/25 at 1:45 p.m. incontinent.</p> <p>On 1/23/25, at no documentation on day shift and at 11:51 p.m. incontinent.</p> <p>On 1/28/25 no documentation this day for all three shifts.</p>	21805		

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21805	<p>Continued From page 7</p> <p>During an interview/observation on 1/30/25 at 11:15 a.m. R3 sat in her wheelchair in her room with oxygen on per nasal cannula (NC). She stated there were times staff had taken up to over an hour to answer her call light for assistance to get cleaned up after a stool accident. She could do it herself but was more difficult due to increased weakness. She knew staff were busy, found it hard to have to rely on them for assistance, and felt embarrassed when she defecated in her pants. She suggested surveyor visit with her daughter while she visited her husband down the hallway for further details.</p> <p>R4's quarterly MDS dated 12/02/24, identified intact cognition and no behaviors. R2 required supervision/touching with personal hygiene and ambulation up to 10 feet, partial/moderate assist with all transfers, sit to stand, bathing, dependent with toiling hygiene, and used a walker and/or wheelchair for mobility. She was frequently incontinent of bladder and always continent of bowel. Diagnoses included congestive heart failure (CHF), diabetes mellitus (DM), arthritis, upper impairment of bilateral extremities, anxiety, depression, and respiratory failure. Medications included a diuretic (increased urine production used to reduce fluid buildup in the body) and dependent on continuous oxygen.</p> <p>R4's care plan dated 12/16/24, identified she had bladder urge incontinence and bowel incontinence related to history of diarrhea and impaired mobility and directed staff to clean peri-are with each incontinence episode and ensure an unobstructed path to the bathroom. She was at risk for falls and instructed staff to ensure call light was within reach, used for assistance as needed, and routine safety checks. She had an ADL self-care deficit related to</p>	21805		

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21805	<p>Continued From page 8</p> <p>impaired balance and wound care and instructed staff to have provided limited assistance of one for stand, pivot transfers or patient lift transfer (PAL) as needed if she felt lower extremities were weak.</p> <p>The call light response time log was requested and reviewed for the date range of 12/26/24 through 1/21/25. Review of the call light response times for R4 revealed her call light was not responded to in a timely manner on the following dates:</p> <p>On 12/26/24, the call light was activated at 5:28 p.m. and was responded to 1 hour 34 minutes 5 seconds after it was activated.</p> <p>On 12/27/24, the call light was activated at 12:52 p.m. and was responded to 1 hour 8 minutes 2 seconds after it was activated.</p> <p>On 1/6/25, the call light was activated at 4:46 p.m. and was responded to 19 minutes 25 seconds after it was activated.</p> <p>On 1/6/25, the call light was activated at 9:40 p.m. and was responded to 32 minutes 14 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 8:57 a.m. and was responded to 59 minutes 8 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 12:36 p.m. and was responded to 22 minutes 5 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 8:26 p.m. and was responded to 41 minutes 8 seconds after it was activated.</p>	21805		

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21805	<p>Continued From page 9</p> <p>On 1/9/25, the call light was activated at 8:18 a.m. and was responded to 22 minutes 41 seconds after it was activated.</p> <p>On 1/11/25, the call light was activated at 10:06 a.m. and was responded to 25 minutes 23 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 7:43 a.m. and was responded to 1 hour 3 minutes 55 seconds after it was activated.</p> <p>On 1/13/25, the call light was activated at 8:43 a.m. and was responded to 23 minutes 46 seconds after it was activated.</p> <p>On 1/18/25, the call light was activated at 9:41 p.m. and was responded to 53 minutes 6 seconds after it was activated.</p> <p>On 1/19/25, the call light was activated at 9:47 a.m. and was responded to 21 minutes 34 seconds after it was activated.</p> <p>On 1/21/25, the call light was activated at 10:46 a.m. and was responded to 33 minutes 23 seconds after it was activated.</p> <p>On 1/24/25, the call light was activated at 6:49 a.m. and was responded to 23 minutes 33 seconds after it was activated.</p> <p>On 1/24/25, the call light was activated at 10:40 a.m. and was responded to 29 minutes 30 seconds after it was activated.</p> <p>On 1/26/25, the call light was activated at 10:46 a.m. and was responded to 33 minutes 23 seconds after it was activated.</p>	21805		

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21805	<p>Continued From page 10</p> <p>On 1/27/25, the call light was activated at 11:06 a.m. and was responded to 18 minutes 47 seconds after it was activated.</p> <p>R4's diagnoses list included candidiasis (fungal infection) of the skin.</p> <p>R4's urinary continence record from 1/6/25 through 1/27/25 identified:</p> <ul style="list-style-type: none"> -On 1/6/25 at 2:29 p.m. incontinent. -On 1/7/25 at 1:57 p.m. incontinent. -On 1/9/25 at 11:31 p.m. incontinent. -On 1/10/25 at 12:35 p.m. and 10:29 p.m. incontinent. -On 1/11/25 at 2:04 p.m. and 10:29 p.m. incontinent. -On 1/12/25 at 5:28 a.m. and 2:12 p.m. incontinent. -On 1/13/25 at 4:58 a.m. incontinent. -On 1/18/25 at 1:17 p.m. incontinent. -On 1/19/25 at 2:29 p.m. and 9:51 p.m. incontinent. -On 1/21/25 at 1:39 p.m., 9:42 p.m., and 11:23 p.m. incontinent. -On 1/24/25 at 2:29 p.m. and 9:14 p.m. incontinent. -On 1/27/25 at 2: 29 p.m. incontinent. 	21805		

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21805	<p>Continued From page 11</p> <p>R4's progress notes dated 1/10/2025 at 10:43 a.m. identified was seen by nurse practitioner (NP) for routine visit. She is continent of bowel, incontinent of urine, does have continent voids with toileting. Currently receiving Nystatin to buttocks/groin for fungal infection and is improving with current treatment. She requires up to extensive assist of one for ADL tasks, is independent with mobility once in power scooter.</p> <p>During an interview on 1/30/25 at 10:32 a.m. nursing assistant (NA)-A stated there were days they lacked staff and residents' needs were not being met such as toileting and repositioning. There were residents, R4 was one of them, that were continent but became incontinent due to lack of assistance of staff to the toilet them. Call lights we are expected to be answered within five minutes. She stated the staff were responsible to meet resident needs to help promote dignity and keep them safe.</p> <p>During an interview/observation on 1/30/25 at 11:15 a.m. R4 sat in a wheelchair fully dressed, gripper socks, oxygen on per NC, and a call light pendent around her neck. She stated she used the call light when she requested assistance of staff but had waited over one hour on the toilet, was uncomfortable, and on a hard surface to have sat on there that long. She had frequent stool and urine accidents, at least five times a week, when staff were unable to answer her call light timely, and she was unable to hold it. She could have stayed dry if staff would have provided her help, she did not like going to the bathroom in her pants and was embarrassed. She had skin problems especially on her bottom due to moisture, was itchy, scratched a lot, and was uncomfortable. She had contacted the</p>	21805		

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21805	<p>Continued From page 12</p> <p>ombudsman and received assistance; things had improved for a while but last two to three months had gotten bad again and took a long time for staff to respond to call lights. She had not filed a grievance but had talked to the floor manager and was unable to remember what she had told her.</p> <p>During an interview on 1/30/25 at 11:31 a.m. with a family member (FM) stated both of her parents live at this facility. She was frustrated with lack of staff assistance and response time to call lights. Both parents had expressed to her they felt like they cannot get the assistance when needed, the reason they do not use their call lights as often anymore, felt like they had to do more for themselves, and a was burden to the staff. She stated as a daughter she wanted to make sure their needs were being met, was exhausted and felt like she was expected to help her parents but also felt it was her fault and she did more than she should have due to inability to get call lights answered. She stated her mother had dementia and, in her mind, believed staff were too busy and she was expected to do things herself. FM stated it was hard to see how her mother sat in a wet and soiled incontinent brief. Her mother used her call light, waited up to 40 minutes on the toilet to get staff to respond, has had explosive diarrhea, when she had to go, she had to go. Her mother had taken herself to the bathroom in her wheelchair, locked the brakes, gets on and off the toilet herself, and usually changed her own brief, the NA's do not toilet her. Her Mother was on continuous oxygen and her levels dropped upon exertion, she was limited as to how much she could do, and her condition had declined; therefore, required more help now. Her father required assistance of one staff, but they avoided his room due to his stroke and how stubborn he was. He has taken himself to the bathroom alone</p>	21805		

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21805	<p>Continued From page 13</p> <p>at times but also used the urinal and had a hard time getting staff to empty it for him. She was worried without assistance he would have tried to empty it himself and end up falling again.</p> <p>During an interview on 1/30/25 at 12:51 p.m. licensed practical nurse (LPN)-A nursing supervisor stated staff were expected to answer call lights in order they come on within at least five minutes to prevent self-transferring.</p> <p>During an interview on 1/30/25 at 2:13 p.m. registered nurse (RN)-B Transitional Care Unit (TCU) manager stated staff were expected to answer resident call lights within 15 minutes and depended on what is going on and if there were other situations when another resident needed assistance. This would be considered good nursing and was nice for residents to know someone was here for whatever reason.</p> <p>During an interview on 1/30/25 at 2:31 p.m. RN-A clinical manager stated R4 required assistance of one for cares, toileting in the bathroom, and was able to have continent voids when placed on the toilet. R4 had a history of moisture associated chronic dermatitis and skin breakdown which urine could have made worse. She expected staff to answer call lights within 15 minutes in order of when they go on and work towards the next one to verify resident safety, improve continence and quality of life, and overall well-being. She stated did not recall R4 had talked to her about long call light times or lack of assistance to bathroom.</p> <p>During an interview on 1/30/25 at 2:39 p.m. NA-B stated staff were expected to answer call lights within 15 minutes for safety and provide assistance to meet their needs.</p>	21805		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2025
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NAME OF PROVIDER OR SUPPLIER EMMANUEL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 MADISON AVENUE DETROIT LAKES, MN 56501
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21805	<p>Continued From page 14</p> <p>During an interview on 1/30/25 at 2:45 p.m. administrator stated staff were expected to respond to call lights within 15 minutes and if unable to assist them right away should have shared that with the resident and another team mate to get additional assistance if possible. Staff were expected to assist the residents and provided support to meet their needs.</p> <p>Facility policy Activities of Daily Living (ADLs) Supporting dated 2018, identified residents who are unable to carry out ADLs independently will receive care, treatment, and services as appropriate to receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Those services would include hygiene, mobility, elimination (toileting), dining, and communication and identified on the resident care plan. The resident's ability to perform ADLs will be measured using clinical tools including the MDS.</p> <p>Facility policy Dignity dated 2021, identified each resident shall be cared for in a manner that promotes and enhances their sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Individual needs and preferences of the resident are identified through the assessment process. Demeaning practices and standards of care that compromise dignity are prohibited. Staff were expected to promote dignity and assist residents promptly to resident's request for toileting assistance. Staff were expected to treat cognitively impaired residents with dignity and sensitivity such as addressing the underlying motives or root causes for behaviors.</p> <p>Facility policy Answering the Call light dated 2022, identified staff were to ensure timely responses to</p>	21805		

Minnesota Department of Health

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21805	<p>Continued From page 15</p> <p>the resident's requests and needs. Answer the call system as soon as possible and if the resident requested something that can be fulfilled, the task should be completed within 15 minutes if possible.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or designee to provide staff inservice regarding dignified resident treatment, and maintain record of inservice provided and staff attendance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21805		