Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 3, 2025

Administrator
Edgebrook Care Center

505 TROSKY ROAD WEST
EDGERTON, MN 56128

RE: CCN: 245560
Cycle Start Date: August 22, 2025

Dear Administrator:

On August 22, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J).

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On August 19, 2025, the situation of immediate jeopardy to potential health and safety cited at F803 was removed.

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 listed below to the CMS location.

- **Civil money penalty, (42 CFR 488.430 through 488.444).**

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

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.

Therefore, it is being recommended that your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective August 22, 2025. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

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:

LeAnn Huseth, RN, Regional Operations Supervisor
Fergus Falls District Office
Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, 56537
Email: leann.huseth@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one

opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: https://forms.web.health.state.mn.us/form/NHDisputeResolution

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

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

Sincerely,

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

DEPARTMENT OF HEALTH

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September 3, 2025

Administrator
Edgebrook Care Center
505 TROSKY ROAD WEST
EDGERTON, MN 56128

Re: Event ID: 1D49BA

Dear Administrator:

The above facility survey was completed on August 22, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement

Health Regulation Division

Minnesota Department of Health

Kamala.Fiske-Downing@state.mn.us

Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245560	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgebrook Care Center	505 TROSKY ROAD WEST , EDGERTON, Minnesota, 56128

(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	INITIAL COMMENTS On 8/21/25 through 8/22/25, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health. Your facility was IN compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H55602660C (2594380) with a deficiency issued at F803 as an immediate jeopardy at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F0000		
F0803 SS = J	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically;	F0803	"Past Noncompliance - no plan of correction required"	

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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F0803 SS = J	Continued from page 1	F0803		

§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and

§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.

This REQUIREMENT is NOT MET as evidenced by:

Based on interview and document review, the facility failed to follow physician orders to provide R1 with a minced and moist diet. This resulted in an immediate jeopardy (IJ) for R1 when she was given her dinner which was not minced and moist. As a result, R1 choked and required the Heimlich maneuver and oxygen.

The IJ began on 8/15/25 at 5:50 p.m., when R1 was given cheese cubes. The administrator and director of nursing (DON) were informed of the IJ on 8/22/25 at 10:07 a.m. The facility had implemented corrective action on 8/19/25, prior to the start of the survey, and was therefore past noncompliance.

Findings include:

R1’s Face Sheet undated, identified R1 had active diagnoses including dysphagia (difficulty swallowing) and Parkinson’s disease with dyskinesia (abnormal body movements).

R1’s care plan revised 7/17/25, identified R1 had a minced and moist texture diet with moderate (honey) consistency fluids.

R1’s significant change Minimum Data Set (MDS) dated 8/5/25, identified R1 was cognitively intact, had loss of liquid/ solids from mouth when eating or drinking, would holding food in mouth/cheeks or had residual food in mouth after meals, had coughing or choking during meals or when swallowing, had mechanically altered diet, and needed extensive assistance with eating.

R1’s physician orders dated 8/13/25, identified R1 had a regular diet with minced and moist texture.

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F0803 SS = J	Continued from page 2 R1's progress note (PN) dated 8/15/25 at 7:21 p.m., identified R1 had a choking episode at supper. Back thrusts and Heimlich maneuver were preformed, oxygen was placed on resident, and per hospice request morphine was administered to try and see if the medication would relax R1 so the food would pass through her throat. R1's meal card for 8/15/25, identified R1 was to receive a regular diet with minced and moist texture. Menu identified grilled cheese sandwich, tomato soup, crackers, cantaloupe, and cheese cubes. A Facility Reported Incident (FRI) report was submitted to the State Agency (SA) on 8/19/25 at 3:25 p.m. The report identified, on 8/15/25 at 5:50 p.m., R1 experienced a choking incident requiring the Heimlich Maneuver and oxygen. During an interview on 8/21/25 at 10:43 a.m., R1 stated she choked on her food on 8/15/25, during dinner time. She received chunks of cheese on her plate, she put the cheese in her soup and choked on the cheese once she started eating her soup. Staff wrapped their arms around her and lifted her up to try and get the food out. No food ever came out but staff doing the Heimlich Maneuver helped R1 breathe better. During an interview on 8/21/25 at 10:58 a.m., dietary assistant (DA)-A stated on 8/15/25, during dinner he plated R1's food. DA-A stated he forgot to review R1's meal card and mistakenly placed cheese cubes on R1's plate. DA-A stated R1 was to receive a minced and moist diet and cheese cubes were not a part of R1's diet. During an interview on 8/21/25 at 11:46 a.m., DA-B stated on 8/15/25, during dinner she brought R1 her meal. DA-B did not check R1s meal card because the person plating the food was expected to do that. R1 received cheese cubes, tomato soup, and a pureed chicken sandwich on her plate. During an interview on 8/21/25 at 12:58 p.m., licensed practical nurse (LPN)-A stated on 8/15/25, at dinner, R1 was brought to the nurses station. R1 was choking and her lips were blue. LPN-A preformed the Heimlich maneuver and back thrusts and nothing came out of R1's mouth. LPN-A did a mouth sweep with her finger and	F0803		

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F0803 SS = J	Continued from page 3 there was nothing in R1's mouth. Trained Medication assistant (TMA)-A and the activity director (AD)- A started taking turns doing the Heimlich maneuver on R1 until she was breathing better. R1's oxygen saturation was in the 70s, (normal mid to upper 90's) LPN-A placed oxygen on R1 and her oxygen saturation when up to the 90s and R1's lips were no longer blue. LPN-A called hospice and R1's family. During an interview on 8/21/25 at 1:10 p.m., speech therapist (ST)-A stated the last time he worked with R1 was 5/27/25, at that time ST-A recommended a minced and moist diet and moderate to extremely thick fluids. Cheese cubes were not a safe food for R1 to have due to it not being minced and moist. During an interview on 8/21/25 at 1:15 p.m., activity director (AD)-A stated on 8/15/25, during dinner, AD-A heard R1 gasping and called out that R1 was choking. R1 was brought the nurses station and LPN-A started the Heimlich maneuver on R1. R1s lips were blue but once oxygen was placed on R1, she started breathing better and her lips returned to a normal color. AD-A looked at R1's tray and saw cheese cubes, regular crackers, soup, and a pureed sandwich on her plate. AD-A stated R1 should not have had crackers or cheese cubes due to her diet. During an interview on 8/21/25 at 1:58 p.m., hospice registered nurse (HRN)-A stated on 8/15/25 at 5:30 p.m., the facility called and stated R1 was choking. HRN-A told LPN-A to give R1 morphine and oxygen and HRN-A was on her way. HRN-A arrived at 5:45 p.m., R1 was coughing and gasping however, R1 was not blue. HRN-A preformed the Heimlich maneuver on R1 but nothing came out. At 6:15 p.m. R1 was able to talk with HRN-A and was breathing normally again. During an interview on 8/21/25 at 2:21 p.m., dietary manager (DM)-A stated staff who plated and passed residents food were expected to look at the name and diet on each meal card to ensure the meal was correct and given to the right resident. DM-A stated the incident on 8/15/25, with R1 occurred due to human error and staff not paying attention. During an interview on 8/22/24 at 8:46 a.m., R1's medical doctor (MD)-A stated cheese cubes were not safe for R1 to eat because they were too big and not soft enough. MD-A stated she expected staff to assist R1 with meals and follow R1's diet. MD-A stated R1	F0803		

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F0803 SS = J	Continued from page 4 receiving cheese cubes caused harm to R1 and could have caused her death. During an interview on 8/22/25 at 9:57 a.m., the director of nursing (DON) stated it was expected that staff read the meal card for each resident to ensure the resident received the right diet and textured meal. During an interview on 8/22/25 at 10:00 a.m., the administrator stated the staff were expected to ensure each resident received the right diets when preparing and passing meals. The facility policy Proper Reading of Diet Cards and Meal Delivery undated, indicated staff would accurately read diet cards, verifying patient identification, and ensuring the correct dietary items were provided to each patient. The past noncompliance immediate jeopardy began on 8/15/25. The immediate jeopardy was removed, and the deficient practice was corrected by 8/19/25, after the facility implemented a systemic plan that included the following actions: The facility re-educated all staff who prepare and pass meals on the policy and procedure of meal service. The facility completed audits twice a week by observing staff preparing and passing meals to the correct residents with the right diet and the results were to then be brought to QAPI committee. Verification of corrective action was confirmed by observation, interview, and document review on 8/21/25 and 8/22/25.	F0803		

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20000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 8/21/25 through 8/22/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found in compliance with the MN State Licensure. The following complaint was reviewed during the survey: H55602660C (2594380)	20000		

Office of Primary Care and Health Systems Management

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

Minnesota State Department of Health

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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		