Electronically delivered
March 7, 2022

Administrator
Fair Oaks Nursing & Rehab LLC
201 Shady Lane Drive
Wadena, MN 56482

RE: CCN: 245581
Cycle Start Date: February 23, 2022

Dear Administrator:

On February 23, 2022, 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), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

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

REMOVAL OF IMMEDIATE JEOPARDY

On February 14, 2022, the situation of immediate jeopardy to potential health and safety cited at F689 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 Region V Office forimposition:

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

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

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's

administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Fair Oaks Nursing & Rehab Llc is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective February 23, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. 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.

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:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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:

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) 565-9462

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, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, 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:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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.

Feel free to contact me if you have questions.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00679	A. BUILDING: _____ B. WING _____	C 02/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR OAKS NURSING & REHAB LLC	201 SHADY LANE DRIVE WADENA, MN 56482

(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) COMPLETE DATE
2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 2/23/22, 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 found to be	2 000		

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2 000	Continued From page 1 SUBSTANTIATED: H5581066C (MN81004), however NO licensing orders were issued. 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.	2 000		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 7, 2022

Administrator
Fair Oaks Nursing & Rehab LLC
201 Shady Lane Drive
Wadena, MN 56482

Re: Event ID: 7ZU211

Dear Administrator:

The above facility survey was completed on February 23, 2022 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,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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F 000	INITIAL COMMENTS On 2/23/22, 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. The following complaint was SUBSTANTIATED: H5581066C (MN81004), with a deficiency issed at F689 (past non compliance) The immediate jeopardy began on 2/14/22, when R1, who exhibited wandering and exit seeking behaviors, was able to leave the memory care unit and exit the facility during freezing temperatures (zero to two degrees Fahrenheit) which was identified on 2/23/22. The interim administrator and director of nursing (DON) were notified of the immediate jeopardy at 6:07 p.m. on 2/23/22. The immediate jeopardy was removed, and the deficient practice corrected on 2/14/22, prior to the start of the survey and was therefore issued at Past Noncompliance. Although the provider had implemented corrective action prior to survey, harm or immediate jeopardy was sustained prior to the correction. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000	Past noncompliance: no plan of correction required.	
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and	F 689		

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

Electronically Signed | 03/08/2022

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

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F 689	Continued From page 1 §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interviews and document review, the facility failed provide adequate supervision 1 of 3 residents (R1), who resided on the memory care unit and was identified as an elopement risk, was able to leave the facility during freezing temperatures. This result in an immediate Jeopardy. The immediate jeopardy began on 2/14/22, when R1, who exhibited wandering and exit seeking behaviors, was able to leave the memory care unit and exit the facility during freezing temperatures (zero to two degrees Fahrenheit) which was identified on 2/23/22. The interim administrator and director of nursing (DON) were notified of the immediate jeopardy at 6:07 p.m. on 2/23/22. The immediate jeopardy was removed, and the deficient practice corrected on 2/14/22, prior to the start of the survey and was therefore issued at Past Noncompliance. Findings include: R1's admission Minimal Data Set (MDS) dated 2/9/22, indicated R1's diagnoses included stroke, traumatic brain injury and had moderate cognitive impairment. Further, MDS indicated R1 was independent with ambulation and exhibited wandering behaviors daily. R1's care plan dated 2/5/22, indicated R1 was at risk for wandering, elopement and to leave the facility without notice related to diagnosis of	F 689	Past noncompliance: no plan of correction required.	

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F 689	Continued From page 2 non-traumatic subarachnoid hemorrhage (aneurysm). Further, R1's care plan indicated R1 was very young, mobile and is able to compensate for memory deficits easily and could be mistaken for a visitor. R1's care plan identified interventions to prevent R1 from an elopement from the facility such as placement in a secured memory care unit, code changed on all keypads in the facility, 15- minute checks, provided distractions (folding laundry, washing tables, coloring), and monitor resident for "tailgating" when visitors are in the building. Review of progress notes for R1 indicated history of significant exit seeking behavior: 2/3/22 -noted to exit seek by doors and elevator on multiple shifts 2/4/22-noted to be frequently exited seeking, attempting to follow visitors out 2/5/22 - noted to be exit seeking frequently, attempting to be following staff and visitors out 2/6/22 - noted to be exit seeking, attempting to follow visitors out exits and elevator, standing by elevator all day with back to the door, pushing key pads. 2/7/22 - noted to continue to exit seek, trying to open doors, punching in key codes at door, hard to redirect. 2/8/22 - R1 attempted to get on elevator with maintenance, staff redirected and educated maintenance. *2/9-2/10 - no exit seeking behavior noted but continue to wander into other resident rooms, demonstrated confusion about being a staff member, asking for her paycheck and attempted to assist other residents by pushing wheelchairs. 2/11/22 - attempting to punch in code for door and elevator, stated she would jump out of the "f******g window if I have to".	F 689		

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F 689	Continued From page 3 2/13/22 - staff were informed by housekeeping R1 entered elevator with another resident's family. Staff found R1 on main floor. Review of incident on 2/13/22, facility shortened length of time elevator times remained open but failed to assess other factors that contributed to R1's elopement from the secured unit. Review of facility report to the State Agency dated 2/14/22, indicated R1 had followed a contracted vendor out of the exit door of the secured memory care unit. R1 ambulated independently outside before re-entering the building through another door (in another part of facility, not secured) where she was found by facility staff. R1 was then escorted by facility staff back to the secured memory care unit and no injuries were noted. On 2/23/22, at 11:11 a.m. R1 was observed ambulating independently in the commons area of the secured memory care unit. R1 was not exhibiting exit seeking behaviors at this time, but continued to wander back and forth from room to the commons area. On 2/23/22, at 12:22 p.m. nursing assistant (NA)-A indicated R1 exhibits wandering behaviors continuously throughout the day and had been high risk for elopement since admission. Further, NA-A indicated R1 would attempt to exit with visitors often and many visitors were not aware R1 is a resident (R1 is young and can blend in easily with visitors) and will let R1 out of the secured unit with them. NA-A indicated she observed R1 on 2/14/22, at the end of the hallway and NA-A went to assist another resident and returned approximately 5 minutes later to find R1	F 689		

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F 689	Continued From page 4 was not there. NA-A stated they started looking for R1 right away and at that time R1 was coming down the hall with maintenance. NA-A indicated once she was made aware R1 left the secured unit with the contractors, NA-A followed R1's footsteps outside in the snow where she described the weather as cold and R1 was wearing sweatpants, sweatshirt, socks, and shoes at the time of the elopement. In addition, NA-A indicated R1 was exhibiting wandering behaviors that day prior to the incident. On 2/23/22, at 12:03 p.m. contracted vendor (CV)-A indicated he was working at the facility with CV-B on the lower floor of the facility. CV-A indicated he approached CV-B who was speaking with R1 near the exit door of the secured unit. At this time, R1 had stated to CV-B "I will follow you guys out" and CV-A indicated they thought R1 was employed at the facility due to R1's appearance of being young and holding a mountain dew in her hand. Further, CV-A indicated the facility did not provide education to the contractors regarding working on a secured memory care unit or being aware of resident's attempting to follow the contractors off the secured unit. In addition, CV-A indicated the contractors were provided education following the incident. On 2/23/22, at 12:09 p.m. CV-B indicated he observed R1 standing next to a housekeeping cleaning cart and appeared to be cleaning. CV-B indicated R1 then stated, "I need to go outside". Further, CV-B indicated the contractors were not aware she was a resident until R1 stated she was too cold and continued to walk around the building into another door of the facility. In addition, CV-B indicated the facility staff did not	F 689		

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F 689	Continued From page 5 make the contractors aware of high-risk residents or to be aware they were working in a secured memory care unit. CV-B confirmed he was provided education by the facility staff following the incident. On 2/23/22, at 12:36 p.m. maintenance director (MD) indicated R1 was found in another building attached to the facility and was escorted back to the secured unit by another maintenance staff. MD indicated staff were looking for R1 at that time. Further, MD indicated the contracted vendors "got fooled" since R1 appeared to be a visitor rather than a resident. In addition, MD indicated the contractors were provided education following the incident. On 2/23/22, at 12:57 p.m. licensed practical nurse (LPN)-A indicated R1's had short term memory impairments and exhibited wandering and exit seeking behaviors. Further, LPN-A indicated previously R1 has exited the unit by utilizing the elevator with a visitor and had left the unit following a contracted vendor. LPN-A is aware of interventions in place for R1 following the incident. On 2/23/22, at 2:22 p.m. director of nursing (DON) indicated R1 had cognitive impairments with a memory span of 2-3 seconds and following staff redirection R1 did not have recall. DON indicated R1 exhibited exit seeking behavior and has made attempts to leave the secured unit with visitors. DON indicated on 2/14/22, R1 followed the contracted vendors out of the exit door outside the facility and walked back in the facility through another entrance, where she was escorted by staff back to the secured unit. When asked about facility procedure for educating	F 689		

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F 689	Continued From page 6 contracted vendors, DON indicated the facility did not have a procedure in place but stated the facility staff should have been with the contractors to ensure no residents were following them through the secured doors. On 2/23/22, at 3:43 p.m. interim administrator indicated the root cause of R1's elopement was determined to be R1 following the contractors out of the secured doors on the unit. Interim administrator indicated the facility's process was to educate the contractors working on a secure unit with vulnerable adults and be aware of resident's by the exits. Further, administrator indicated he was not sure if the contractors were educated prior to entering the secured unit. In addition, administrator indicated the facility staff responded appropriately after the incident and educated the contractors at that time. Review of facility policy titled Elopement Risk and Prevention revised on 9/2/21, indicated it is the policy of this facility that all residents are afforded adequate supervision to provide the safest environment possible and will be assessed for behaviors of conditions that put them at risk for wandering or elopement. Further, facility policy defines wandering as random or repetitive locomotion, which may be goal directed, for example the resident appears to be searching for something such as an exit. The past noncompliance immediate jeopardy began on 2/14/22. The immediate jeopardy was removed and the deficient practice corrected by 2/14/22, after the facility implemented a systemic plan that included the following actions: contracted vendors involved were educated, signs posted on all exit doors with education for	F 689		

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F 689	Continued From page 7 visitors/vendors, exit door codes were changed, R1's care plan was updated, staff were educated and directed to monitor wandering behavior, elopement assessment completed and determined to be at high risk, initiated 15-minute checks for R1 while contractors were in the building, and R1 had a room change so she will have to pass nursing station to get to exit.	F 689		