Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 24, 2024

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

RE: CCN: 245581
Cycle Start Date: April 17, 2024

Dear Administrator:

On May 6, 2024, we notified you a remedy was imposed. On May 21, 2024 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 May 14, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective July 17, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of May 6, 2024, 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 July 17, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on May 14, 2024, 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 Therefore, the NATCEP prohibition is rescinded.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,

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 25, 2024

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

RE: CCN: 245581
Cycle Start Date: April 17, 2024

Dear Administrator:

On April 17, 2024, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by July 17, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by October 17, 2024 (six months after

the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR) / 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,

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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 25, 2024

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

Re: Event ID: Z2LF11

Dear Administrator:

The above facility survey was completed on April 17, 2024 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. BUILDING _____ B. WING _____	C 04/17/2024

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) COMPLETION DATE
F 000	INITIAL COMMENTS On 4/16/24 through 4/17/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed during the survey: H55813160C (MN00102406), with a deficiency issued at F684. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced	F 684		5/5/24

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

Electronically Signed | 05/01/2024

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 684	Continued From page 1 by: Based on observation, interview, and document review the facility failed to ensure non-pressure related wounds were monitored for signs and symptoms of infection and healing until resolved for 3 of 3 residents (R1, R2, R3) reviewed. Findings include: R1's admission Minimal Data Set (MDS) dated 4/3/24, indicated R1 had a diagnosis of displaced comminuted fracture of shaft of right tibia and had a surgical wound. R1's April Medication Administration Record (MAR) revealed an order for monitor skin alteration/wound and document status of wound in progress notes every shift and identified R1's wound as right lower extremity, which was marked as completed by staff on the MAR every shift from 4/1/24 through 4/10/24, however R1's medical record lacked evidence of progress notes every shift on the status of R1's wound. R1's record did not identify any wound treatment orders for her right lower extremity. R1's Progress Note from Orthopedics appointment dated 4/3/24, indicated R1's right lower extremity incisions are clean, dry, and intact with nylon sutures. There was some mild serous drainage however did not look infectious. Dry dressings were placed over R1's incisions after removing her sutures and an ace wrap to help control swelling. However, there were no physician orders for any wound treatment for R1's right lower extremity following this appointment. R1's Weekly Skin Check dated 4/3/24, lacked a description or wound characteristics for R1's right	F 684	F684 Quality of Care How corrective action will be accomplished for those residents found to have been affected by the deficiency. R1 was discharged from the facility on 4/10/2024. R2-Gail Caron had monitoring orders put into place 4/16/2024 to monitor right toes, spine and iliac crest. Since then, the iliac crest has healed and has been removed from monitoring and the care plan. Care plan has been updated. R3-Sharon Sutton-Care plan did not identify left knee with stitches-Monitoring orders were put into place with specific site on 4/16/24 but stiches have since been removed and area is no longer being monitored as it is healed. Photos in place. Care plan has been updated. Skin tear on hand has healed and has been removed from care plan and monitoring. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents with non-pressure related wounds have the potential to be affected by this deficient practice. All residents had a skin check completed to identify all with an alteration in skin integrity and no new skin alterations were noted. All residents with an alteration in skin integrity had orders reviewed to ensure monitoring and treatment orders were in place including location of alteration. What measures will be put into place, or systemic changes made, to ensure that	

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F 684	Continued From page 2 lower extremity wound. Review of R1's Daily Skilled Charting revealed the following: - On 4/3/24, assessment identified R1 had a skin alteration, however, did not give any further detail on what R1's skin alteration was, where it was located, or any characteristics of the skin alteration. - On 4/4/24, assessment identified R1 had a skin alteration, however, did not give any further detail on what R1's skin alteration was, where it was located, or any characteristics of the skin alteration. - On 4/5/24, identified R1's right lower leg was in an ace wrap with a surgical boot on when out of bed. However, the assessment did not give any further detail on what R1's skin alteration was, where it was located, or any characteristics of the skin alteration. - On 4/6/24, assessment identified R1 had a skin alteration, however, did not give any further detail on what R1's skin alteration was, where it was located, or any characteristics of the skin alteration. - On 4/7/24, assessment indicated staff had changed dressing to R1's right lower leg, however the assessment did not give any further detail or characteristics of R1's wound. However, R1 did not have any treatment orders for dressings and R1's record lacked evidence following this note that the dressing was changed again. - On 4/8/24, indicated incisions on R1's right leg was clean and dry. R1's Discharge Summary/Recap of Stay dated 4/10/24, indicated R1 had a surgical wound and treatment for wound included covering with a dry bandage and keep clean and dry. In addition,	F 684	the deficient practice will not recur. All nurses were re-educated on the Pressure Injury Prevention and Wound Care Management policy on 4/23/24, need to monitor all non-pressure related skin alterations, and to ensure an order was in place for wound monitoring which includes the location of the wound. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur. Facility will audit that required documentation is being completed as ordered 3x per week x 1 month, 2x per week x 1 month, weekly x 1 month, every other week x 1 month, then monthly x 1 month. Results and analysis of these audits will be brought to QAPI for review and determination of ongoing frequency and duration of audits. Person responsible: DON Date of compliance: 5/5/2024	

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F 684	Continued From page 3 licensed practical nurse (LPN)-A identified R1's wounds were noted to be clean and dry, however in an interview LPN-A confirmed she did not observe R1's wound on the day she discharged. R1's Progress Note from Urgent Care dated 4/11/24, indicated R1 presented to clinic for concerns of right leg surgical sire. R1 had recently been discharged from the facility to home on 4/10/24. On Sunday afternoon (4/7/24) the wound was looked at in the facility however, today (4/11/24) the home health nurse assessed the wound and there were concerns for infection. R1's wound was noticed to have redness and increased warmth and reports some yellowish liquid on bandage during dressing change. R1's incision site was noted to be dehisced and measured approximately 3 centimeters (cm) by 1.2 cm and did not track or probe. Further, R1's wound base was noted to have mixed granular and fibrotic tissue, scant amount of serosanguinous drainage present on dressing, and there were sutures and a steri-strip present to the site. R1 was diagnoses with cellulitis of right lower extremity and Keflex 500 mg oral capsule was ordered. On 4/16/24 at 11:57 a.m., home health registered nurse (RN)-A stated R1 had discharged from the facility on 4/10/24 and RN-A arrived at R1's home on 4/11/24, to complete an assessment. RN-A stated R1 did not have any wound treatment orders for her wound on her right lower extremity. RN-A stated upon completing her assessment, RN-A removed the gauze that was on R1's right lower extremity which was noted to be saturated and crusty with drainage with a very faint odor. Further, RN-A stated R1's right shin was red and hard and R1 expressed pain in the area when	F 684		

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F 684	Continued From page 4 RN-A would touch her shin. RN-A recommended R1 be evaluated at the clinic for possible infection. On 4/17/24 at 9:32 a.m. licensed practical nurse (LPN)-A stated R1 admitted to the facility with a permanent cast on her right lower extremity and at her follow up orthopedic appointment the cast was removed and R1 was given a removable boot. LPN-A stated on R1's shower day LPN-A noted R1 had gauze over the wound with ace wrap, which LPN-A removed and then replaced with new gauze and ace wrap. LPN-A confirmed R1 did not have orders for any treatments to the wound, but LPN-A placed new gauze to prevent the ace wrap from pulling on the remaining sutures and that was what was on the wound prior. LPN-A stated she did not observe R1's wound the day of discharge as R1 had discharged earlier in the morning. Further, LPN-A stated observing a wound every day was important because day-to-day the wound could be different. In addition, LPN-A stated staff were expected to monitor wounds daily for signs of infection and each wound was assessed weekly by the wound team. During an interview with R1 and family member (FM)-A on 4/17/24 at 10:13 a.m., R1 stated she was discharged from the facility back to her home on 4/10/24. R1 was unsure if she had any orders for wound treatments but stated staff only looked at her lower extremity wound twice while at the facility. R1 stated the day after discharging the facility the home health nurse came and removed the old bandages from R1's lower extremity and was concerned. FM-A stated she was aware of an order for staff to monitor right lower extremity every shift and stated the order was not followed.	F 684		

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F 684	Continued From page 5 R2's admission MDS dated 4/12/24, indicated R2 had diagnoses which included type 2 diabetes, spinal stenosis, and mild intellectual disability. Further, assessment revealed R2 had a surgical wound. R2's care plan revised on 4/8/24, indicated R2 had an alteration in skin integrity related to surgical wounds with staples on spine and iliac crest. R2 had a goal of skin integrity would show signs of improvement in healing and directed staff to administer treatments as ordered, apply barrier cream to affected sites as ordered, assess, and monitor the alteration and document weekly. Review of R2's treatment administration record (TAR) dated April 2024, lacked evidence of a nursing order to monitor for signs of infection or healing for R2's surgical wound on spine and iliac crest. Review of R2's Wound Evaluation dated 4/10/24, revealed spine and left iliac crest were evaluation and no signs or symptoms of infection were noted. During an observation on 4/16/24 at 2:24 p.m., R2 was sitting on the edge of her bed in her room. R2 stated she had an appointment last week where 26 staples in her lower back were removed. R2 lifted up the back of shirt, and revealed a long incision that appeared to be a little red around the edges and appeared to be scabbed over no signs of infection were noted. R3's admission MDS dated 4/11/24, indicated R3 had diagnoses which included neuropathy, heart failure and cognitively intact. Further assessment	F 684		

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F 684	Continued From page 6 indicated R3 did not have any skin alterations. R3's care plan revised 4/8/24, indicated R3 was at risk for skin impairment and had actual alteration in skin integrity related to skin tear on right hand and open areas on coccyx. However, R3's care plan failed to identify actual skin impairment of left knee with stitches. R3's TAR dated April 2024, directed staff to monitor wound/skin alteration every shift for evidence of pain and infection, update provider as needed, and document in progress notes if abnormal findings are noted. However, R3's order lacked staff direction of which wounds to monitor and failed to identify R3's left knee with stitches. R3's Wound Evaluation dated 4/10/24, did not identify where the wound was located but identified the wound to have sutures and no evidence of infection. During an observation on 4/16/24 at 1:46 p.m., R3 was sitting in her chair with her feet elevated in her room. R3 stated she had stitches in her left knee due to a fall she had prior to admitting to the facility. R3 pulls up pant leg to reveal the stitches which appeared to be intact and there was no redness, drainage or signs of infection noted. RN-B enters R3's room at 1:57 p.m. and states she was going to complete R3's wound treatment to a skin tear on her hand. RN-B stated she was unaware of R3's stitches on left leg and lifted up R3's pants to assess, and RN-B stated, "let me go read the orders I am not sure if we need to do anything for those". RN-B returns to R3's room and stated there were no treatment orders, but stated there were six stitches and they looked good, no redness, warmth or drainage noted.	F 684		

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F 684	Continued From page 7 On 4/16/24 at 2:32 p.m., RN-B stated upon admission to the facility a picture would be taken of a resident's surgical wound and uploaded into their record and the wound team would assess the wound weekly. RN-B stated licensed nurses were expected to monitor for signs and symptoms of infection daily which would be identified by a nursing order in the resident's record. RN-B stated she was not as familiar with R3 and typically was scheduled to work another unit, and RN-B stated R3's order should be more specific to direct staff to look at her left leg wound with the stitches because she was not aware they were there. On 4/16/24 at 2:48 p.m., RN-C stated R2 had her staples removed from her back last week and RN-C noted her skin to be red around the incision otherwise no signs of infection were noted. RN-C stated there were no treatment orders for her wound. RN-C stated R3 had sutures on the left knee that appeared to be clean, dry, and intact. RN-C stated R3's record lacked evidence of an order for staff to monitor those sutures so if staff did not typically work R3's unit they would not know the sutures were there. Further, RN-C stated R1 had her cast removed and her wound was then covered with gauze and ace wrap and staff direction to keep dry, but R1 did not have orders for the gauze and ace wrap only orders to monitor the wound for signs of an infection. In addition, RN-C stated upon admission to the facility staff would capture pictures of any wounds and upload them into the resident's record and the wound team would assess and determine treatment plan going forward. RN-C stated each resident who was identified to have a wound would have an order for monitoring in the record	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. BUILDING _____ B. WING _____	C 04/17/2024

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

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F 684	Continued From page 8 directing staff to visualize and observe for signs of infection. On 4/16/24 at 3:51 p.m., director of nursing (DON) stated R1 had a nursing order in her record that directed staff to monitor every shift and document in progress notes, however DON confirmed R1's record lacked evidence of documentation of wound in progress notes. DON stated R1's cast was removed on 4/3/24 and R1's sutures were removed then. DON confirmed there were no new treatment orders for R1's right lower extremity wound and there was no picture added under wounds, so DON is unsure if the wound was open or closed. Further, DON stated there was a note that indicated a wound dressing was applied, however R1 did not have any treatment orders. DON stated R2 had staples removed from her left iliac crest and back, however there was not a nursing order in R2's record for staff to monitor for signs of infection and pain until healed. DON stated R3 has sutures to left knee staff were expected to monitor for signs of infection until healed, however the monitoring order in R3's chart was not specific and did not indicate which wounds to monitor. In addition, DON stated staff were expected to monitor surgical wounds daily on every shift for signs of infection until healed which would be documented in the resident's record and monitoring would be added as a nursing order. On 4/17/24 at 12:13 p.m., RN-D stated she comes to the facility on Wednesday to complete wound assessments with the nurse practitioner. RN-D stated staff would be expected to monitor the wound daily to ensure no signs of infection or any sort of changes to the wound. Further, RN-D stated staff were not supposed to do any	F 684		

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F 684	Continued From page 9 treatments without contacting a provider as staff were not allowed to make those decisions. RN-D stated if a wound bandage was not changed routinely the wound could become infected as "stuff could sit under there and grow". In addition, RN-D stated if sutures or staples were removed from a wound it would still be important to continue to monitor the wound as the wound would not be completely healed yet. Review of facility policy titled Pressure Injury Prevention and Wound Care Management, indicated the purpose of the policy was to promote healing of existing wounds. Policy indicated skin impairments, which included surgical wounds, should be assessed weekly by the Wound Nurse or designee using the Wound Assessment. Further, policy directed the clinicians responsible for the care of the resident will assess daily the status of the dressing if present and evaluate for complications such as infection and/or uncontrolled pain.	F 684		

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	00679	A. BUILDING: _____ B. WING _____	C 04/17/2024

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

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 4/16/24 through 4/17/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure The following complaint was reviewed during the	2 000		

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2 000	Continued From page 1 survey: H55813160C (MN00102406). 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		