



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 Therefore, the NATCEP prohibition is rescinded.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,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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



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May 24, 2024

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

Re: Reinspection Results
Event ID: 3J6X12

Dear Administrator:

On May 21, 2024 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 April 26, 2024. 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, appearing to read 'Melissa Poepping'.

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



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May 6, 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 25, 2024, we informed you that we may impose enforcement remedies.

On April 26, 2024, the Minnesota Department 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 July 17, 2024

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective July 17, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 17, 2024.

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 \$11,995, 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 July 17, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Fair Oaks Nursing & Rehab Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from July 17, 2024. 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:

Lisa Krebs, Rapid Response Supervisor
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 October 17, 2024 (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) / 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

Fair Oaks Nursing & Rehab LLC

May 6, 2024

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

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,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

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



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Electronically delivered
May 6, 2024

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

Re: State Nursing Home Licensing Orders
Event ID: 3J6X11

Dear Administrator:

The above facility was surveyed on April 25, 2024 through April 26, 2024 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.

Fair Oaks Nursing & Rehab Llc

May 6, 2024

Page 2

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:

Lisa Krebs, Rapid Response Supervisor
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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.



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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2024
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NAME OF PROVIDER OR SUPPLIER FAIR OAKS NURSING & REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SHADY LANE DRIVE WADENA, MN 56482
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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) COMPLETE DATE
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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 4/25/24 and 4/26/24, 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 05/10/24
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2024
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NAME OF PROVIDER OR SUPPLIER FAIR OAKS NURSING & REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SHADY LANE DRIVE WADENA, MN 56482
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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 complaints were reviewed. H55813242C (00102531), H55813401C (MN00098360) and H55813400C (MN00098068) with a licensing order issued at 0945 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 not required at the bottom of the first page of state form.</p>	2 000		
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Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER FAIR OAKS NURSING & REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SHADY LANE DRIVE WADENA, MN 56482
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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) COMPLETE DATE
2 000	Continued From page 2	2 000		
2 945	<p>MN Rule 4658.0530 Subp. 1 Assistance with Eating - Nursing Personnel</p> <p>Subpart 1. Nursing personnel. Nursing personnel must determine that residents are served diets as prescribed. Residents needing help in eating must be promptly assisted upon receipt of the meals and the assistance must be unhurried and in a manner that maintains or enhances each resident's dignity and respect. Adaptive self-help devices must be provided to contribute to the resident's independence in eating. Food and fluid intake of residents must be observed and deviations from normal reported to the nurse responsible for the resident's care during the work period the observation of a deviation was made. Persistent unresolved problems must be reported to the attending physician.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure residents received the prescribed diets as ordered for 3 or 3 residents (R1, R4 and R7) reviewed for therapeutic diets.</p>	2 945	corrected	5/10/24

Minnesota Department of Health

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2 945	<p>Continued From page 3</p> <p>Findings include:</p> <p>R1's admission record dated 4/12/24, indicated R1 had diagnoses of stroke with hemiplegia (paralysis of one side of the body) affecting right dominate side, diabetes, and dysphagia (problems swallowing).</p> <p>R1's hospital discharge orders dated 4/12/24, indicated R1 had a percutaneous endoscopic gastrostomy (PEG) tube with water flushes twice daily at 2:30 p.m. and 8:00 p.m. R1's diet was pureed (4) with moderately thick liquids and thickened Ensure plus supplements three times daily.</p> <p>R1's nutritional care plan directed the following: -A diet texture of Level 4- pureed, start date of 4/12/24, -Provide assistance (specify), start date of 4/15/24, -Fluids- Level 3 moderately thick (honey), start date 4/12/24 -Follow swallow guideline (specify), start date 4/12/24</p> <p>During an interview on 4/25/24 at 11:22 a.m., family member (FM)-A stated R1 did not get breakfast on the morning of 4/13/24, and at 12:45 p.m., facility staff brought in a regular piece of cake with thick frosting. FM-A told staff R1 was on a strict pureed diet and was diabetic; staff took the cake away. FM-A stated R1's supper tray on 4/13/24 was a pulled pork sandwich, a scoop of coleslaw, whole berries, and a regular piece of cake. R1's fluids consisted of regular consistency milk and cranberry juice. FM-C took the berries and removed the pork from bun mashed them up with fork and fed them to her.</p>	2 945		
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2 945	<p>Continued From page 4</p> <p>During an interview on 4/25/24 at 1:05 p.m., FM-C stated R1 received her afternoon supplement on 4/13/24 and it was not thickened. On the same day (4/13/24), FM-C was assisting R1 with her supper, R1 received a pulled pork sandwich, a scoop of coleslaw, whole berries, and regular piece of cake with frosting on for supper. R1's liquids were of regular consistency. On the morning of 4/14/24, R1 received oatmeal, not pureed.</p> <p>During an interview on 4/25/24 at 1:24 p.m., FM-B stated R1 did not receive the correct texture of diet or consistency of fluids for at least 4 meals on 4/12/24, 4/13/24 and 4/14/24.</p> <p>During an interview on 4/25/24 at 2:06 p.m., dietary manager (DM)-A, confirmed R1's diet was for pureed with nectar thickened diet. DM-A further stated she was not made aware of any problems with R1's diet until she came in on 4/15/24, during morning stand up. DM-A then went to FM-C and R1 and would be fixing the problems with the diet. On 4/15/24, DM-A implemented a system where special diets were printed on pink paper to alert staff it was a special diets. All regular diets were printed on white paper. DM-A also stated all level 5 or lower diets are prepped and dished in the kitchen and delivered to the unit on separate covered plates as these were the pureed type diets that were not able to be prepped on stations.</p> <p>During an interview on 4/25/24 at 3:54 p.m., director of nursing (DON) stated on 4/15/24, DON went to R1's room and R1's tray had regular food on it. DON stated she apologized to the R1 and FM-C then took the tray to DM-A and brought back the correct textured food and liquids.</p>	2 945		

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2 945	<p>Continued From page 5</p> <p>R4's quarterly review Minimum Data Set (MDS) dated 2/4/2024, indicted R4 had diagnoses of dysphagia oropharyngeal (back of the mouth) phase and had a mechanically altered therapeutic diet. Did not have chewing or swallowing issues and was able to eat independently after set up.</p> <p>R4's physical orders dated 1/24/2023, included dietary order for international dysphagia diet standardization initiative (IDDSI) diet 5 minced and moist with thin liquids and supervision at meals.</p> <p>R4's care plan dated 7/19/2021, included R4 was on a therapeutic diet of Heart Healthy (Cardiac) with diet texture of level 5 (minced and moist) with a start date of 1/25/2023 and thin liquids dated 9/30/2019.</p> <p>R4's nutritional care area assessment (CAA) dated 11/5/2023, indicated a potential functional problem with the need for a special diet or altered consistency which might not appeal to resident. R4's weight stabilized over the past 30 days and 180 days. Was on a heart Healthy diet due to cardiac history and there have not been chewing/swallowing issues with diet modification to textures.</p> <p>During observation and interview on 4/25/24 at 12:16 p.m., R4 was in her room and had a plate of food with pureed texture in front of her that R4 had not eaten any of. R4 stated her food not appetizing and could not eat what was on her plate. R4 stated it was baby food. R4 did not know why or how long she was receiving this type of diet. DON and DM-A entered R4's room, both verified R4 received food that was pureed, which was not consistent with physician orders for minced and moist.</p>	2 945		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00679	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2024
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NAME OF PROVIDER OR SUPPLIER FAIR OAKS NURSING & REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SHADY LANE DRIVE WADENA, MN 56482
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2 945	<p>Continued From page 6</p> <p>During an interview on 4/25/24 at 12:36 p.m., cook (C)-A stated there was a list of residents who were on special diets. Pureed diets were prepped and dished in the kitchen and delivered to the units. C-A stated the team decided to lower R4's diet to pureed because nursing had communicated to dietary about 6-7 weeks ago R4 was having difficulty with swallowing. C-A reported there was no documentation or a physician order obtained that he could remember. C-A stated cooks could lower diets one level but once done they could not raise the level back up without further evaluation.</p> <p>During an interview on 4/25/24 at 2:06, DM-A indicated R4's diet was IDSSI level 5, minced and moist with regular liquids. DM-A verified R4's noon meal on 4/25/24, was pureed and should not have been.</p> <p>R7's admission MDS dated 2/22/2024, indicated diagnoses of dysphagia, oropharyngeal phase, and received a mechanically altered diet. R7 had no swallowing or chewing problems able to feed self after set up.</p> <p>R7's physical orders dated 2/15/2024, included a dietary order for a regular diet level 6, soft and bite sized texture with thin liquids.</p> <p>R7's care plan directed the following: -Diet Texture- Level 6, soft and bite sized, dates 2/16/2024, -Diet type- Regular, dated 2/16/24, -Fluids thin dated 2/16/2024 and -Independent with eating dated 2/16/24.</p> <p>During observation on 4/25/24, R7 was sitting at a table with plate in front of him with uncut roast</p>	2 945		
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2 945	<p>Continued From page 7</p> <p>beef, mashed potatoes, and sliced carrots in bite sized pieces. Registered nurse (RN)-A verified R7's diet was soft, and bite sized and stated the roast beef was not cut up. RN-A asked R7 if he wanted the roast beef cut up and R7 responded "yes". During a second observation on 4/26/24 at 7:49 a.m., R7 was in dining room sitting at table with a plate in front of him with a pancake and sausage on his plate, neither was cut up. R7 also had a dish of cereal by his plate. Director of nursing observed and confirmed R7's food was not cut up into bite sized pieces.</p> <p>During an interview on 4/25/24 at 2:06 p.m., DM-A stated R7's diet was IDSSI level 6, soft and bite sized, with regular liquids and verified R7 received roast beef that was not cut up into bite sized pieces at the noon meal. DM-A further stated it was her expectation diet orders were followed. It was also her expectation if a resident was having problems with their diet nursing would let her know and nursing would get an order for speech therapy to follow up on resident.</p> <p>During an interview on 4/25/24 at 3:29 p.m., registered dietician (RD-A) stated it was her expectation diet changes are communicated to dietary, so all parties are aware, and any diet changes are documented in the progress notes. If a resident receives a wrong diet, could lead to aspiration or choking.</p> <p>Review of facility policy Diet and Diet Orders dated 4/8/2020, indicated the following: 2. Upon admission, the diet order is entered into the electronic medical record (EMR), 3. Diets are ordered or changed in writing and communicated to the dietary department, 9. the facility will utilize a tray identification system to ensure diet accuracy in the service of meals</p>	2 945		
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2 945	<p>Continued From page 8</p> <p>10. When diet orders are changed, the care plan and tray card will be updated to reflect the change in the order.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, registered dietician, or designee should ensure dietary interventions are implemented in a timely manner. The facility should review and/or update or create policies and procedures, and educate staff on specific requirements or interventions related to therapeutic diets. The administrator, registered dietician, or designee should perform audits for a measurable amount of time as determined by the Quality Assurance Performance Improvement (QAPI) committee to ensure food items given, offered, or consumed by residents are implemented as identified or ordered. The facility should report those findings to QAPI for further recommendations and determine the need for further monitoring or compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 945		

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F 000	<p>INITIAL COMMENTS</p> <p>On 4/25/24 and 4/26/24, 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.</p> <p>The following complaint was reviewed: H55813242C (00102531), H55813401C (MN00098360) and H55813400C (MN00098068) with a deficiencies cited at F808.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 808 SS=D	<p>Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2)</p> <p>§483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.</p> <p>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.</p>	F 808		5/14/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/10/2024
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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.

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F 808	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure residents received the prescribed diets as ordered for 3 or 3 residents (R1, R4 and R7) reviewed for therapeutic diets.</p> <p>Findings include:</p> <p>R1's admission record dated 4/12/24, indicated R1 had diagnoses of stroke with hemiplegia (paralysis of one side of the body) affecting right dominate side, diabetes, and dysphagia (problems swallowing).</p> <p>R1's hospital discharge orders dated 4/12/24, indicated R1 had a percutaneous endoscopic gastrostomy (PEG) tube with water flushes twice daily at 2:30 p.m. and 8:00 p.m. R1's diet was pureed (4) with moderately thick liquids and thickened Ensure plus supplements three times daily.</p> <p>R1's nutritional care plan directed the following: -A diet texture of Level 4- pureed, start date of 4/12/24, -Provide assistance (specify), start date of 4/15/24, -Fluids- Level 3 moderately thick (honey), start date 4/12/24 -Follow swallow guideline (specify), start date 4/12/24</p> <p>During an interview on 4/25/24 at 11:22 a.m., family member (FM)-A stated R1 did not get breakfast on the morning of 4/13/24, and at 12:45 p.m., facility staff brought in a regular piece of cake with thick frosting. FM-A told staff R1 was</p>	F 808	<p>F808 SS = D (Therapeutic Diet Prescribed by Physicians) How corrective action will be accomplished for those residents found to have been affected by the deficient.</p> <ul style="list-style-type: none"> R1 – after lunch on 4/15 all meals were served in the correct consistency and to the resident specifications. R4 – we started giving the resident the proper food consistency of level 5 minced & moist once it was noted on 4/25 to be incorrect. R7 – Risk versus benefits was completed and he is choosing to have level 7 food consistency over the level 6. Resident did not want his food cut up and requests his food being cut up when needed. R7 completed a risk versus benefits so he could have level 7 and reached out to physician to change diet order. R7 is own decision maker and refusing meals when meals served as level 6. Dietary staff involved in the citation were immediately re-educated on providing the meals per the dietary tray tickets if that occurred and we documented the education. <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> All residents have the potential to be affected by this deficient practice. <p>What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.</p> <ul style="list-style-type: none"> Dietary Manager has verbally 	

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F 808	<p>Continued From page 2</p> <p>on a strict pureed diet and was diabetic; staff took the cake away. FM-A stated R1's supper tray on 4/13/24 was a pulled pork sandwich, a scoop of coleslaw, whole berries, and a regular piece of cake. R1's fluids consisted of regular consistency milk and cranberry juice. FM-C took the berries and removed the pork from bun mashed them up with fork and fed them to her.</p> <p>During an interview on 4/25/24 at 1:05 p.m., FM-C stated R1 received her afternoon supplement on 4/13/24 and it was not thickened. On the same day (4/13/24), FM-C was assisting R1 with her supper, R1 received a pulled pork sandwich, a scoop of coleslaw, whole berries, and regular piece of cake with frosting on for supper. R1's liquids were of regular consistency. On the morning of 4/14/24, R1 received oatmeal, not pureed.</p> <p>During an interview on 4/25/24 at 1:24 p.m., FM-B stated R1 did not receive the correct texture of diet or consistency of fluids for at least 4 meals on 4/12/24, 4/13/24 and 4/14/24.</p> <p>During an interview on 4/25/24 at 2:06 p.m., dietary manager (DM)-A, confirmed R1's diet was for pureed with nectar thickened diet. DM-A further stated she was not made aware of any problems with R1's diet until she came in on 4/15/24, during morning stand up. DM-A then went to FM-C and R1 and would be fixing the problems with the diet. On 4/15/24, DM-A implemented a system where special diets were printed on pink paper to alert staff it was a special diets. All regular diets were printed on white paper. DM-A also stated all level 5 or lower diets are prepped and dished in the kitchen and delivered to the unit on separate covered plates</p>	F 808	<p>educated all staff working to make sure that they follow diet orders when serving all meals.</p> <ul style="list-style-type: none"> All dietary staff were reeducated on IDSSI training before they worked their next shift. All dietary employees were re-educated on food consistency / IDSSI levels, how to handle if a resident does not like the food consistency, and reviewed the channels of communication to change resident food consistency. <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</p> <ul style="list-style-type: none"> Audits to include a mix of breakfast, lunch, and supper. Facility will audit 9 meals per week for the first month, audit 5 meals per week for the second month, and audit 3 meals per week for the third month to make sure that all meals are served at the proper consistency. Results and analysis of audits will be brought to QAPI to determine ongoing frequency and duration of audits. <p>Date of compliance: 5/14/2024 Person responsible: Dietary Manager</p>	

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F 808	<p>Continued From page 3</p> <p>as these were the pureed type diets that were not able to be prepped on stations.</p> <p>During an interview on 4/25/24 at 3:54 p.m., director of nursing (DON) stated on 4/15/24, DON went to R1's room and R1's tray had regular food on it. DON stated she apologized to the R1 and FM-C then took the tray to DM-A and brought back the correct textured food and liquids.</p> <p>R4's quarterly review Minimum Data Set (MDS) dated 2/4/2024, indicted R4 had diagnoses of dysphagia oropharyngeal (back of the mouth) phase and had a mechanically altered therapeutic diet. Did not have chewing or swallowing issues and was able to eat independently after set up.</p> <p>R4's physical orders dated 1/24/2023, included dietary order for international dysphagia diet standardization initiative (IDDSI) diet 5 minced and moist with thin liquids and supervision at meals.</p> <p>R4's care plan dated 7/19/2021, included R4 was on a therapeutic diet of Heart Healthy (Cardiac) with diet texture of level 5 (minced and moist) with a start date of 1/25/2023 and thin liquids dated 9/30/2019.</p> <p>R4's nutritional care area assessment (CAA) dated 11/5/2023, indicated a potential functional problem with the need for a special diet or altered consistency which might not appeal to resident. R4's weight stabilized over the past 30 days and 180 days. Was on a heart Healthy diet due to cardiac history and there have not been chewing/swallowing issues with diet modification to textures.</p>	F 808		

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F 808	<p>Continued From page 4</p> <p>During observation and interview on 4/25/24 at 12:16 p.m., R4 was in her room and had a plate of food with pureed texture in front of her that R4 had not eaten any of. R4 stated her food not appetizing and could not eat what was on her plate. R4 stated it was baby food. R4 did not know why or how long she was receiving this type of diet. DON and DM-A entered R4's room, both verified R4 received food that was pureed, which was not consistent with physician orders for minced and moist.</p> <p>During an interview on 4/25/24 at 12:36 p.m., cook (C)-A stated there was a list of residents who were on special diets. Pureed diets were prepped and dished in the kitchen and delivered to the units. C-A stated the team decided to lower R4's diet to pureed because nursing had communicated to dietary about 6-7 weeks ago R4 was having difficulty with swallowing. C-A reported there was no documentation or a physician order obtained that he could remember. C-A stated cooks could lower diets one level but once done they could not raise the level back up without further evaluation.</p> <p>During an interview on 4/25/24 at 2:06, DM-A indicated R4's diet was IDSSI level 5, minced and moist with regular liquids. DM-A verified R4's noon meal on 4/25/24, was pureed and should not have been.</p> <p>R7's admission MDS dated 2/22/2024, indicated diagnoses of dysphagia, oropharyngeal phase, and received a mechanically altered diet. R7 had no swallowing or chewing problems able to feed self after set up.</p> <p>R7's physical orders dated 2/15/2024, included a</p>	F 808		

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F 808	<p>Continued From page 5</p> <p>dietary order for a regular diet level 6, soft and bite sized texture with thin liquids.</p> <p>R7's care plan directed the following: -Diet Texture- Level 6, soft and bite sized, dates 2/16/2024, -Diet type- Regular, dated 2/16/24, -Fluids thin dated 2/16/2024 and -Independent with eating dated 2/16/24.</p> <p>During observation on 4/25/24, R7 was sitting at a table with plate in front of him with uncut roast beef, mashed potatoes, and sliced carrots in bite sized pieces. Registered nurse (RN)-A verified R7's diet was soft, and bite sized and stated the roast beef was not cut up. RN-A asked R7 if he wanted the roast beef cut up and R7 responded "yes". During a second observation on 4/26/24 at 7:49 a.m., R7 was in dining room sitting at table with a plate in front of him with a pancake and sausage on his plate, neither was cut up. R7 also had a dish of cereal by his plate. Director of nursing observed and confirmed R7's food was not cut up into bite sized pieces.</p> <p>During an interview on 4/25/24 at 2:06 p.m., DM-A stated R7's diet was IDSSI level 6, soft and bite sized, with regular liquids and verified R7 received roast beef that was not cut up into bite sized pieces at the noon meal. DM-A further stated it was her expectation diet orders were followed. It was also her expectation if a resident was having problems with their diet nursing would let her know and nursing would get an order for speech therapy to follow up on resident.</p> <p>During an interview on 4/25/24 at 3:29 p.m., registered dietician (RD-A) stated it was her expectation diet changes are communicated to</p>	F 808		

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F 808	<p>Continued From page 6</p> <p>dietary, so all parties are aware, and any diet changes are documented in the progress notes. If a resident receives a wrong diet, could lead to aspiration or choking.</p> <p>Review of facility policy Diet and Diet Orders dated 4/8/2020, indicated the following:</p> <p>2. Upon admission, the diet order is entered into the electronic medical record (EMR),</p> <p>3. Diets are ordered or changed in writing and communicated to the dietary department,</p> <p>9. the facility will utilize a tray identification system to ensure diet accuracy in the service of meals</p> <p>10. When diet orders are changed, the care plan and tray card will be updated to reflect the change in the order.</p>	F 808		