Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

March 20, 2025

Administrator
Preferred Residential Lifestyles-Hcl Inc
108 Ninth Street
Windom, MN 56101

RE: Event ID: WMIN11

Dear Administrator:

On March 12, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid program. At the time of the survey, the survey team noted one or more deficiencies.

Federal certification deficiencies are delineated on the electronically delivered form CMS-2567 "Statement of Deficiencies and Plan of Correction". Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action (PoC). Ordinarily, a provider will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview.

A PoC for the deficiencies must be submitted within ten calendar days of your receipt of this letter.

Failure to submit an acceptable written plan of correction for all Health Federal deficiencies within ten calendar days may result in additional remedies and/or decertification including a loss of federal reimbursement.

Your PoC must include:

- 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 PoC must be placed directly on the CMS-2567, signed and dated by the administrator or your authorized official. If possible, please type and return your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original. Additional documentation may be

attached to Form CMS-2567, if necessary.

DEPARTMENT CONTACT:

Questions regarding all documents submitted as a response to the client care deficiencies (those preceded by an "W" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Judy Loecken, Regional Operations Supervisor
St. Cloud B District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: judy.loecken@state.mn.us
Office: (320) 223-7300 Mobile: (320) 241-7797

Feel free to contact me with any questions related to this letter.

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
	24G244	A. BUILDING _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED RESIDENTIAL LIFESTYLES-HCL INC	108 NINTH STREET WINDOM, MN 56101

(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
W 000	INITIAL COMMENTS On 3/11/25 through 3/12/25, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was not in compliance with 42 CFR Part 483, subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The following complaint was reviewed. HG2449881C (MN00111076) AND The following complaint was reviewed. HG2449065C (MN00111156) with a deficiency issued at W214. 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.	W 000	**W-214** To rectify immediate need: The facility will complete an assessment for all individuals currently using bed rails. Once the assessment is completed, all individuals' Intensive Support Service Assessment(ISSA), including C1, will be updated to indicate the need for bed rails. This assessment will be completed by Nursing and the Program Director. Ongoing: On an annual basis, bed rail assessments will be completed by Nursing and the Program Director. All ISSA's will be updated according to the completed annual assessment for bed rail needs. Monitoring: The corrections will be implemented by Nursing and the Program Director and will be monitored by the Area Director for on-going compliance. Steps taken to address this correction will include completion of bed rail assessments, updating ISSAs based upon bed rail needs, and training staff on changes to ISSAs accordingly. Completion Date: 4/20/2025 **received 4/10/25** **approved** **4/10/25**	
W 214	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iii) The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on observation, interview, and document review, the facility failed to assess bed rails for safety and appropriateness for 1 of 3 clients (C1) reviewed for bed rail use. C1 obtained a right great toe proximal phalanx (long bone) fracture. Findings included: C1's Information Cover Sheet undated, indicated C1 had mild intellectual disabilities, epilepsy, and cerebral palsy.	W 214		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jessie Markus — TITLE: Regional Director — (X6) DATE: 3-27-25

Judy B. Loecken Digitally signed by Judy B. Loecken
Date: 2025.04.10 13:53:19 -05'00'

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W 214	Continued From page 1 C1's Intensive Support Service Assessment (ISSA) dated 1/15/25, lacked documentation of bed rails. C1's medical record lacked a rationale or assessment for bed rails. C1's injury of unknown origin report dated 2/26/25, indicated C1's progress notes on 2/23/25, during the night shift, C1 got his right foot caught in the half bed rail on two occasions. On 2/26/25, C1's notes indicated bruising and swelling on his right toes. On 2/27/25, C1 went to an appointment and an x-ray was completed of his right foot with no fractures found. C1's shift note dated 2/24/25 at 5:27 a.m., written by direct support professional (DSP)-A indicated C1's right foot was stuck between his bed and his bed rail. DSP-A assisted C1's foot from being stuck. About an hour later C1's foot was stuck again and DSP-A assisted C1's foot from being stuck and assisted C1 to turn in bed so it wouldn't happen again. C1's shift note dated 2/26/25 at 6:17 a.m., written by DSP-B indicated C1's right top and bottom of toes were swollen and purple. C1's shift note dated 2/27/25 at 8:44 a.m., written by DSP-B indicated C1's right foot was still purple and swollen. C1 was seen by his provider and there was an x-ray ordered but nothing was broken just badly bruised. C1's x-ray results dated 2/28/25, indicated C1 had a right great toe proximal phalanx fracture. C1's shift note dated 3/1/25 at 5:19 a.m., written	W 214	W-214 To rectify immediate need: All current bed rails in use will be inspected and repaired based on manufacturers recommendations. This record will be recorded in a log. Ongoing. On a monthly basis, all bed rails in use will be inspected by _, repaired based on manufacturers recommendations and logged for record keeping. Monitoring. The corrections will be implemented by _ and will be monitored by the Program Director and Area Director for on-going compliance. Steps take to address this correction will include training _ on how to inspect and repair current bed rails and how to document these inspections. Additionally, the Program Director will work with an outside medical supply provider to transition all bed rails for individual's who need them to a unified bed rail system for ease of maintenance and repair. Completion Date: 4/20/2025	

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W 214	Continued From page 2 by DSP-A indicated in the early morning C1's left foot was stuck between his bed and bed rail. C1 was freed. C1's shift note dated 3/7/25 at 5:17 a.m., written by DSP-A indicated C1's right foot was stuck between the bed and the bed rail. Staff moved C1 over in bed so C1's foot would not get stuck again. C1's shift note dated 3/8/25 at 5:19 a.m., written by DSP-A indicated C1's leg was caught between the bed and railing. Staff moved C1 over in bed so C1's foot would not get stuck again. During an observation on 3/11/25 at 2:16 p.m., C1's bed had one bed rail on the right upper side with a blue pad on it. State Agency (SA) noted an approximately 3 finger gap between the bed and the bar of the rail without the padding and approximately 2-finger gap between bed and padding. During an interview on 3/12/25 at 6:06 a.m., DSP-B stated around December of 2024, DSP-B felt C1 needed a bed rail so he could adjust himself in bed. DSP-B stated she called C1's mom and she consented to the bed rail so it was applied to C1's right side of bed. DSP-B stated management assessed and determined who gets bed rails. During an interview on 3/12/25 at 11:16 a.m., maintenance (M)-A stated he did not monitor bed rails to ensure they were on appropriately. M-A stated C1's right bed rail was "slightly loose" but there was no way to tighten it. During an interview on 3/12/25 at 11:23 a.m.,	W 214		

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W 214	Continued From page 3 program director (PD)-A stated no one physically assessed each bed rail routinely. PD-A stated DSP-B felt C1 needed a bed rail and family consented in December of 2024. C1 got the bed rail as his bed was higher off the ground. PD-A confirmed the bed rail was not in C1's ISSA or medical records because it was being trialed. No assessment was completed for bed rails. During an interview on 3/12/25 at 1:48 p.m., DSP-A stated C1's right foot had been stuck between his bed rail and his mattress on multiple occasions when she worked the over night shift. DSP-A stated she documented in C1's medical record each time his right foot was stuck. She denied any other communication with management related to the incidents. Stander Be Independent Manufactures instructions dated 6/29/21, indicated if a product can move away from the bed or mattress, it can lead to entrapment and death. Never use unless product is tight against the mattress without gaps. This product was not intended to be used by individuals with uncontrolled body movements, for questions consult a physician before using the product. Bed rail policy requested but not provided.	W 214		

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March 20, 2025

Administrator
Preferred Residential Lifestyles-Hcl Inc
108 Ninth Street
Windom, MN 56101

Re: Enclosed State Supervised Living Facility Licensing Orders - Event ID: WMIN11

Dear Administrator:

The above facility survey was completed on March 12, 2025 for the purpose of assessing compliance with Minnesota Department of Health Supervised Living Facility 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 144.56.

Attached 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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me with any questions related to this letter.

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

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	01194	A. BUILDING: _____ B. WING _____	C 03/12/2025

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5 000	Initial Comments In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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 or MN Statute indicated below. When a rule or statute 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. On 3/11/25 through 3/12/25, a complaint investigation was conducted. Your facility was found to be in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF). The following complaints were reviewed. HG2449881C (MN00111076) HG2449065C (MN00111156)	5 000		