STATE LICENSING COMPLIANCE REPORT

Report #: HL315579801C

Date Concluded: July 9, 2025

Name, Address, and County of Facility Investigated:
Farmstead Care of Moorhead LP
3200 28th Street South
Moorhead, MN 56560
Clay County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name: Christine Bluhm, RN

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31557	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARMSTEAD CARE OF MOORHEAD LP	3200 28TH STREET SOUTH MOORHEAD, MN 56560

(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
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL315579801C On June 4, 2025, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 75 residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction order is issued for #HL315579801C, tag identification 0730.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. 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. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the	0 730		

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0 730	Continued From page 1 following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution;	0 730		

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0 730	Continued From page 2 (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident's advanced directives were accurately reflected in the resident's record for one of one residents (R1) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted June 1, 2020. R1's diagnoses included Fahr Syndrome (a neurological disorder characterized by abnormal deposits of calcium in areas of the brain that control movement, including the basal ganglia and the cerebral cortex), neuromuscular weakness and respiratory disorder. R1's Master Care Plan dated March 19, 2025, indicated on page one the Code status was CPR (Cardio-pulmonary resuscitation) and on page three the form indicated that the code status and advanced directives were reviewed, and the	0 730		

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0 730	Continued From page 3 status was DNR (Do not resuscitate). R1's assessment dated March 19, 2025, indicated on page one, R1's code status was CPR. Further into the form, on page three, the form indicated R1's code status was DNR. R1's face sheet dated June 4, 2025, indicated a code status: CPR. On June 4, 2025, the licensee provided an unsigned service plan (titled as a contract), dated March 19, 2025, which indicated R1 received services including assistance with bathing, dressing, grooming, bed mobility, brace application, catheter care, equipment care, G-J tube care, housekeeping, laundry, medication administration, toileting, tube feeding, vest therapy. The Code Status on page one, indicated DNR - Do not resuscitate. On June 11, 2025, at 11:15 a.m., registered nurse (RN)-B confirmed R1's code status was CPR. When it was brought up that the service plan received was listed as DNR, RN-B stated that she compared it to the POLST (provider orders for life sustaining treatment) for accuracy and had sent a family member the face sheet showing the status was changed to CPR. RN-B stated that it was all updated now. R1's POLST and current signed service plan was requested and received. The POLST indicated CPR but the signed service plan dated March 19, 2025, still listed R1's code status as DNR- Do not resuscitate. The licensee's Resident Code Status policy, dated March 10, 2025, indicated the licensee uses the Physician Orders for Life-Sustaining Treatment (POLST) form for each resident's code status preference. The POLST is signed upon	0 730		

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0 730	Continued From page 4 admission, reviewed every 90 days with assessments, and change/updated as needed per resident/POA request. The POLST from is completed and signed by resident/POA and sent to PCP for signature to activate the form. If the POLST from is not signed by resident/POA or PCP, residents code status to be CPR until the form is completed. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 730		