



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
February 25, 2021

Administrator  
Riverview Hospital & Nursing Home  
323 South Minnesota  
Crookston, MN 56716

RE: CCN: 245251  
Cycle Start Date: February 11, 2021

Dear Administrator:

On February 11, 2021, 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 widespread deficiencies that constitute no actual harm with potential for no more than minimal harm (Level C), 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 plan of correction (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. Failure to submit an acceptable ePoC could also result in the termination of your facility's Medicare and/or Medicaid agreement (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.

The state agency may, in lieu of a 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:

- Discretionary denial of payment for new Medicare and Medicaid admissions (42 CFR 88.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

## DEPARTMENT CONTACT

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

**Jen Bahr, RN, Unit Supervisor**  
**Bemidji District Office**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**705 5th Street NW, Suite A**  
**Bemidji, MN 56601-2933**  
**Email: Jennifer.bahr@state.mn.us**  
**Office: (218) 308-2104 Mobile: (218) 368-3683**

## 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.

**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](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 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](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



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

cc: Licensing and Certification File

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245251</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/11/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW HOSPITAL &amp; NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>323 SOUTH MINNESOTA CROOKSTON, MN 56716</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>On 2/10/21, and 2/11/21, an abbreviated standard survey was completed at your facility by the Minnesota Department of Health to determine if your facility was not in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</p> <p>The complaint H5251034C (MN54471) was found to be substantiated with no deficiencies issued as a result of actions taken by the facility prior to investigation.</p> <p>The complaint H5251033C (MN69738) was found to be unsubstantiated.</p> <p>As a result of the investigation a deficiency was issued at F608.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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 on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.</p>	F 000			
F 608 SS=C	<p>Reporting of Reasonable Suspicion of a Crime CFR(s): 483.12(b)(5)(i)-(iii)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p>	F 608		3/12/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Electronically Signed**

TITLE

(X6) DATE  
**03/04/2021**

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 608	<p>Continued From page 1</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>(i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements.</p> <p>(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.</p> <p>(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.</p> <p>(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to develop a facility policy on how to secure and preserve the integrity of a potential crime scene. This had potential to affect all 19 residents currently residing in the facility.</p> <p>Finding include:</p> <p>During interview on 2/11/21, at 10:26 a.m. the director of nursing (DON) stated she would expect a crime scene to be secured as soon as</p>	F 608	<p>Procedure for Response and Reporting Allegations of Abuse/Neglect/Exploitation:</p> <p>Any director, employee, agent, or contractor of the facility can report an allegation of abuse/neglect/exploitation to the MAARC hotline without fear of retaliation.</p> <p>When suspicion of</p>		

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F 608	<p>Continued From page 2</p> <p>staff were alerted to a potential crime. During the interview a policy was requested on preserving a crime scene.</p> <p>An undated, form was provided and it listed some steps on securing a potential crime scene. It included calling law enforcement; contacting security and administration; ensuring resident safety; securing the scene and everything within.</p> <p>During interview on 2/11/21, at 3:24 p.m. the administrator stated the facility was in the process of creating a policy and the undated form on securing a potential crime scene was just being put together. The form was not an active/approved policy. Further, staff education had not been completed on the expectations of preserving a crime scene.</p> <p>The facility's policy on "Compliance with Reporting Allegations of Abuse/Neglect/Exploitation" dated 5/7/20, lacked any guidance on how staff would maintain a potential crime scene, attend to a victim and/or an alleged perpetrator, or handling of materials, laundry or clothing.</p>	F 608	<p>abuse/neglect/exploitation or reports of abuse/neglect/exploitation occur, the following procedure will be initiated and 911 dialed as appropriate:</p> <ol style="list-style-type: none"> <li>1. The Licensed Nurse will: <ol style="list-style-type: none"> <li>a. Respond to the needs of the resident and protect him/her from further incident.</li> <li>b. Remove the accused employee from resident care areas.</li> <li>c. Notify the Director of Nursing Services and Administrator.</li> <li>d. Notify the attending physician, resident's family/legal representative, and Medical Director.</li> <li>e. Monitor and document the resident's condition, including response to medical treatment or nursing interventions.</li> <li>f. Document actions taken in the medical record.</li> </ol> </li> <li>Complete an incident report and initiate an investigation.</li> <li>2. The Director of Nursing Services, Administrator, or designee will: <ol style="list-style-type: none"> <li>a. Notify the appropriate agencies immediately: as soon as possible, but no later than 2 hours after discovery of the incident.</li> <li>b. Obtain statements from direct care staff.</li> <li>c. Suspend the accused employee pending completion of the investigation.</li> <li>d. Follow up with appropriate agencies, during business hours, to confirm the report was received.</li> </ol> </li> </ol>		

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F 608	Continued From page 3	F 608	<p>e. Report to the state nurse aide registry or nursing board any knowledge of any actions which would indicate an employee is unfit for service.</p> <p>3. The Administrator or Director of Nursing should follow up with government agencies, during business hours, to confirm the report was received and to report the results of the investigation when final as required by state agencies. Care Center Compliance with Reporting Allegations of Abuse/Neglect/Exploitation</p> <p>4. Ensure patient safety  a. Stabilize the patient; provide necessary and appropriate medical care  b. Notify the attending physician if not present; obtain additional orders if necessary  c. Remove all unsafe devices, equipment, medications  d. Determine whether the Adverse Event puts other patients at immediate risk and address accordingly</p> <p>5. Internal Notification and Communication  a. Immediate verbal notification to administrative and clinical leaders  b. Administration will determine if members of the Board need to be notified  c. Immediate verbal notification to Risk Management  d. Risk Management will notify Claims Management and the Patient Safety Office, if applicable.</p> <p>6. Preserve Evidence  a. Secure physical evidence involved</p>		

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F 608	Continued From page 4	F 608	<p>in the adverse event, including but not limited to:</p> <ul style="list-style-type: none"> <li>-Medical devices and equipment (retained foreign objects, medications containers, package labels or inserts, laundry, IV bags and tubing, syringes, supply containers and packaging, lab and pathology specimens including rape kit.)</li> <li>-Any other applicable physical evidence that might be of use in an investigation</li> <li>-These materials will be kept in the office of Risk Management with appropriate documentation of chain of evidence.</li> <li>-</li> <li>b. Take pictures, where appropriate</li> <li>c. Do not tamper with, clean or otherwise modify and physical evidence</li> <li>d. Preserve electronic data, if necessary (Consult with IT regarding preservation of the integrity of electronic data, if necessary. Back up or otherwise preserve electronic data</li> <li>-Obtain print out of electronically stored data if the information may be overwritten</li> </ul> <p>7. Relief and Support of Caregivers</p> <ul style="list-style-type: none"> <li>a. Clinical Supervisors and/or CNO's should immediately evaluate the impact of the adverse even on involved staff and provide support accordingly.</li> </ul> <p>How to Report to the MAARC Phone: 844-880-1574 Online: <a href="https://tnt09.agileapps.dhs.state.mn.us/networking/sites/880862836/MA">https://tnt09.agileapps.dhs.state.mn.us/networking/sites/880862836/MA</a></p>		



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F 608	Continued From page 5	F 608	<p>AR</p> <p>The facility has determined that all residents have the potential to be affected at this time.</p> <p>An in-service education program will be conducted 03/09/2021 by the Director of Nursing Services and the Administrator with all direct care staff via Zoom addressing circumstances that require reporting including appropriate timeframes and to secure physical evidence involved in the adverse event including possible crimes.</p> <p>The Director of Nursing Services, or designee, will interview five (5) employees weekly for four (4) consecutive weeks to verify understanding of current policy regarding circumstances that require reporting including appropriate timeframes and what/how to secure physical evidence involved in the adverse event.</p> <p>Re-education will be provided at the time of the interview, if needed.</p> <p>Summary of interview and incident of re-education, if required, will be discussed at the IDT meetings weekly.</p> <p>The plan of correction will be monitored at the weekly IDT meetings until such time consistent substantial compliance has been met.</p>		

Minnesota Department of Health

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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>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 2/10/21, and 2/11/21, a standard abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be IN compliance with the MN State Licensure.</p> <p>The complaint H5251034C (MN54471) was found to be substantiated with no deficiencies issued as</p>	2 000		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE  
03/04/21

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2 000	<p>Continued From page 1</p> <p>a result of actions taken by the facility prior to investigation.</p> <p>The complaint H5251033C (MN69738) was found to be unsubstantiated.</p> <p>No licensing orders were issued.</p> <p>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.</p>	2 000		