



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 8, 2026

Administrator
NORTH STAR MANOR
410 SOUTH MCKINLEY STREET
WARREN, MN 56762

RE: CCN: 245550

Cycle Start Date: June 26, 2026

Dear Administrator:

On July 14, 2026, we informed you of imposed enforcement remedies.

On August 18, 2026, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted immediate jeopardy (Level J). The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On August 2, 2026, the situation of immediate jeopardy to potential health and safety cited at S/S J For F805 was removed.

As a result of the revisit findings:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 26, 2026.
Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 26, 2026.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 26, 2026. They will also

notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 26, 2026.

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.

As we notified you in our letter of July 14, 2026, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from September 26, 2026.

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:

Nikki Harvey, Regional Supervisor, Federal Rapid Response
Mankato District Office
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, Minnesota 56001
Email: nikki.harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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 December 26, 2026 (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 Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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:

tamika.brown@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 Tamika Brown at (312) 353-1502. Information may also be emailed to tamika.brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request,

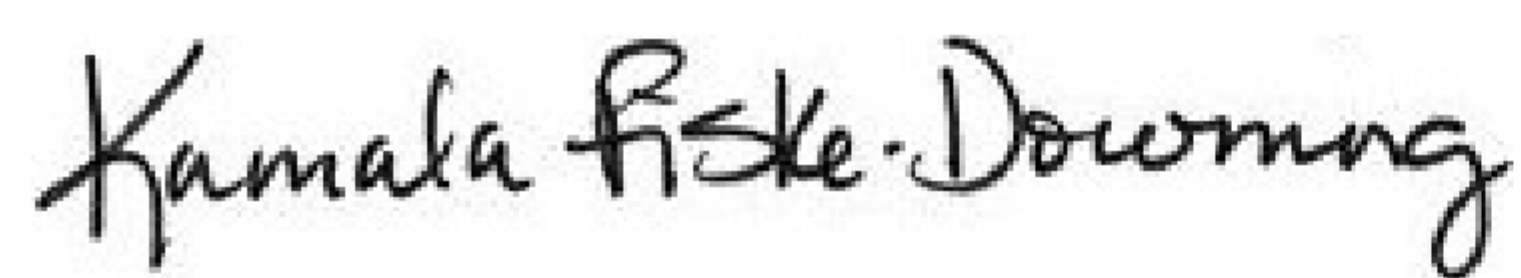
along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

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

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



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September 8, 2026

Administrator
NORTH STAR MANOR
410 SOUTH MCKINLEY STREET
WARREN, MN 56762

Re: Event ID: 2F5E31-H1

Dear Administrator:

The above facility survey was completed on August 18, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245550		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/18/2026	
NAME OF PROVIDER OR SUPPLIER NORTH STAR MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 410 SOUTH MCKINLEY STREET , WARREN, Minnesota, 56762			
(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
F0000	INITIAL COMMENTS On 8/12/26 through 8/18/26, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was reviewed. H55503611C (3134491 and 3133098) with a deficiency issued at F805. The survey resulted in an Immediate Jeopardy (IJ). The IJ at F805 began on 8/1/26 when R1 was served thin liquids despite an order for nectar thickened liquids. The IJ began on 8/1/26, and the immediacy was removed on 8/2/26. 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. Although the provider had implemented corrective action prior to the survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.			F0000			08/02/2026
F0805 SS = J	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is NOT MET as evidenced by:			F0805	"Past Noncompliance - no plan of correction required"		08/02/2026

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 reverse for further 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.

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

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F0805 SS = J	Continued from page 1 Based on observation, interview and document review the facility failed to ensure fluids were provided in a consistency/thickness to meet the needs for 1 of 1 resident (R1) reviewed for liquid consistency. This resulted in an immediate jeopardy for R1 who was served thin liquids, not in accordance with recommendations by the speech language pathologist (SLP). The IJ began on 8/1/26, when facility staff provided R1 with thin liquids despite an order for nectar thickened liquids. The IJ was identified on 8/18/26, the administrator was notified of the immediate jeopardy at 3:00 p.m. on 8/18/26. The immediate jeopardy was removed on 8/2/26, the deficient practice was corrected prior to the start of the survey and was therefore issued at past noncompliance. Findings include: R1's Admission Record indicated R1's diagnoses included hemiplegia (paralysis or significant loss of motor function on one side of body)/hemiparesis (weakness on one side of the body), aspiration pneumonia (7/21/26) and dysphasia (difficulty swallowing) (8/11/26). R1's quarterly Minimum Data Set (MDS) dated 5/14/26, identified intact cognition and indicated he required set up or clean up assistance to eat. R1's care plan dated 7/21/26, indicated pneumonia related to aspiration and indicated he was at risk for aspiration and must be supervised while eating. Intervention dated 7/28/26, indicated nectar thick liquids and no straws. R1's Progress Note dated 7/21/26, indicated R1 returned from clinic appointment with orders to treat for aspiration pneumonia and a referral to SLP due to two episodes of choking while eating. R1's Progress Notes dated 7/25/26, indicated R1 presented with wheezing. Continue with antibiotics for aspiration pneumonia. R1 later presented with labored breathing while in bed and was sent to the emergency department (ED). R1's After Visit Summary dated 7/25/26, indicated he was seen for shortness of breath. Diagnosis indicated aspiration pneumonia of right lower lobe. Orders included Douneb every four hours while awake and continue augmentin until complete.			F0805			08/02/2026

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F0805 SS = J	Continued from page 2 R1's Progress Note dated 7/28/26, indicated R1 had a coughing fit after medication administration. R1 had been cleared by speech for thin liquids but due to coughing, nursing switched to nectar thick liquids. Therapy manager was consulted and confirmed okay to use nectar thick liquids until swallow study could be completed. R1's Progress Note dated 7/28/26, indicated per SLP, R1 to continue nectar thick liquids. R1's Speech Therapy Discharge Summary, dates of service 7/22/26 through 7/29/26, indicated 7/22/26, coughing noted and choking incidents. 7/29/26, discharged due to hospitalization, increased coughing on thin liquids. R1's Progress Notes dated 8/1/26, indicated R1 complained of not feeling well. R1 had not drank more than a sip or two of nectar thick liquids due to dislike of the taste. R1 complained of chills, headache and had vomited. Later R1 woke up flushed and stated he was thirsty. Writer explained purpose of thickened liquids and explained risk of continuing regular liquids. Writer agreed to allow thin liquids with reminder to take slow sips. R1 drank 240 cubic centimeters (cc) of Mountain Dew. Nursing assistant (NA) was present and reminded of importance to keep head up when assisting R1 to use 120-ounce cup without straw. R1's Progress Note dated 8/3/26, indicated R1 was admitted to the hospital for aspiration pneumonia following a clinic appointment. R1's After Visit Summary dated 8/6/26 indicated active hospital problems: acute bronchitis due to other specified organisms, dysphagia and aspiration pneumonia of right lower lobe. Orders included levofloxacin 500 milligram (mg) tablet and prednisone 20 mg tablet. Precaution orders indicated, aspiration precautions continuous. Nectar thick liquids and general diet. R1's Progress Note dated 8/10/26, indicated R1 was seen by SLP. Cognitive testing indicated mild cognitive impairment. SLP continued recommendation for nectar thick liquids. During interview on 8/12/26 at 12:40 p.m., SLP-A stated she received orders to evaluate R1 on 7/21/26 and saw him one time on 7/22/26. R1 was then hospitalized. SLP-A said she had not changed R1's diet on 7/22/26. On 7/28/26, SLP-A received an e-mail indicating R1 had a significant coughing episode on regular liquids and staff asked if SLP-A			F0805			08/02/2026

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F0805 SS = J	Continued from page 3 agreed to downgrade R1 to thickened liquids and she agreed. SLP-A said she saw R1 on 7/29/26 and agreed with the downgrade to nectar thick liquids. SLP-A said the physician wrote orders, but she was able to make recommendations. SLP-A stated clinical signs of aspiration could be immediate or delayed and said there was no way to know the onset date for sure. SLP-A said the risk of thin liquids when not recommended included death resulting from aspiration. During interview on 8/12/26 at 1:32 p.m., registered nurse (RN)-A on 8/2/26, she arrived at the facility and reviewed progress notes from the previous day. RN-A stated she saw a note written by licensed practical nurse (LPN)-A that indicated she had given R1 thin liquids. RN-A said she called LPN-A who told her she did give R1 thin liquids because he did not like the thickened liquids. RN-A said the facility had a process for against medical advice (AMA) and LPN-A did not follow the process. During interview on 8/13/26 at 8:13 a.m., LPN-A stated R1 had a coughing incident prior to 8/1/26 and was treated for aspiration pneumonia. R1's order had been changed to nectar thick liquids. R1 told LPN-A he was not going to drink them. LPN-A said she spoke with RN-A who talked to R1 and offered him different options for thickened liquids. LPN-A said later that evening she was in R1's room with his wife and two NA's. R1 asked for something to drink and was upset they would only give him thick liquids. LPN-A said R1's family member was present and was okay with thin liquids and LPN-A said, "that was when I said, at this point I would rather you have fluids than not, you have the right to drink water, no one has the authority to tell me I can't provide it to you." LPN-A said she told R1 the risk of drinking the thin liquids was breathing it in and causing pneumonia. LPN-A said she was aware of the AMA form but did not provide it to R1 or his family member. LPN-A said she did not call a provider prior to or after providing the thin liquids. During interview on 8/13/26 at 1:44 p.m., RN-B said on 8/1/26, LPN-A told RN-B, R1 was not going to drink the thickened liquids and said she educated family. RN-B said LPN-A told her RN-A said R1 could not have the thin liquids. RN-B said she went into R1's room that evening and removed a black mug with thin water and a straw in it. RN-B further stated R1 may not have liked the thick liquids, but he was unlikely to have adamantly refused them. During interview on 8/13/26 at 12:38 p.m., the director of nursing (DON) stated when she talked			F0805			08/02/2026

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F0805 SS = J	Continued from page 4 with LPN-A, she [LPN-A] had other staff giving R1 thin liquids also. The DON said she would have liked LPN-A to have called a physician or herself. The DON said the facility had an AMA form and LPN-A did not follow the process. The DON stated LPN-A had been immediately educated and the facility implemented audits and license nurse competencies. During interview on 8/18/26 at 10:38 a.m., physician assistant (PA)-A stated R1 had an aspiration event a few weeks prior (7/25/26) and the chest x-ray indicated pneumonia. PA-A said he saw R1 on 8/3/26, after he had received the thin liquids and discussed the risk and benefits of waiting for the swallow evaluation before resuming the thin liquids. R1 and his family agreed to continue the thickened liquids. At that visit, R1 had not been feeling well and was hospitalized. PA-A said a scan completed while R1 was hospitalized from 8/3/26 - 8/6/26 did not show pneumonia but said the pneumonia may have cleared up by the time the scan was completed. PA-A stated if staff had called him prior to giving R1 the thickened liquids, he would have recommended they follow the recommendations of the SLP. PA-A said the risk associated with a resident receiving thin liquids, after receiving a recommendation for thickened liquids, included aspiration pneumonia and death. Facility policy Diet Order, Specialized Diet and Food Consistency, undated, indicated It is the policy of this facility to provide diets as ordered by the attending provider and developed in collaboration with the Registered Dietitian (RD), Speech-Language Pathologist (SLP), Nursing, and Dietary Services. All therapeutic diets and texture modifications will be implemented accurately and consistently to promote safety, prevent complications, and maintain quality of life. The facility implemented the following on 8/2/26, therefore the deficiency is being issued at past non-compliance: LPN-A was immediately educated. Thickened Liquid/diet compliance audits were initiated. Licensed nurse competencies initiated which included: explanation of aspiration risk, identification of thickened consistency, review of physician orders, understanding of refusal process, physician notification process, informed refusal process and resident rights.			F0805			08/02/2026

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F0805 SS = J	Continued from page 5 Education and audits were verified through interview and document review.			F0805			08/02/2026

Minnesota Department of Health

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20000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 8/12/26 through 8/18/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure. The following complaints were reviewed during the survey. H55503611C (3134491 and 3133098) Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.			20000			08/02/2026

Office of Primary Care and Health Systems Management

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

Minnesota Department of Health

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20000	Continued from page 1 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.			20000			08/02/2026