STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245024	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Interfaith Care Center	811 Third Street Carlton, MN 55718

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to implement appropriate monitoring for a resident taking an anticoagulant medication for 1 of 1 resident (R4) reviewed for anticoagulant medication.Findings include:R4's admission minimum data set (MDS) dated [DATE], identified intact cognition and diagnoses of cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries, and atrial fibrillation (an irregular heart rhythm which can lead to blood clots) The MDS also identified R4 had an anticoagulant medication.R4's care area assessment (CAA) worksheet identified the daily use of anticoagulants increases the risk for bruising and skin injury as well as extending the healing time for wounds. R4's care plan dated 1/29/26, identified a focus statement for stroke and to give medications as ordered by the physician and to monitor and document side effects and effectiveness. The care plan didn't identify to monitor for bruising or bleeding. R4's provider orders didn't reflect monitoring for bruising or bleeding. On 4/19/26, an order for apixaban (an anticoagulant medication) 5 milligrams (mg), one tab twice daily related to atrial fibrillation.During an interview on 4/22/26 at 8:39 a.m., licensed practical nurse (LPN)-A stated they did medication monitoring for things like antidepressant medication, if a resident were on an antidepressant and were crying more often, they would make progress notes and update the provider. During an interview on 4/22/26 at 8:49 a.m., LPN-B stated medications that would need monitoring would be diabetic medications, psychotropic medications, and for anticoagulant medications they would watch for bleeding and making sure related labs were getting done. LPN-B thought the monitoring would be on the treatment administration record (TAR) but was unable to find it.During an interview on 4/22/26 at 9:02 a.m., registered nurse (RN)-A, a nurse manager for R4, stated they should have bleeding and bruising monitoring for residents on coumadin and Eliquis, or any anticoagulant medication. RN-A reviewed R4's orders and didn't identify monitoring for bruising or bleeding. RN-A stated it is important to do monitoring in the case they started having bleeding or gastrointestinal bleeding they would need to update the provider right away.During an interview on 4/22/26 at 10:15 a.m., the director of nursing (DON) stated they needed to be monitoring residents on anticoagulant medications because if they started bleeding, they may not stop so it would be important to update the provider. A policy, Medication Monitoring dated 4/22/26, identified its purpose was to ensure that all medications administered in the skilled nursing facility are appropriately monitored for effectiveness, safety, and necessity in accordance with Minnesota regulations and federal requirements, including prevention of adverse drug events and unnecessary medications. For high-risk medication monitoring enhanced monitoring is required for anticoagulants (e.g., INR monitoring), Diabetic medications (blood glucose monitoring), Opioids (sedation, respiratory status, bowel function), Antibiotics (response and side effects).

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.

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