STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff implemented appropriate infection prevention and control practices, including proper hand hygiene while feeding residents, maintaining a clean resident care environment when staff were observed standing on a resident's (R6) mattress, and ensuring resident care items were cleanable and disinfected for a resident (R1) who had pool noodles affixed with tape on their bed and windowsill. Findings include: During observation on 5/4/26 at 12:25 p.m. NA-C was assisting two residents with eating at the same time. NA-C stood up from assisting the residents, scratched his face, touched the counter, obtained straws, and pushed one resident's wheelchair closer to the table before returning to assist the residents with eating without performing hand hygiene. The NA-C placed a straw into unidentified Resident 1's drink and assisted Resident 1, who was seated in a Broda chair and appeared asleep, with drinking. NA-C then assisted unidentified Resident 2, who was seated in a high-back wheelchair, with utensils. NA-C switched between feeding both residents with the same hand, wiped Resident 1's hands, and continued feeding both residents without performing hand hygiene. During the feeding assistance, NA-C repeatedly touched his face and eyes with the same hand used to feed the residents and removed and replaced his eyeglasses multiple times while continuing to assist the residents with eating. During observation on 5/4/26 at 12:38 p.m. NA-C cleaned his eyeglasses at the dining table with a disposable wipe he retrieved from his pocket and then resumed feeding the residents without performing hand hygiene. During an interview on 5/5/26 at 1:02 p.m., the Infection Preventionist (IP) stated expectations for staff assisting residents with eating included proper hand hygiene and prevention of cross contamination. The IP stated staff should not feed more than one resident at a time and indicated that even when different utensils were used, feeding multiple residents simultaneously created a significant contamination risk. The IP stated infection control education and feeding skills training were provided four times per year. The IP further indicated the pool noodles, used on R1's bed and windowsill were cleaned as part of the facility's general cleaning process. The IP stated staff wiped the pool noodles down with disinfectant and left the surface wet for the recommended contact time of approximately four minutes, despite the pool noodles being a porous surface and not a cleanable hard surface. R6 R6's quarterly Minimum Data Set (MDS) dated [DATE] identified R6 with severe cognitive (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	impairment, delusions, and behaviors directed at others. In addition, R6 identified had no impairment of upper and lower extremities, required partial to moderate assistance with personal care and dressing. Also, R6's diagnoses included dementia with behavioral disturbances, anxiety, affective disorder (psychiatric condition that affects emotional state), diabetes, and hearing loss. During observation and interview on 5/5/26 at 1:08 p.m., R6 was in a wheelchair and was wheeled from the hallway into a shared bathroom by nursing assistant (NA)-A. NA-A then used a transfer belt to assist in transferring R6 onto the toilet. After several minutes, NA-A attempted to assist R6 from toilet to wheelchair but R6 did not follow requests or commands. NA-A then asked NA-B to assist with transferring R6 to wheelchair. After this was done, both NA-A and NA-B wheeled R6 to bed which was two twin mattresses on the floor of bedroom. NA-A and NA-B used a transfer belt to assist R6 from wheelchair to stand and then pivoted him to sit down on mattress. During the transfer, NA-A stepped on and also kneeled onto the mattresses to assist R6 to lay down. NA-A stated she did not know of another way to help R6 during transfer to the mattresses without stepping on the mattresses. During observation and interview on 5/6/26 at 9:47 a.m., NA-E and NA-D entered R6's room and woke R6 up for breakfast. NA-D picked up two fall mats that surrounded R6s mattresses and then placed a wheelchair to the side of the mattresses and locked the wheels. NA-D then stepped onto the top of R6's mattresses with her shoes on and knelt down to assist NA-E with positioning the Hoyer sling under R6. NA-D lifted up entire bottom of one of the twin mattresses on the floor, that R6 was lying on, and NA-E rolled the Hoyer forward with one leg of the Hoyer under the mattress. NA-D stood up on top of the mattresses again and then both aides assisted R6 with arms inside the sling. NA-D lifted R6 up off the mattresses using the Hoyer while NA-E walked around to the wheelchair and positioned R6 into wheelchair as he was being lowered by the Hoyer. NA-D stated she had to stand on the mattresses to assist R6 with transfer from bed to the wheelchair. During interview with Registered Nurse (RN)-A on 5/6/26 at 12:36 p.m., RN-A stated expectation of staff to never stand on a mattress due to, safety and infection control. During interview with Director of Nursing (DON) on 5/6/26 at 1:06 p.m., DON stated expectation of staff to not have feet on the mattress due to infection control. R1 R1's quarterly MDS dated [DATE], indicated R1 had severely impaired cognition and was diagnosed with cancer, kidney disease, and respiratory failure. R1 was dependent/required maximal assistance for activities of daily living. During an observation on 5/4/26 at 3:27 p.m., R1 was observed lying in bed. R1 was observed to have pool noodles that had a slit cut down one side and were then affixed to the edge of his windowsill, headboard, and footboard with tape that was curling with brown/black matter observed under the edges. The pool noodles and tape were observed with a thin layer of dust on top of them. During an observation on 5/6/26 at 12:22 p.m., in R1's room, there were pool noodles that had a slit cut down one side and were then affixed to the edge of his windowsill, headboard, and footboard with tape that was curling with brown/black matter observed under the edges. The pool noodles and tape were observed with a thin layer of dust on top of them. During an interview on 5/6/26 at 12:22 p.m., housekeeper (H)-A stated she used a bleach solution to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	clean the pool noodles in R1's room but because the noodles were so porous, she didn't want to saturate the noodles so she made sure she used a minimal amount of the solution and the solution didn't sit a long period of time, so less than a minute. A facility policy titled Infection Prevention and Control Program, reviewed 1/2026, indicated the mission of the program was to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure timely completion of a required annual Minimum Data Set (MDS) assessment for 1 of 1 resident reviewed (R7), which had the potential to result in inaccurate assessment data and/or improper care planning.Findings include:R7's most recent MDS assessment, a quarterly assessment dated [DATE], was reviewed. Based on the assessment schedule, an annual MDS assessment was required to be completed following the 12/2/25 quarterly assessment.R7's electronic medical record (EMR) and MDS assessments lacked evidence the required annual MDS assessment was completed within the federally required timeframe. During an interview on 5/5/26 at 12:28 PM, MDS Coordinator and RN-B, stated there was a report in the EMR system that was run monthly on the 15th to track upcoming MDS assessments. After generating the report, a schedule with due dates for nursing staff to gather data and identify ARDs was completed. RN-B further stated he was unsure how R7 fell through the cracks, acknowledged that it appeared an annual assessment was missed, and indicated he would complete it immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to accurately complete the Minimum Data Set (MDS) assessment for 1 of 1 resident reviewed for BiPAP machine (noninvasive ventilatory device that helps patients breath by delivering two levels of air pressure: higher pressure during inhalation and lower pressure during exhalation).Findings include:R59's quarterly MDS assessment dated [DATE], identified R5 had intact cognition with no hallucinations or delusions. In Section O- Special Treatment, Procedures and Programs, in section G1 Non-invasive mechanical ventilator (to include BiPAP and CPAP in section G2 and G3 below) was not marked with a check mark to indicate use. Under section Z1: none of the above: was marked with a check.During an observation on 5/4/26 at 4:41 p.m., a BiPAP machine was observed sitting on R59's side table by her bed. There was a gallon of water next to the machine. R59 indicated staff assist with her with the machine at night.During a follow up interview on 5/6/26 at 8:16 a.m., R59 stated she previously had a CPAP (a machine that provides continuous positive pressure via mask to help with conditions like obstructive sleep apnea) and was changed to a BiPAP machine. R59 stated she was unsure when the change was made but it was a long while ago. F59's May Medication Administration Record, printed 5/6/26, included the following order:- ok to resume CPAP with home settings every night shift with a start date of 2/5/26 R59's after visit summary, dated 3/10/26, included the following order:-BiPAP machine for home use with pressure: IPAP (inspiratory positive airway pressure) 20 centimeter(cm)H20(water column), EPAP (expiratory positive airway pressure) 16smH20 for obstructive sleep apnea. See qualify BIPAP titration study from 8/4/25. During an interview on 5/6/26 at 8:33 a.m., licensed practical nurse (LPN)-B stated R59 had a CPAP machine that staff assisted her with. LPN-B stated R59 had the machine for a long time but did not give a specific time frame. During an interview on 5/6/26 at 1:17 p.m., director of nursing (DON) stated accuracy of MDS assessments is important to ensure accurate billing and reflection of resident needs.During an interview on 5/6/26 at 1:25 p.m., registered nurse MDS coordinator (RN)-B stated they completed MDS assessments for the facility. RN-B verified R59's quarterly MDS on 3/3/26 was coded as R59 did not have a BiPAP machine. After review of R59's medical record, RB-B verified the MDS was corded incorrectly and R59 did use a non-invasive ventilatory device. RN-B stated they were going to correct the MDS and resubmit it correctly. A facility policy related to MDS assessments was requested but not received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure a comprehensive care plan was developed and maintained to ensure appropriate care was provided for 3 of 5 residents (R59, R3 and R12) reviewed for comprehensive care plan. Findings include: R12's significant change Minimum Data Set (MDS) dated [DATE], indicated R12 had severe cognitive impairment and needed extensive to total assistance for all activities of daily living. The MDS indicated R12's preferences of books, newspapers, music, animals, news, being with groups of people, going outside, and attending religious services were all very important. R12's activity assessment dated [DATE], indicated R12 would prefer to spend leisure time both individually and in group activities and prioritize therapy, resting, or recovery over leisure activities. The assessment indicated R12 would like to participate in outings such as leisure drives/tours and restaurants. The assessment indicated R12 identified with the Lutheran church and was interested in worship services. The assessment indicated R12 would like to spend time in nature, doing independent activities such as prayer, etc., and listening to modern music for relaxation, anxiety, or pain management. The assessment indicated R12 liked to play games, read, would like an invitation to attend group discussions, liked to stay aware of the news by television and newspapers, wished to connect with team members, and participate in social activities. R12's care plan dated 4/21/26, was reviewed and did not include information about activity goals, participation, or interventions implemented to meet R12's activity needs. During an interview on 5/6/26 at 12:33 p.m., the long-term care activities lead (A)-A confirmed he had reviewed R12's medical record and stated that R12 didn't have an active activities care plan. A-A stated that, along with a significant change MDS, activity staff would complete an activities assessment, and this would be used to create/revise the activities care plan. A-A stated it was possible that the resident was a transitional care unit (TCU) resident, and with the transition to long-term care, the activities care plan had been dropped and not re-added. During an interview on 5/7/26 at 10:03 a.m., the administrator stated she would refer to the activities team for the specifics of creating an activities care plan but would expect residents to have an active activities care plan. R59 – BiPAP (bilevel positive airway pressure device - a non-invasive ventilation machine to help breathing) R59's quarterly MDS assessment dated [DATE], identified R5 had intact cognition with no hallucinations or delusions. During an observation on 5/4/26 at 4:41 p.m., a BiPAP machine was observed sitting on R59's side table by her bed. There was a gallon of water next to the machine. R59 indicated staff assist with her with the machine at night. R59's care plan, printed 5/6/26, identified R59 had an activity of daily living (ADL) self-care performance deficit related to multiple sclerosis and impaired balance and required extensive staff (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assistance for all ADLs except transfers which R59 required total staff assistance and Hoyer (mechanical lift used for residents who cannot bear weight) for transfers. The care plan lacked any evidence that R59 required or used a BiPAP machine. During an interview on 5/5/26 at 2:02 p.m., NA-F stated they were aware R59 had a CPAP machine. NA-F stated they were unsure of what type of assistance R59 needed as they did not assist R59 with the machine as they did not work the night shift. During a follow up interview on 5/6/26 at 8:16 a.m., R59 stated she previously had CPAP (a machine that provides continuous positive pressure via mask to help with conditions like obstructive sleep apnea) and was changed to a BiPAP machine. R59 stated she was unsure when the change was made but it was a long while ago. R59 stated staff assisted her putting the mask on and off as she could not do this independently and they turned the machine on and off for her. R59 stated she was not sure if the mask got wiped down after each use. R59 stated she ordered all her own supplies for the machine, and the facility didn't have anything to do with this. During an interview on 5/6/26 at 8:33 a.m., licensed practical nurse (LPN)-B stated nursing assisted with R59 putting on the mask and taking it off along with turning the CPAP machine on and off. LPN-B stated they changed the water. LPN-B stated the water chamber should be filled weekly along with the changing of the mask and tubing. LPN-B stated this would all be documented on the MAR. During an interview on 5/6/26 at 10:21 a.m., registered nurse manager (RN)-C verified if a resident had a CPAP or BiPAP machine this should be on the care plan. RN-C verified R59's did not contain this. During an interview on 5/6/26 at 12:45 p.m., director of nursing (DON) stated they would expect if a resident was using a BiPAP machine it would be on the care plan as this was important for coordination of care. DON verified this was not on R59's care plan and should be. R3 - Catheter R3's admission MDS assessment dated [DATE], identified R3 had intact cognition with no hallucinations or delusions. Furthermore, indicated R3 had an indwelling catheter. During an interview on 5/4/26 at 12:17 p.m., R3 stated that he had a catheter (foley catheter- a thin, flexible, indwelling tube inserted through the urethra into the bladder to drain urine into a collection bag) prior to admission. R3 stated that since moving to facility, the catheter had been changed to a suprapubic catheter (a thin, flexible tube inserted through a small incision in the lower abdomen into the bladder to drain urine) due to the infections he had been getting. R3 verified staff assist with the catheter. R3's care plan, printed 5/6/26, indicated the following: -(R3) is incontinent of bladder related to neurogenic bladder with the following interventions: - Brief Use: the resident uses disposable briefs, Change per schedule and prn. -Clean peri area with each incontinence episode. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Incontinent: check at least q 2 hrs. and as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinence episode. -Monitor/document for s/sx UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. R3's care plan lacked evidence R3 has a suprapubic catheter. Furthermore, lacks evidence of who is responsible for the catheter care and changing of catheter bag. During an interview on 5/6/26 at 10:07 a.m., registered nurse manager (RN)-C stated R3 did have a suprapubic catheter which had been changed from the foley catheter that he had been admitted with. RN-C verified if a resident had a catheter this information should be on a care plan along with who was responsible for the catheter. RN-C requested to follow up on the catheter. No additional information regarding R3's care plan was provided. During an interview on 5/6/26 at 12:51 p.m., director of nursing (DON) stated they would expect if a resident had a catheter, that information would be on the care plan as this was important for coordination of care. DON was requested to review R3's care plan for any catheter information. No additional information was provided. A facility policy titled Comprehensive Care plan revised 9/6/22, identified the following: The comprehensive, person-centered care plan will: b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; m. Identify the professional services that are responsible for each element of care;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to update the care plan with identified and personalized nonpharmacological pain interventions for 1 of 1 residents (R3) reviewed for pain, failed to update fall interventions for 1 of 2 residents (R5) reviewed for accidents, and failed to update transfer ability for 1 of 1 residents (R6) reviewed who was identified as high risk for falls. Findings include: R3 R3's admission MDS assessment dated [DATE], identified R3 had intact cognition with no hallucinations or delusions. Furthermore, the assessment identified R3 received scheduled pain medication, did not receive as needed pain medication and did not receive any non-medication interventions for pain. During an observation and interview on 5/4/26 at 12:19 p.m., R3 stated he suffered from a lot of pain. R3 stated he was seen by a pain doctor and took as needed (PRN) pain medication. R3 stated he wasn't sure if any nonpharmacological interventions were helpful for his pain. R3's care plan, printed 5/6/26, indicated the following: -R3 has quadriplegia related to spinal injury with an intervention of pain management as needed. See MD orders. Provide alternative comfort measures as needed. -Potential alteration in comfort related to positioning with the following interventions: -administer analgesia as per orders -anticipate the resident's need for pain relief and respond immediately to any complaint of pain -monitor/document for probable cause of east pain episode. Remove/limit causes where possible -pain assessment and administer pain medication as order -monitor for side effects of pain medication The care plan lacked identification of R3's preferences for nonpharmacological interventions. Furthermore, lacked identification if any nonpharmacological interventions have been attempted, effective, not effective or preferred. R3's April's MAR/TAR included the following orders: -oxycodone (narcotic pain medication) 5 milligram tablet – give half tablet by mouth every 24 hours as needed for pain with a start date of 4/29/26 and had not been administered. R3's May Medication Administration Record (MAR/TAR) for 5/1/26-5/5/26 included the following orders: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-oxycodone (narcotic pain medication) 5 milligram tablet – give half tablet by mouth every 24 hours as needed for pain with a start date of 4/29/26 which had been administered one time on 5/1/26. R3's April and May's MAR/TAR lacked identification of any nonpharmacological interventions. R3's progress notes for 4/1/26 to 5/5/26 were reviewed and lacked identification of nonpharmacological intervention preferences being identified. During an interview on 5/6/26 at 8:25 a.m., licensed practical nurse (LPN)-B stated nursing offered nonpharmacological interventions prior to administering as needed pain medications which ranged from: relaxation, toileting, reportion, comfort TLC, music, reposition and would be identified on a residents MAR/TAR. On 5/6/26 at 10:03 a.m., registered nurse manager (RN)-C stated any nonpharmacological interventions would be documented on a MAR/TAR or in a progress note. RN-C verified R3 did not have any identified nonpharmacological interventions and was going to add nonpharmacological interventions to R3's MAR/TAR. RN-C was going to review R3's care plan and follow up if able to locate any nonpharmacological interventions on the care plan. No follow up was provided. During an interview on 5/6/26 at 12:51 p.m., director of nursing (DON) stated a residents preferred nonpharmacological interventions should be listed on their care plan. DON stated keeping care plans updated was important for coordination of care. R5 R5's quarterly Minimum Data Set (MDS) dated [DATE], indicated R5 had moderately impaired cognition and had two or more falls with no injury and one fall with nonmajor injury since the prior MDS assessment. R5's care plan dated 3/25/26, indicated R5 was at risk for falls related to gait/balance problems and psychoactive drug use. The care plan included interventions such as frequent safety checks, ensuring the call light was within reach, a low bed with a floor mat, non-slip footwear, etc. The care plan/medical record did not include the use of a motion sensor with automated auditory reminders for the resident to remain in bed, when this motion sensor should be used, and what (if any) adverse effects of this motion sensor should be monitored for. R5's provider note dated 4/8/26, indicated R5 had a history of multiple falls with associated bruising and a hematoma (a closed wound where blood collects and fills a space inside your body). The note indicated R5 was an unreliable historian with advanced dementia, and staff should continue R5's ongoing fall precautions. During an observation on 5/5/26 at 11:00 a.m., nursing assistant (NA)-B was observed jogging down the hallway and entering R5's room. The surveyor was a distance from the room and unable to hear if the motion sensor was giving auditory reminders to R5. When the surveyor arrived at R5's room, R5 was observed lying diagonally on the bed with her feet off the right side of the bed. The director of nursing (DON) was observed entering the room and reminded NA-B to put the motion sensor on a long pause. NA-B was observed to press a button on a small rectangular remote with buttons such as short pause, long pause, bed mode, and chair mode. R5 was observed with no signs of obvious distress such as frowning, a frightened expression, calling out, a tense posture, etc. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/5/26 at 2:29 p.m., NA-B stated R5 had a history of falls, so they used interventions such as putting the bed down, placing fall mats next to the bed, and utilizing a motion sensor. NA-B stated she had observed the motion sensor giving R5 auditory reminders to wait for assistance, and R5 had not shown any signs of agitation or fear with the reminder. NA-B stated she thought the facility started using the motion sensor with R5 sometime at the end of last year. During an interview on 5/5/26 at 2:41 p.m., licensed practical nurse (LPN)-A stated R5 had a history of falls, so staff completed frequent safety checks, encouraged the resident to remain in the common area, ensured the resident was wearing non-slip footwear, utilized a low bed with a fall mat and a motion sensor with an alarm. LPN-A stated the motion sensor alerted staff if the resident attempted to get out of bed and reminded the resident to please wait for assistance. During an interview on 5/6/26 at 1:57 p.m., registered nurse (RN)-C, R5's nurse manager confirmed she had reviewed R5's care plan and stated she did not see that R5's use of a motion sensor was in the care plan. RN-C stated the motion sensor was put in place after R5 had fallen in November of 2025, and she would expect the motion sensor to be added to the care plan at that time. During an interview on 5/7/26 at 8:54 a.m., the DON stated that if a motion sensor was being used as a fall intervention for a resident, she would expect this to be added to the resident's care plan. R6 R6's quarterly Minimum Data Set (MDS) dated [DATE] identified R6 with severe cognitive impairment, delusions, and behaviors directed at others. In addition, R6 identified with no impairment of upper and lower extremities, required partial to moderate assistance with personal care and dressing. Also, R6's diagnoses include dementia with behavioral disturbances, anxiety, affective disorder (psychiatric condition that affects emotional state), diabetes, and hearing loss. R6's care plan (CP) with date initiated of 9/1/25 identified R6 as Risk for Falls. CP Intervention with date initiated of 1/23/2024 indicated, TRANSFER: The resident is independent for transferring. Also, CP Intervention with date initiated on 6/30/24 indicated, IF RESIDENT requires a Hoyer Transfer: SLING SIZE IS YELLOW/MEDIUM. R6's Kardex (care guide) indicated, TRANSFER: The resident is independent for transferring. and IF RESIDENT requires a Hoyer Transfer: SLING SIZE IS YELLOW/MEDIUM. During observation on 5/5/26 at 1:08 p.m., R6 was in a wheelchair and wheeled from hallway into shared bathroom by nursing assistant (NA)-A. NA-A then used a transfer belt to assist transferring R6 onto the toilet. After several minutes, NA-A attempted to assist R6 from toilet to wheelchair but R6 did not follow requests or commands. NA-A then asked NA-B to assist with transferring R6 to wheelchair. After this was done, both NA-A and NA-B wheeled R6 to bed which was two twin mattresses on the floor of bedroom. There was no bed frame. Both NA-A and NA-B used transfer belt to assist R6 from wheelchair to stand and then pivoted him to sit down on mattress. During the transfer, NA-A stepped on and also kneeled onto the mattresses to assist R6 to lay down. During interview with NA-A and NA-B on 5/5/26 at 1:17 p.m., NA-A stated, we use a Hoyer (patient lift) to lift him up from mattresses and We use transfer belt to transfer him from the chair to mattress though. Need two of us. Both NA-A and NA-B stated expectation of staff to review resident Kardex's prior to providing any type of care or assistance. Both verified R6's Kardex did not identify that R6 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had mattresses on the floor in place of a bed with bed frame. In addition, both stated the R6's Kardex failed to reflect his ability to transfer independently and that it also did not clarify when to use the Hoyer for safely lifting R6 from wheelchair to the mattresses on the floor and from the mattresses on the floor to the wheelchair. During interview with licensed practical nurse (LPN)-A on 5/5/26 at 1:26 p.m., LPN-A stated R6 was a high fall risk and facility implemented the mattresses on the floor a couple weeks ago. LPN-A stated R6 was not independent with transfers and required at least one to two assist when transferring from wheelchair to toilet and back. Also, LPN-A stated R6's CP and Kardex were not updated or revised to accurately describe his transferring needs. LPN-A stated R6 required a Hoyer lift with two staff members for all transfers from the mattresses on the floor to wheelchair and vice versa. During interview with Registered Nurse (RN)-A on 5/5/26 at 1:44 p.m., RN-A verified he was nurse manager of R6's unit. RN-A stated R6 was high risk for falls and the facility decided to remove the bed and bed frame and place two Twin size mattresses on the floor for R6 instead. RN-A verified R6 required two staff to utilize a Hoyer when transferring R6 from wheelchair to mattresses on the floor and vice versa. RN-A also verified that R6 was not independent with transfers and required one to two staff using a transfer belt for safe transfers from wheelchair to toilet and vice versa. RN-A reviewed R6's CP and Kardex's and verified both were not revised to reflect R6's current transfer ability. RN-A stated expectation of staff to review both the CP and Kardex's of all residents prior to providing any type of care and assistance. During interview with RN-A on 5/6/26 at 8:27 a.m., RN-A stated R6's CP should have transfer status for all transfers. A facility policy titled Comprehensive Care plan revised 9/6/22, identified the following: The comprehensive, person-centered care plans are revised as information about the residents and the residents' conditions change, and will: b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; m. Identify the professional services that are responsible for each element of care;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to develop and/or implement a process to ensure coordination with hospice and ensure skin was accurately evaluated/monitored to promote healing and reduce the risk of complications (i.e., worsening) for 1 of 1 resident (R12) reviewed for skin alterations. In addition, the facility failed to ensure comprehensive monitoring was developed and completed for 1 of 1 residents (R9) reviewed with extensive, unilateral knee swelling.Findings include:Hospice Collaboration/Skin MonitoringR12's quarterly Minimum Data Set (MDS) dated [DATE], indicated R12 had severe cognitive impairment and was diagnosed with arthritis, heart failure, and malnutrition. The MDS indicated R12 was receiving hospice services and was dependent/required maximal assistance from staff for activities of daily living (ADLs).R12's care plan dated 2/25/26, indicated R12 had potential for/actual impairment to skin integrity related to an open area on her coccyx, a skin tear on her left lower extremity, and a bruise to her left shin. The care plan did not include a reference to R12's right second toe wound. The care plan indicated that staff should assess and record the presence of skin breakdown. The care plan indicated that staff were to monitor and document the location, size, and treatment of skin injury. The care plan indicated that weekly treatment documentation was to include measurement of each area of skin breakdown, exudate (drainage), and any other notable changes.R12's progress note dated 3/20/26 at 2:07 p.m., indicated the hospice nurse had reported redness on R12's second toe on his right foot to facility staff, and they were waiting for an order for wound care from the hospice doctor.R12's skin check documentation dated 3/29/26, 3/30/26, 4/5/26, 4/12/26 (was refused), 4/19/26, 4/26/26 (was refused), and 5/3/26 were reviewed and did not note the wound on R12's right second toe. R12's electronic health record (EHR) progress notes and skin assessments completed by non-hospice staff dated 3/20/26 to 5/4/26 were reviewed, and a comprehensive assessment of R12's toe wound was not found.R12's hospice Communication Notes dated 3/20/26 to 5/5/26 were reviewed and did not include comprehensive assessments of R12's wound on her right second toe.R12's medication and treatment administration record dated 4/1/26 to 4/30/26, included an order dated 3/22/26 for wound care three times a week to R12's second toe on her right foot that was discontinued on 4/8/26. A new order for wound care to R12's second toe on her right foot started on 4/11/26, which was documented as completed all days but one, which was documented as 9 meaning other/ see progress notes.R12's order summary dated 4/8/26, included an order for wound care for R12's second toe on her right foot, which was to be completed on Monday, Wednesday, and Friday. The order summary included an order dated 2/15/26 for the nurse to complete a head-to-toe skin check and document this in the resident record every evening shift on Sunday.R12's hard chart was reviewed, and R12's Hospice, Interdisciplinary Group Meeting note dated 4/14/26 to 7/12/26 was found with the last staff signature dated 4/27/26. This included assessments of R12's second right toe wound on 3/20/26, 3/25/26, 3/27/26, 3/31/26, 4/2/26, 4/8/26, 4/13/26, and 4/21/26, including things such as measurements, drainage description, odor, wound bed and wound edge, and peri-wound description. An assessment for the day of 5/5/26 or 4/28/26 was not found.During an observation on 5/6/26 at 8:57 a.m., R12 was observed sitting in her wheelchair in her room. R12's right second toe was observed with a bandage dated 5/5 that appeared clean, dry, and intact.During an interview on 5/6/26 at 10:34 a.m., licensed practical nurse (LPN)-A stated she was unsure if R12 had a wound on her right second toe or if it was resolved. LPN-A stated that to know if the resident still had a wound in her toe and its status, she would check the resident's last skin check in the EHR, but did not see the wound included.During an interview and observation on 5/6/26 at 10:36 a.m., R12 was observed sitting in her wheelchair in her room. LPN-A was observed to enter the room with the director of nursing (DON). The DON was observed to remove R12's dressing, and a red open wound about the size of the eraser end of a pencil was present on R12's second toe on her right foot. The wound was observed with a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	small amount of pink/white/yellow drainage with wound edges that appeared elevated and shiny, as if the skin were tight. At 10:48 a.m. Registered nurse (RN)-A, a nurse manager, was observed to enter the room. RN-A was observed to assess the wound and stated he thought the wound was infected. RN-A and the DON were observed to work together to completed R12's dressing change. RN-A stated that usually wounds like this would be seen during wound rounds by himself, the DON, and the wound care provider. RN-A stated that this wound was not being seen during wound rounds as they had not been notified by hospice. RN-A stated he thought the wound required a different dressing and would need to reach out to R12's provider to obtain this.During an interview on 5/6/26 at 11:23 a.m. with the DON and RN-A, when asked if the facility had any documentation of assessments of R12's wound to her second toe on her right foot, RN-A was observed reviewing R12's EHR record and confirmed that he was unable to find documentation of R12's wound. RN-A stated that usually this would go under a skin issues evaluation, but he did not see that the staff had been completing this for R12. RN-A stated he would expect hospice to tell them directly about the wound so they could ensure assessments and necessary treatments were being completed. When asked if hospice completed wound assessments and where these could be found, RN-A stated that hospice completes a Communication Note when they visit that might include comments regarding her wound, but he was unsure if these notes discussed the wound. RN-A did not reference hospice interdisciplinary team notes. The DON stated that facility nursing staff should also indicate in the weekly head-to-toe skin assessment that R12 has a wound on her right second toe.During an interview on 5/6/26 at 2:11 p.m., RN-E, the hospice nurse, stated she completed weekly wound assessments on R12's right foot second toe wound but was unsure if the facility could see these assessments. RN-E stated in the IDT notes in the resident's hard chart at the facility should be able to see her wound assessments, but these were not given to the facility every week. RN-E stated she would include updates in her hospice communication notes but did not include comprehensive assessments of wounds.Knee SwellingR9's quarterly MDS dated [DATE], indicated R9 had intact cognition, and required supervision or touching assistance with toileting and was otherwise independent with most ADLs.R9's Medical Diagnosis listing dated 5/6/25, indicated R9 had a diagnosis of heart failure and asthma.R9's provider note dated 2/25/26, indicated R9 had increased pain and swelling in her left knee, and she was scheduled for imaging. The note indicated that on 2/2/26, 40 milliliters (mL) of fluid had been removed from her knee, and she was receiving recurrent steroid injections.R9's provider note dated 3/4/26, indicated R9 had increased pain and swelling in her left knee, and staff should monitor for recurrent swelling given her anticoagulation use.R9's provider note dated 4/16/26, indicated R9 had a biopsy confirmed hemangioma (a noncancerous, tumor- like growth that forms when blood vessels grow incorrectly) of the left knee with a surgery planned for May of 2026 to remove it.R9's order summary dated 5/7/26, included an order dated 5/7/26 to monitor R9's left knee for increase in size or pain, discoloration, or other changes. The order also indicated staff should update the provider with changes and if pain medication was not effective.R9's medical record was reviewed, including R9's care plan, last reviewed on 3/17/26, and did not include monitoring/order for monitoring of R9's left knee for increase in size, discoloration, or other changes that was in place before survey entrance.During an observation and interview on 5/4/26 at 1:59 p.m., R9 was observed lying on her bed with her left knee, notably larger than her right knee. R9 stated she had occasional pain in her knee related to a knee bleed. R9 stated her knee had been swollen for a while and she even had to get it drained.During an interview on 5/6/26 at 1:17 p.m., licensed practical nurse (LPN)-A stated she thought R9's left knee swelling was related to a tumor in her leg and related bleeding. LPN-A stated she monitored R9 for pain regularly but was unsure what else she needed to monitor the knee for.During an interview on 5/6/26 at 2:05 p.m., registered nurse (RN)-C, R9's nurse manager, when asked about R9's left knee enlargement, stated that R9 has cancer that was causing the knee swelling. RN-C stated she would expect nursing staff to complete monitoring of the knee and thought monitoring had been ordered in the past but it must have dropped off.The facility Resident Examination and Assessment policy dated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/2024, indicated staff should review the resident's care plan and or admission assessment to assess for any special situations regarding the resident's care. The policy indicated that resident assessments should be documented in the resident's electronic health record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to ensure staff were following fall risk interventions for 1 of 1 (R6) resident identified at risk for falls to prevent further falls. Findings include:R6's quarterly Minimum Data Set (MDS) dated [DATE], identified R6 with severe cognitive impairment, delusions, and behaviors directed at others. In addition, R6 had no impairment of upper and lower extremities, required partial to moderate assistance with personal care and dressing. R6's diagnoses include dementia with behavioral disturbances, anxiety, affective disorder (psychiatric condition that affects emotional state), diabetes, and hearing loss.R6's care plan (CP) with date initiated of 9/1/25, identified R6 as Risk for Falls. CP Intervention with date initiated of 1/23/2024 indicated, TRANSFER: The resident is independent for transferring. Also, a CP Intervention with date initiated on 6/30/24, indicated, IF RESIDENT requires a Hoyer Transfer: SLING SIZE IS YELLOW/MEDIUM.R6's Kardex (care guide) state, TRANSFER: The resident is independent for transferring. and IF RESIDENT requires a Hoyer Transfer: SLING SIZE IS YELLOW/MEDIUM.During observation on 5/5/26 at 1:08 p.m., R6 was in a wheelchair and wheeled from hallway into shared bathroom by nursing assistant (NA)-A. NA-A then used a transfer belt to assist transferring R6 onto the toilet. After several minutes, NA-A attempted to assist R6 from toilet to wheelchair but R6 did not follow requests or commands. NA-A then asked NA-B to assist with transferring R6 to wheelchair. After this was done, both NA-A and NA-B wheeled R6 to bed which was two twin mattresses on the floor of bedroom. There was no bed frame. Both NA-A and NA-B used a transfer belt to assist R6 from wheelchair to stand and then pivoted him to sit down on mattress. During the transfer, NA-A stepped on and also kneeled onto the mattresses to assist R6 to lay down.During interview with NA-A and NA-B on 5/5/26 at 1:17 p.m., NA-A stated, we use a Hoyer (patient lift) to lift him up from mattresses and We use transfer belt to transfer him from the chair to mattress though. Need two of us. Both NA-A and NA-B stated expectation of staff to review resident Kardex's prior to providing any type of care or assistance. Both verified R6's Kardex did not identify that R6 had mattresses on the floor instead of a bed with bed frame. In addition, both stated the R6's Kardex failed to reflect his ability to transfer independently and did not clarify when to use the Hoyer for safely lifting R6 from wheelchair to the mattresses on the floor and from the mattresses on the floor to the wheelchair.During interview with licensed practical nurse (LPN)-A on 5/5/26 at 1:26 p.m., LPN-A stated R6 was a high fall risk and facility implemented the mattresses on the floor a couple weeks ago. LPN-A stated R6's Kardex failed to identify his current transfer abilities, and it failed to indicate when a Hoyer lift should be used. LPN-A stated R6 was not independent with transfers and required at least one to two staff when transferring from wheelchair to toilet and back. LPN-A stated R6 required a Hoyer lift with two staff members for all transfers from the mattresses on the floor to wheelchair and vice versa.During interview with Registered Nurse (RN)-A on 5/5/26 at 1:44 p.m., RN-A verified he was nurse manager of R6's unit. RN-A stated R6 was high risk for falls and facility decided to remove bed with bed frame and place two twin size mattresses on the floor for R6 instead. RN-A verified R6 required two staff to utilize a Hoyer when transferring R6 from wheelchair to mattresses on the floor and vice versa. RN-A also verified that R6 was not independent with transfers and required one to two staff using a transfer belt for safe transfers from wheelchair to toilet and vice versa. RN-A reviewed R6's CP and Kardex and verified both were not revised to reflect R6's current transfer ability.During interview with RN-A on 5/6/26 at 8:27 a.m., RN-A stated, [R6] could have fallen with the two aides transferring him from chair to bed without the Hoyer. And the two aides could have been hurt. We do not want that.During observation and interview on 5/6/26 at 9:47 a.m., NA-E and NA-D entered R6's room and woke R6 up for breakfast. NA-D picked up two fall mats that surrounded R6s mattresses and then placed wheelchair to side of mattresses and locked the wheels. NA-D then stepped onto top of R6's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	mattresses with her shoes on and knelt down to assist NA-E with positioning the Hoyer sling under R6. Hoyer sling had green piping on it. NA-D lifted up entire bottom of one of the twin mattresses on the floor, that R6 was lying on, and NA-E rolled the Hoyer lift forward with one leg of the Hoyer under the mattress. NA-D stood up on top of the mattresses again and both aides assisted R6 with arms inside the sling. NA-D lifted R6 up off the mattresses using the Hoyer while NA-E walked around to the wheelchair and positioned R6 into wheelchair as he was being lowered by the Hoyer. During this time R6 was calm and only his legs from the knees down were visible since his torso, arms, and head were inside the sling during the lift. Both NA's stated expectation of staff to review the resident care plan and Kardex to identify what cares need to be done, including the size of the Hoyer sling for residents requiring a Hoyer lift. NA-D stated R6 required a yellow sling but it was dirty so we used this green one. NA-E and NA-D stated importance of using the ordered sling for appropriate size for safety of the resident during transfers.During interview with RN-A on 5/6/26 at 9:26 a.m., RN-A stated he was responsible for ensuring every resident on the unit was assessed for correct Hoyer sling size by using their weight. RN-A stated facility utilized the Joerns Healthcare Hoyer Loop and Clip Style Sling for all Hoyer lifts in the facility and the Joerns Healthcare Patient Lift Hoyer HPL500. Also, RN-A verified the Model name for R6's sling was the Deluxe Transport and Stand-Aid Slings. RN-A pulled up the manufacturers' recommended weight range chart. According to the Color/Size Chart there were three sizes to use according to weight:Red for 75-150 pounds,Yellow for 125-275 pounds,Green for 175-440 pounds,RN-A verified R6's weight as of 5/1/26 was 155 pounds and required a Yellow sling per the manufacturer. RN-A stated the [NAME] sling is too big for [R6]. RN-A stated it was important to use the correct sling size when using a Hoyer lift for safety.User Instruction Manual for the Hoyer HPL500 by Joerns, Always check the sling is suitable for the particular patient and is of the correct size and capacity.During interview with the director of nursing (DON) on 5/6/26 at 9:33 a.m., the DON stated expectations of staff, to use the correct [Hoyer] sling size. If they do not, then there could be a fall.During interview with Physical Therapist (PT)-A on 5/6/26 at 9:46 a.m., PT-A stated, it does not make sense to use the Hoyer for one kind of transfer from [mattresses on the floor] to the wheelchair and [not] from the wheelchair to the mattresses on the floor.Facility policy titled Lifting Machine, Using a Mechanical, revised May 2024 state, Measure the resident for proper sling size and purpose, according to manufacturer's instructions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure proper orders were obtained and adequate coordination in place to care for a resident with a suprapubic catheter for 1 of 1 residents (R3) reviewed who used a catheter.Findings include:R3's admission MDS assessment dated [DATE], identified R3 had intact cognition with no hallucinations or delusions. Furthermore, indicated R3 had an indwelling catheter.During an interview on 5/4/26 at 12:17 p.m., R3 stated that he had a catheter (foley catheter- a thin, flexible, indwelling tube inserted through the urethra into the bladder to drain urine into a collection bag) prior to admission. R3 stated that since moving to facility, the catheter had been changed to a suprapubic catheter (a thin, flexible tube inserted through a small incision in the lower abdomen into the bladder to drain urine) due to the infections he had been getting. R3 verified staff assist with the catheter.R3's care plan, printed 5/6/26, indicated the following:-(R3) is incontinent of bladder related to neurogenic bladder with the following interventions:- Brief Use: the resident uses disposable briefs, Change per schedule and prn.-Clean peri area with each incontinence episode.-Incontinent: check at least q 2 hrs. and as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinence episode.-Monitor/document for s/sx UTI (urinary tract infection): pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns.R3's care plan lacked evidence that R3 has a suprapubic (SP) catheter and lacked evidence of who was responsible for the catheter cares and changing of catheter bag. R3's April's MAR/TAR included the following orders:-Clarify with provider for catheter size two times a day with a start day of 3/12/26. Marked as completed all days except 4/11/26 and 4/21/26 which was marked with a 9 indicating a progress note.-Change catheter drainage bag and tubing every night shift on Sunday with start date of 3/1/26 which was marked as completed on days ordered.-Last SP catheter change was 4/22/26 at urologist office, every day shift with a start day of 4/23/26 which was marked as completed 4/23/26 to 4/30/26-SP Catheter: clean around the SP catheter exit side with soap and water, pat dry under disk, change gauze bandage around the SP catheter site daily or as needed to keep the site clean and dry one time a day with a start day of 3/10/26. Marked as completed all days except 3 shifts which were left blank.-Call Midwest Radiology (number listed) if drainage from catheter suddenly stops or significantly decreases, catheter appears to be falling out, fallen out, becomes clogged or breaks. Significant leaking around SP catheter exit site every shift starting 3/10/26. Marked as completed all days except 7 shifts which were left blank.-Contact clinician if fever greater than 101 degrees, foul smelling, yellow/green drainage from SP catheter exit site, significant bleeding at the SP catheter exit site, significant or worsening pain at the SP catheter exit or abdomen every shift starting 3/10/26. Marked as completed all shifts except 7 shifts which were left blank.-May flush with 60cc sterile H20 if not draining properly as needed with a start date of 2/26/26. R3's May Medication Administration Record (MAR/TAR) for 5/1/26-5/5/26 included the following orders:-Clarify with provider for catheter size two times a day with a start day of 3/12/26. Marked as completed 5/1/26 to 5/5/26 except 5/2/26 which was marked with a 9 indicating a progress note.-Change catheter drainage bag and tubing every night shift on Sunday with start date of 3/1/26 which was marked as completed on 5/3/26.-Last SP catheter change was 4/22/26 at urologist office, every day shift with a start day of 4/23/26 which was marked as completed 5/1/26 to 5/5/26.-SP Catheter: clean around the SP catheter exit side with soap and water, pat dry under disk, change gauze bandage around the SP catheter site daily or as needed to keep the site clean and dry one time a day with a start day of 3/10/26. Marked as completed on 5/1/26 and 5/2/26 with 5/3/26-5/5/26 left blank.-Call Midwest Radiology (number listed) if drainage from catheter suddenly stops or significantly decreases, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	catheter appears to be falling out, fallen out, becomes clogged or breaks. Significant leaking around SP catheter exit site every shift starting 3/10/26. Marked as completed day shift 5/1/26 through 5/4/26, evening shift 5/1/26 and 5/2/26, night shift 5/1/26 through 5/4/26 with 5/3/26 and 5/4/26 evening blank and 5/5/26 blank.-Contact clinician if fever greater than 101 degrees, foul smelling, yellow/green drainage from SP catheter exit site, significant bleeding a the SP catheter exit site, significant or worsening pain at the SP catheter exit or abdomen every shift starting 3/10/26. Marked as completed day shift 5/1/26 through 5/4/26, evening shift 5/1/26 and 5/2/26, night shift 5/1/26 through 5/4/26 with 5/3/26 and 5/4/26 evening blank and 5/5/26 blank.-May flush with 60 cubic centimeter (cc) sterile H20 if not draining properly as needed with a start date of 2/26/26. R3's progress notes for 4/1/26 to 5/6/26 identified the following:-4/11/26: Clarify with provider for catheter size two times a day - no additional note-4/12/26: resident refused catheter care-4/21/26: Clarify with provider for catheter size two times a day resident has an s/p catheter-4/22/26: returned from urology appointment. Successful SP cath exchange.-4/29/26: Genitourinary: catheter character: patent catheter size: 16 fr.-5/2/26: Clarify with provider for catheter size two times a day see PCC-5/5/26: Clarify with provider for catheter size two times a day PCC-5/6/26: spoke with interventional radiology who stated R3's catheter size is 18F and deferred any additional questions to Health Partners urology. Call placed to urology nurse who stated R3 will be seen about 6 weeks in clinic after 4/22/26 change where the next catheter change will be completed. After that change by the PA (physician assistant), the facility may be approved to do catheter changes but prior to that R3 needs to be seen in clinic for any issues. During an interview on 5/6/26 at 8:28 a.m., licensed practical nurse (LPN)-B stated R3's last SP catheter change was 4/22/26 which was done at the urologist office. LPN-B stated she believed that the facility was going to start performing the catheter changes. LPN-B verified there were no orders to change R3's catheter and no current catheter size identified in the orders. LPN-B stated she knew the catheter was a 16F as she had looked at it during the dressing changes daily. LPN-B verified an order to clarify catheter size starting in March and no catheter size was listed. LPN-B stated if there was trouble with R3's catheter, they would call the number listed on the order, but they were unaware if this number was answered 24 hours a day or what would happen in the middle of the night or weekends. During an interview on 5/6/26 at 10:07 a.m., registered nurse manager (RN)-C stated R3 came to the facility with a foley catheter which was changed to a SP catheter on 3/9/26. RN-C stated the last catheter change was 4/22/26. RN-C reviewed all R3's current orders and medical records. RN-C verified there were no orders or documentation on what size catheter R3 currently had. RN-C stated she was unsure if the facility would be responsible for changing the SP catheter, or if the number on the order was answered 24 hours a day 7 days a week. RN-B requested to follow up. During a follow up conversation, RN-C stated she was able to figure out R3's catheter size was 18F. RN-C stated she had called the clinic number listed to obtain that information, but they were unable to tell her any additional information in regard to ongoing care/changes for the SP catheter so she had a call to the urologist. No additional information was provided.During an interview on 5/6/26 at 11:06 a.m., clinic registered nurse (RN)-D stated concerns with R3's catheter would be addressed through the urologist. RN-D stated this clinic could assist with tube changes after receiving orders from the urologist, but they were typically done at the urologist office. During an interview on 5/6/26 at 12:51 p.m., director of nursing (DON) stated resident orders should include size of catheter for suprapubic catheters. DON stated orders should also be clear on who (if not the facility) would be responsible for changing the catheter in case of an emergency. DON stated this information was expected for coordination of care. A facility policy titled Indwelling Catheter Use and Removal, dated 1/6/25, was provided. The policy did not address suprapubic catheters.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure accurate orders, accurate and complete respiratory care documentation and resident-specific ordered settings for the use and management of a BIPAP device (bilevel positive airway pressure device - a non-invasive ventilation machine to help breathing) for 1 of 1 resident (R59) reviewed for respiratory care. Findings include:R59's quarterly MDS assessment dated [DATE], identified R5 had intact cognition with no hallucinations or delusions. In Section O- Special Treatment, Procedures and Programs, in section G1 Non-invasive mechanical ventilator (to include BiPAP and CPAP in section G2 and G3 below) was not marked with a check mark to indicate use. Under section Z1: none of the above: was marked with a check.During an observation on 5/4/26 at 4:41 p.m., a BiPAP machine was observed sitting on R59's side table by her bed. There was a gallon of water next to the machine. R59 indicated staff assist with her with the machine at night.R59's care plan, printed 5/6/26, identified R59 had an activity of daily living (ADL) self-care performance deficit related to multiple sclerosis and impaired balance and required extensive staff assistance for all ADLs except transfers which R59 required total staff assistance and Hoyer (mechanical lift used for residents who can not bear weight) for transfers. The care plan lacked evidence that R59 required or used a BiPAP machine. R59's Order Summary, printed 5/6/26, lacked orders for use of a BiPAP machine, specific settings for BiPAP machine, when to use the BiPAP machine, cleaning of machine/mask, and tubing/filter changes. F59's May Medication Administration Record (MAR), printed 5/6/26, included the following order: ok to resume CPAP with home settings every night shift with a start date of 2/5/26. R59's MAR lacked evidence R59 was ordered or used a BiPAP machine. Furthermore, lacked evidence of cleaning of mask, assisting resident to use BiPAP machine, changing of tubing and/or filters for BiPAP machine. R59's after visit summary, dated 3/10/26, included the following order: BiPAP machine for home use with pressure: IPAP (inspiratory positive airway pressure) 20 centimeter (cm) H20 (water column), EPAP (expiratory positive airway pressure) 16smH20 for obstructive sleep apnea. See qualify BIPAP titration study from 8/4/25. R59's Task Log was reviewed and lacked evidence of staff assisting with BiPAP machine in any way.R59's progress notes for 3/1/26 to 5/4/26 were reviewed and lacked evidence of BiPAP machine orders, mask cleaning or changes, tubing changes, or assistance provided to R59.During an interview on 5/5/26 at 2:02 p.m., NA-F stated they were aware R59 had a CPAP machine. NA-F stated they were unsure of what type of assistance R59 needs as they did not assist R59 with the machine as they did not work the night shift. During a follow up interview on 5/6/26 at 8:16 a.m., R59 stated she previously had CPAP (a machine that provides continuous positive pressure via mask to help with conditions like obstructive sleep apnea) and was changed to a BiPAP machine. R59 stated she was unsure when the change was made but it was a long while ago. R59 stated staff assisted her putting the mask on and off as she could not do this independently and they turned the machine on and off for her. R59 stated she was not sure if the mask got wiped down after each use. R59 stated she ordered all her own supplies for the machine, and the facility didn't have anything to do with this.During an interview on 5/6/26 at 8:33 a.m., licensed practical nurse (LPN)-B stated nursing assisted R59 with putting on the mask and taking it off along with turning the CPAP machine on and off. LPN-B stated they changed the water. LPN-B stated the water chamber should be filled weekly along with the changing of the mask and tubing. LPN-B stated this would all be documented on the MAR.During an interview on 5/6/26 at 10:21 a.m., registered nurse manager (RN)-C verified staff have been assisting R59 with the CPAP machine. After review of R59's medical record, RN-C verified there was no monitoring in place of staff assisting R59, tube changes, mask cleaning or changes or setting for the machine.During a phone interview on 5/6/26 at 11:01 a.m., clinic staff (staff) verified that R59 was a patient at the clinic (Lung and Sleep Clinic). Staff verified R59 used a BiPAP machine based upon their provider orders. During an interview on 5/6/26 at 12:45 p.m., director (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of nursing (DON) stated they were unaware of any residents who utilize a BiPAP machine. DON requested to follow up. During a follow up interview on 5/6/26 at 1:15 p.m., after review of R59's medical record, DON verified that R59 had an order for a BiPAP machine and was using a BiPAP machine. DON verified the current orders were for a CPAP machine which didn't include settings. DON stated anything the staff were doing to assist a resident such as putting on or taking of the mask needed to be documented along with monitoring the changing of tubing and cleaning of the mask and verified this was not being done for R59. DON stated this would be expected to be done as it was expected for coordination of care. No additional information was provided. A facility policy regarding respiratory care / BiPAP use was requested but not received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245229	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village of Bloomington	8130 Highwood Drive Bloomington, MN 55438

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure the consulting pharmacist recommendations were fully addressed, including providing a rationale in the resident's medical record if no changes in medication were to be made for 1 of 5 residents (R5) reviewed for unnecessary medications. Findings include:R5's quarterly Minimum Data Set (MDS) dated [DATE], indicated R5 had moderately impaired cognition and was diagnosed with diabetes, Alzheimer's disease, and anxiety.R5's pharmacist Consultation Report dated 11/5/25, indicated R5 received 6 milligrams (mg) of melatonin at bedtime since 7/21/23 for insomnia. The report indicated that melatonin was not recommended for sleep onset or sleep maintenance insomnia in adults. The report indicated that melatonin does not induce or maintain sleep but helps to set the hour of sleep and should not be used beyond six weeks. The report indicated the adverse reactions of melatonin include confusion, daytime drowsiness, dizziness, vivid dreams or nightmares, and increased bed wetting. The pharmacist recommended discontinuing R5's melatonin by giving 3 mg at bedtime for seven days and then discontinuing the medication. The note was signed by the provider on 11/10/25 with a box checked indicating they declined the recommendations above and do not wish to implement changes due to the reasons below, with a handwritten rationale of need to review with psychiatry.R5's pharmacist Consultation Report dated 12/2/25, indicated R5 received six milligrams (mg) of melatonin at bedtime and had experienced a fall on 11/22/25. The report indicated that melatonin does not induce or maintain sleep but helps to set the hour of sleep and should be discontinued once the hour of sleep is set, usually after six weeks. The pharmacist recommended discontinuing R5's melatonin. The report was signed by the provider on 12/11/25 with a box checked indicating they had re-evaluated this therapy and do not wish to implement changes due to the reasons below, with a handwritten rationale of followed by psychiatry.R5's Psychiatric evaluation note dated 1/12/26, indicated R5 was lying in bed sleeping and was difficult to wake on assessment. The note indicated she was tired and only opened her eyes for a few moments. The note indicated to continue melatonin 6 mg at bedtime but did not include a rationale for not following the pharmacist's recommendation.R5's order summary dated 4/17/26, included an order dated 11/26/25 for R5 to receive 6 mg of melatonin at bedtime for insomnia.During an interview on 5/6/26 at 9:31 a.m., the consultant pharmacist (CP) stated he had been working to take residents off of melatonin because of its possible side effects such as dizziness, confusion, vivid dreams and nightmares which can lead to more falls out of bed. The CP stated that unless the psychiatry group worked for the facility, it was almost impossible to get a response from them. At 10:01 a.m., the CP stated that he had reviewed R5's medical record and believed that he had referred to R5's psychiatry note dated 1/12/26 when deciding not to re-recommend discontinuing melatonin. The CP stated the note had said to continue to melatonin, so he had accepted this as a response to his recommendation.During an interview on 5/7/26 at 8:51 a.m., the director of nursing (DON) stated pharmacist regimen reviews would first be provided to the primary provider, and then if the facility did not get a response, they would notify the medical director. The DON stated she did not believe the medical director had been notified regarding R5's melatonin recommendations as the primary provided was aware of the recommendation and had given a response that referred the recommendation to someone else.A drug regimen review policy was requested from the facility but was not received.