

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER River Valley Health and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 200 South Dekalb Street Redwood Falls, MN 56283	

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)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and document review, the facility failed to ensure a registered nurse (RN) was on duty a minimum of eight consecutive hours per day for four of 30 days reviewed for RN coverage. This had the potential to affect all 35 residents residing at the facility.</p> <p>Findings include:</p> <p>Review of the nursing staff schedules from 4/13/25-5/13/25, identified there was no RN that worked for a minimum of eight hours per day.</p> <p>During an interview on 5/13/25 at 12:35 p.m., scheduling coordinator (SC)-A stated the facility was supposed to have an RN scheduled eight hours per day. It had been difficult lately, but she tried her best to fill the gaps utilizing facility staff, corporate agency staff, and outside staffing agencies. There had been gaps with RN coverage on the weekends recently. SC-A reviewed the schedules and identified there was no RN coverage for the facility on 4/27/25 (Sunday), 5/4/25 (Sunday), 5/10/25 (Saturday), and 5/11/25 (Sunday). SC-A stated the facility currently only had two RN's in-house, and had to rely on outside sources to fill the gaps in coverage, and sometimes the facility was only able to find licensed practical nurses (LPN)s that could fill the shifts. The gaps in coverage had occurred when the RN's who were scheduled called off for the shifts, and SC-A was unable to find a replacement.</p> <p>During an interview on 5/13/25 at 2:27 p.m., interim director of nursing (DON) stated the facility attempts to fill open RN shifts in-house, but if that is not feasible, the facility would reach out to the corporate agency staff and outside agencies with the open shifts. If there was not an RN available to work, he would cover the eight-hour gap. Weekends tended to be the hardest to find an RN to work the required eight-hour shifts. DON verified 4/27/25, 5/4/25, 5/10/25, and 5/11/25 had no RN coverage for eight hours each day.</p> <p>During an interview on 5/13/25 at 2:55 p.m., administrator acknowledged the facility had no RN coverage for eight hours each day on 4/27/25, 5/4/25, 5/10/25, and 5/11/25. It was his second day at the facility, and he had not been informed of the gaps in coverage. Moving forward, he would make sure the facility had an RN available eight consecutive hours each day.</p> <p>An email dated 5/13/25 at 4:06 p.m., identified the facility did not have a policy regarding RN coverage and followed the state guideline of eight hours of RN consecutive coverage and did not have a staff mandate policy.</p>

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
---	-------	-----------