

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2025
NAME OF PROVIDER OR SUPPLIER  Avera Granite Falls Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  250 Jordan Drive Granite Falls, MN 56241	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to establish an effective system of monitoring for expired medication and ensure expired medication was not used for 1 of 1 resident (R5). Findings include: R5's [DATE], annual Minimum Data Set (MDS) assessment identified R5's cognition was moderately impaired, she required set up assistance for cares, and walked independently with a wheeled walker. R5 had diagnosis of atrial fibrillation (abnormal heart rhythm), heart failure, hypertension, peripheral vascular disease, and constipation. Observation and interview on [DATE] at 8:46 a.m., with registered nurse (RN)-A of the A-side medication room identified RN-A opened the door to the refrigerator inside the medication room for review and took out a plastic cup that was about 1/4 full of what looked like chocolate ensure. The cup was not covered or labeled with a date or a resident name. Further review of the refrigerator identified a box of bisacodyl suppositories with an expiration date of [DATE]. The label on the box identified 12 suppositories were dispensed and only 7 remained in the box. RN-A stated R5 does not use or has not used them in a long time. R5's [DATE], medication orders identified an order for Dulcolax (bisacodyl) 10 milligrams (mg) rectal daily as needed (PRN) for constipation. Give on 4th day without bowel movement (BM). The last administration date was [DATE]. R5's [DATE] and [DATE], Medication Administration record identified R5 was administered Dulcolax Bisacodyl Suppository 10 mg rectally on [DATE] and [DATE] after the expiration date. Interview on [DATE] at 11:00 a.m., with R5 who reported she had a suppository about 2 weeks ago and one not too long ago. She stated I really have not had much trouble with constipation but one of my other pills have caused some constipation. She stated she would rather not have to use a suppository but sometimes you have to do what you have to do. Interview on [DATE] at 11:13 a.m., with the director of nursing (DON) who identified the facility does audits every month however, she had not received any audits from RN-A for the A side of the building which is where R5 resides. She shared an audit completed by RN-B for the B side of the facility that was last completed on [DATE], which identified RN-B removed 2 bottles of expired eye drops. The DON stated she would expect staff to be checking expiration date prior to administering any medications. Review of [DATE], Medication Orders and Administration policy identified medications would be administered only with clear, complete orders. The medication must specify the name of medication, strength of medication, dose to be administered, the frequency of administration, the route of administration, duration, and diagnosis or indication for use. The policy had instructions for new orders, verbal orders, standing orders, discontinued orders, medication labels, reporting of adverse reactions, medication errors, and medication administration. The policy had no mention of monitoring for checking expired medication prior to administration.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 245243	If continuation sheet Page 1 of 4

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and document review, the facility failed to ensure employee illnesses were tracked to identify when employees would be able to return to work after an illness, dependent upon their symptoms and resolution of illness for 3 of 3 staff nursing assistant (NA)-A, NA-B, and infection preventionist (IP)-A. This had the potential to affect all 48 residents who resided at the facility. Findings include: Review of the employee illness form and log identified the following information was to be obtained: Name Position Manager Date/time symptoms started Dates/Shifts worked 48 hours within symptoms starting or date of test if asymptomatic Last day worked Date of covid-19 test Did you have close contact with patient being within 6' for greater than 15 minutes cumulative time? Were you ever within 6' of other employees without a mask? Review of the facility staff illness forms and surveillance logs from August of 2025 through September 8 of 2025 identified the following. On: 8/9/25, NA-B had symptoms of cough, congestion, and body aches. Covid test was negative. The log did not identify the last day worked, when the symptoms had resolved, or when the staff returned to work. 8/31/25, NA-A had symptoms of feeling unwell. The log did not identify what symptoms the staff was experiencing, the last shift they had worked, when the symptoms had resolved, or when the staff had returned to work. 9/8/25, Infection preventionist had respiratory symptoms, was afebrile, a covid test was completed on 9/8 and 9/9, and results were negative. The log did not identify the last shift worked, when the symptoms resolved, or when the staff returned to work. Interview on 9/10/25 at 11:21 a.m., with the infection preventionist identified the facility uses a form that should be completed when a staff calls in an absence due to illness. Staff do not always enter all the information that is required. Since Covid has calmed down and processes have changed, some of the employee illness requirements of documentation have fallen through the cracks. She was hired as the IP in April of 2025, and was still in training. She was enrolled in classes to become certified, but she has not started yet. If she had questions, she could ask registered nurse (RN)-B who is a certified infection preventionist. Interview on 9/10/25 at 1:49 a.m., with RN-B identified She was not the IP at the facility but is certified from previous employment. She is not providing oversight to the new IP. She was delegated to assist the IP if needed. She thought the staff illness logs were being completed and identified if she was to be providing oversight to the IP, nobody had told her. Interview on 9/10/25 at 1:49 p.m., with the director of nursing (DON) identified she should have made it clearer what her expectations were of RN-B regarding providing oversight. RN-B had mentioned in the past to her, that she was unable to find any staff illness logs and had concerns that it was not getting done. The DON believed they had a lack of communication and identified they would be starting a performance improvement project (PIP) immediately to fix this concern. Review of the facilities current Infection Prevention and Control Job Description identified essential job functions included being proficient in surveillance using National Healthcare Safety Network surveillance definitions for healthcare associated infections. Reviews, investigates, and analyzes surveillance data. Works collaboratively with Employee Health and individual departments to educate staff, monitor compliance, and recommend improvements.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on interview and document review, the facility failed to ensure 1 of 1 infection preventionist (IP) had appropriate training and oversight of the infection control (IC) program by management by performing current, daily cumulative infection control surveillance activities, maintain documentation of incidents, findings, and any corrective actions required, and ensure the IC program continued while the newly hired IP completed training. Findings include: Review of the employee illness form identified the following information was to be obtained:NamePosition Manager Date/time symptoms startedDates/Shifts worked 48 hours within symptoms starting or date of test if asymptomaticLast day workedDate of covid-19 test Did you have close contact with patient being within 6' for greater than 15 minutes cumulative time?Were you ever within 6' of other employees without a mask? Review of the facility staff illness forms and surveillance logs from August of 2025 through September 8 of 2025 identified the following. On:8/9/25, NA-B had symptoms of cough, congestion, and body aches. Covid test was negative. The log did not identify the last day worked, when the symptoms had resolved, or when the staff returned to work.8/31/25, NA-A had symptoms of feeling unwell. The log did not identify what symptoms the staff was experiencing, the last shift they had worked, when the symptoms had resolved, or when the staff had returned to work.9/8/25, Infection preventionist had respiratory symptoms, was afebrile, a covid test was completed on 9/8 and 9/9, and results were negative. The log did not identify the last shift worked, when the symptoms resolved, or when the staff returned to work. Interview on 9/10/25 at 11:21 a.m., with the infection preventionist identified the facility uses a form that should be completed when a staff calls in an absence due to illness. Staff do not always enter all the information that is required. Since Covid has calmed down and processes have changed, some of the employee illness requirements of documentation have fallen through the cracks. She was hired as the IP in April of 2025, and was still in training. She was enrolled in classes to become certified, but she has not started yet. If she had questions, she could ask registered nurse (RN)-B who is a certified infection preventionist. Interview on 9/10/25 at 1:49 a.m., with RN-B identified She was not the IP at the facility but is certified from previous employment. She is not providing oversite to the new IP. She was delegated to assist the IP if needed. She thought the staff illness logs were being completed and identified if she was to be providing oversite to the IP, nobody had told her. Interview on 9/10/25 at 1:49 p.m., with the director of nursing (DON) identified she should have made it clearer what her expectations were of RN-B regarding providing oversite. RN-B had mentioned in the past to her, that she was unable to find any staff illness logs and had concerns that it was not getting done. The DON believed they had a lack of communication and identified they would be starting a performance improvement project (PIP) immediately to fix this concern. Review of the facilities Infection Prevention and Control Job Description identified essential job functions included being proficient in surveillance using National Healthcare Safety Network surveillance definitions for healthcare associated infections. Reviews, investigates, and analyzes surveillance data. Works collaboratively with Employee Health and individual departments to educate staff, monitor compliance, and recommend improvements.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to ensure 1 of 5 sampled residents (R24) was offered and/or provided updated vaccinations for pneumococcal disease, in accordance with Centers for Disease Control (CDC). Findings include: Review of the current, 10/26/24, Centers for Disease Control (CDC): Pneumococcal Vaccine Recommendations, located at <a href="https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html">https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html</a>, identified based on shared clinical decision-making, adults 65 years or older have the option to get PCV20 or PCV 21, or to not get additional pneumococcal vaccines. They can get PCV20 or PCV 21 if they have received both the PCV13 (but not PCV15, PCV20, or PCV 21) at any age and a PPSV23 at or after the age of [AGE] years old. Review of R24's immunization record identified she had received a PPSV-23 on 11/19/03, and a PCV-13 on 10/7/15. Interview on 9/10/25 at 1:49 p.m., with the director of nursing identified that staff checked the Minnesota Immunization Information Connection (MIIC) online and if there are no recommendations listed, they do not offer any. She noted their process was not up to date as the recommended immunizations per CDC were not always listed on that website. She agreed R24 should have been offered the PCV20 or PCV21 upon admission. A policy was requested but was not provided by the end of the survey.</p>