

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Kittson Healthcare                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1010 South Birch Ave<br>Hallock, MN 56728 |                                                 |
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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is<br>disputing this citation. | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 maintain a safe environment by ensuring appropriate precautions remained in place while a freshly mopped floor was wet for 1 of 2 residents (R25) reviewed for falls and failed to provide transfer assistance in accordance with the resident's care-planned interventions for 1 of 1 resident (R9) reviewed for transfer assistance. This resulted in actual harm for R25 when she slipped and fell on the freshly mopped, wet floor, struck her head on the concrete floor, and sustained a head laceration that required emergency medical evaluation and staples. Findings include: R25 R25's annual Minimum Data Set (MDS) dated [DATE], identified R25 had intact cognition, was independent with activities of daily living (ADLs), transfers and ambulation. R25 had not experienced any falls since admission and/or the previous assessment. Diagnoses included repeated falls, dysthymic disorder, unspecified intracranial injury, osteoporosis, essential tremor, paroxysmal vertigo, gait and mobility abnormalities, weakness, urinary incontinence, seizures and disorientation. R25's care plan dated 5/5/26, identified an activity of daily living status. R25 believed herself capable of increased independence with bed mobility, transfers, walking in room and hall, dressing, eating, toilet use and personal hygiene. A goal was identified R25 would accept limitations of unsteady gait and function at her maximum capacity as evidenced by walking with staff when out of her room. Approaches included that R25's usual performance was substantial assist with bathing, supervision with shower transfer and setup with eating. R25 was independent with all other abilities. During interview on 7/27/26, at 6:49 p.m. R25 stated she had fallen in her room a few weeks prior, when she trying to go to the bathroom. The housekeeper had just mopped the floor, and she had slipped on the wet floor and fell. R25 stated she hit the back of her head on the floor during the fall and had to go to the emergency room where she received stitches to the back of her head. R25 stated a wet floor sign had not been placed, and she was not aware her floor was wet when she tried to ambulate to the bathroom. R25' The Patient/Resident Event Report Form dated 6/7/26, at 11:30 a.m. identified R25 had an unwitnessed fall in her room. The report identified R25 was coming out of the bathroom and the floor was wet and she slipped and hit the back of her head on the concrete floor. A one-to-two-centimeter laceration and egg like bruise was observed on the back of R25's head and she was sent to the emergency room to evaluate. Listed actions taken included assist of one in room and a physical therapy evaluation. The floor was confirmed to be wet. R25's CT Spine Cervical Without Contrast Results dated 6/8/26, identified R25 had a CT of the brain and cervical spine was performed. There were no acute intracranial process and no acute fracture; however, the CT results did identify R25 did have a head laceration. No further hospital documentation was received from the facility. R25's progress note(s) identified the following: 6/7/26, R25 was found on her bedroom floor with a moderate amount of blood on the floor and the back of her head. R25 had stated she was up to (continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                             |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>245247 | Facility ID:<br><br>245247            |
|                                                                          |                         | If continuation sheet<br>Page 1 of 23 |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>use the restroom, but the floor had just been mopped and was slippery. R25 had slipped and fell and hit the posterior right side of her head. Area of head was cleansed and there was a one-to-two-centimeter laceration and a five-centimeter egg lump on the back of her head. R25 denied pain and pupils were equal and reactive to light. Range of motion and hand grasps were within normal range. R25 was sent to the emergency room for further assessment. 6/7/26, R25 returned from the hospital at 1:30 p.m. and had received 8 staples to the back of her head. 6/13/26, identified the staples were present and the wound was dry, intact and had no signs of infection. During interview on 7/28/26, at 9:11 a.m. the director of nursing (DON) stated the event report was the only information on the fall and did not have evidence of an internal investigation into the events that lead to the missing wet floor sign or what corrective measures were taken by the facility following the fall. During interview on 7/29/26, at 7:03 a.m. housekeeper (HK)-A stated she usually waited to clean and mop resident rooms when the resident went out for meals or activities. If HK-A had to clean a room when the resident was there, she reminded the resident the floor was wet and to be careful and she always dry mopped the floor after mopping to ensure the floor was not too wet. HK-A stated she always placed a wet floor sign in the resident's doorway as well. The housekeeping staff had been told a resident had fallen on a wet floor and were given reminders to be sure to wring out their mops better, so the floor would not be too wet, as well as to use a dry mop over it. The housekeeping staff had also been told to inform the resident the floor was wet and to place a wet floor sign in their room. During observation on 7/29/26, at 11:36 a.m. HK-A was observed mopping a resident's room. The resident had exited the room to go to lunch and HK-A had wet mopped the floor and then used a dry mop to go over the entire floor. When she was finished, HK-A placed a wet floor sign in the doorway to the room. During interview on 7/30/26, at 9:35 a.m. HK-B stated she had mopped R25's floor on 6/7/26. HK-B did not know R25 was in the room when she cleaned, as she must have been in her bathroom at the time. Mopping was the last thing HK-B did before she finished the room. When HK-B heard R25 had fallen, the staff had told her there was no wet floor sign in the resident's room. HK-B was sure she had used one, but she may have taken it down too soon, before the floor was fully dry. A few of the facility nursing assistants had told her about it the next time she returned to work, however, no one else had talked to her about it or provided education. She did not think anyone else knew it was her that had cleaned the room that day. During an interview on 7/30/26, at 10:06 a.m., the DON stated that following R25's fall, she met with staff who had been working that day. Staff confirmed R25's floor had been wet at the time of the fall. The housekeeper had recently mopped R25's floor and reported reminding R25 that the floor was wet; however, a wet-floor sign had not been placed. The DON stated she spoke with the housekeeping supervisor (HS)-C regarding the incident and understood that HS-C had spoken with the involved housekeeper and provided education. The DON was not able to provide evidence of staff education following the fall. During interview on 7/30/26, at 11:04 a.m. HS-C stated she had been notified a resident had fallen because of a freshly mopped floor about a week after the fall had occurred. HS-C had been told that a resident had gotten up to go to the bathroom, and the floor was wet from the housekeeper mopping and the resident had slipped and fell; however, was not aware of the injury. She had talked with the housekeepers and HK-B stated she had cleaned the room and then mopped the floor. HK-B said she had put a wet floor sign up and told the resident to be careful the floor was wet, but that she may have removed the wet floor sign too soon, before the floor was dry. HS-C reminded all her staff frequently about using the wet floor signs as they were there to protect the housekeeper as well as to alert others the floor was wet. The housekeepers did put the wet floor signs in the resident doorways and not in the resident's room as they did not want the residents tripping over the sign and also to alert staff coming in the room (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>that the floor was wet. Most of the time the resident was not in the room during cleaning. That day the weather was very hot, and the facility air conditioner was not working, which may have contributed to delay drying of the mopped floor. HS-C had not done any formal audits of compliance using the wet floor signs or documented the actions and education that was provided to the housekeeper and the rest of the housekeeping staff. R9R9's annual MDS dated [DATE], identified R9 had severe cognitive impairment and required maximal assistance with dressing, grooming and toileting hygiene. R9 was dependent with transfers and bed mobility and was unable to ambulate. R9 did not have behaviors of rejection of care. Diagnoses included Alzheimer's disease, abnormal gait and mobility, history of transient ischemic attack (TIA) and stroke, heart disease and dementia. R9's care plan date dated 4/30/26, identified an ADL functional status with a goal R9 would not deteriorate as evidenced by maintaining her ability to be independent with bed mobility, transfers, walking and eating after setup. Approaches were listed and included R9's usual performance was substantial assistance with toileting hygiene, bathing, dressing, partial assist with eating, and dependent with all other functional abilities. R9 was unable to ambulate and was switched to a two person stand and pivot transfer. During observation on 7/29/26, at 12:07 p.m. nursing assistant (NA)-C was assisting R9 from the bed to the wheelchair. NA-C assisted R9 to sit on the side of the bed and placed a gait belt around R9's waist. NA-C assisted R9 to stand and pivot transfer to her wheelchair. NA-C noted a need to check for incontinence care and proceeded to assist R9 back into bed for incontinence care. R9 had difficulty coming to a standing position, so NA-C called on his walkie talkie for assistance. NA-D entered the room and assisted NA-C to help R9 into a standing position and pivot transfer back into bed. NA-D exited the room and NA-C provided incontinence care to R9. NA-C assisted R9 back to a seated position on the edge of the bed and placed a gait belt around R9's waist. NA-C assisted R9 to stand and then pivot back into her wheelchair without another staff's assistance. NA-C then wheeled R9 to the dining room for lunch. During interview on 7/29/26, at 12:15 p.m. NA-C stated R9's ability to stand varied day to day and R9 was mainly an assist of one with transfers. Sometimes R9 was an assist of two for transfers and had to call for help when she had trouble with standing. R9 stood fine most of the time. When interviewed on 7/29/26, at 12:34 p.m. registered nurse (RN)-C stated R9 was an assist of two to transfer per the care plan. NA-C should have had two persons assist when assisting R9 to transfer in case something happened, like if she fell. During interview on 7/29/26, at 2:12 p.m. RN-A stated R9 was assist of two to transfer and was not able to ambulate. The nursing assistants were trained for what type of care each resident needed during their orientation. There was also a list on the nursing assistant clip board that listed all the changes with the residents, including any therapy changes. The nursing assistants also had access to the resident's care plans. During interview on 7/30/26, at 10:30 a.m. the DON stated R9's ability fluctuated from day to day and had recently had an increase in staff support for assistance. When changes were made to a resident's plan of care for increase assistance, it was passed on in shift reports and discussed in daily huddles. Staff should follow the resident plan of care. The DON was sure it had been passed on in huddle and shift report but was not able to find the notes. The facility's Fall Prevention Program dated 3/20/26, identified goals that included to provide a comprehensive fall preventions program aimed at promoting patient safety with participation by the entire organization. Patients, residents, families and staff would be educated as appropriate on measures to prevent falls and implement interdisciplinary fall prevention interventions tailored to the resident. The plan identified universal fall precautions were to be implemented for all residents, as they were aimed at keeping the care environment safe. Universal fall precautions identified several approaches, which included to keep floor surfaces clean and dry and clean up all spills promptly.</p> |                                                                                        |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Provide and implement an infection prevention and control program.</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 implement Enhanced Barrier Precautions (EBP), including the use of gowns and gloves during high-contact resident care activities, f1 of 1 resident (R18) reviewed for catheters and 1 of 1 resident (R29) reviewed who was receiving wound care. In addition, the facility failed to conduct ongoing infection surveillance to identify and track residents with signs and symptoms of potential infection for 1 of 1 resident (R1) reviewed for infection surveillance.</p> <p>Findings include:</p> <p>R18</p> <p>R18's quarterly Minimum Data Set (MDS) dated [DATE], identified moderate cognitive impairment and was incontinent of bowel and bladder. R18's diagnoses include chronic kidney disease stage 3 and retention of urine-chronic (long term).</p> <p>R18's Health Service Referral Form discharging hospital dated 6/17/26, identified R18 was admitted back to the facility following hospitalization with a discharge plan of maintaining Foley (indwelling) catheter related to urine retention.</p> <p>R18's provider orders dated 6/26/26, identified R18 had a Foley catheter.</p> <p>During observation on 7/29/26 at 7:09 a.m., registered nurse (RN)-A had just completed a dressing change and assisted R18 to get comfortable in bed by placing pillows under his head and behind his back and then covered him with a blanket while waiting for the nursing assistant (NA)s to come in and assist R18 with getting dressed. RN-A was not wearing a gown while assisting R18 with bed mobility.</p> <p>During observation on 7/29/26 at 7:11 a.m., NA-A and NA-D entered the room and assisted R18 in getting dressed. Both NAs sanitized their hands and put on gloves prior to assisting R18. The NAs assisted R18 to roll from side to side, placed an incontinent brief, shirt and socks on. NA-A unwrapped the Foley catheter tubing from around R18 leg before threading it through R18's pants leg. NA-A then washed hands with soap and water in the bathroom. In the bathroom there were gowns and gloves on the door with a sign identifying enhanced respiratory precautions. NA-A came back out of bathroom and placed gloves on and NA-A and NA-D placed transfer sling under resident and used a total lift to transfer him to the wheelchair.</p> <p>During observation on 7/29/26 at 7:29 a.m., the hospital lab tech (HLT) entered R18's room to draw blood from R18. The HLT sanitized his hands and prepared his supplies, then sanitized his hands again and put on gloves and drew 2 vials of blood from R18. HLT was only wearing gloves when in direct contact with resident.</p> <p>During an interview on 7/29/26 at 7:29 a.m., the HLT stated he did not know R18 was on EBP and pointed out there was no signage to indicate EBP and did not get an update from staff. If I had known, (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>I would have worn a gown and gloves.</p> <p>During an interview on 7/29/26 at 8:29 a.m., NA-A stated their understanding was they would only need to wear a gown and gloves while providing catheter care and did not do it with other direct resident contact. There were PPE supplies in the R18's bathroom for use with catheter cares.</p> <p>During an interview on 7/29/26 at 9:53 a.m., NA-D stated they had only been working at the facility for a couple of weeks and got three days of orientation. During the time it was explained they would need to wear a gown and gloves when doing catheter care for R18, or if the nurse was doing a dressing change. She stated she had not realized R18 was on EBP and stated it was not on the Kardex (a quick reference for care plan).</p> <p>During an interview on 7/29/26 at 2:10 p.m., the director of nursing (DON) stated staff were expected to use EBP with residents when they provided any catheter cares or wound dressings. The DON also touched base with infection preventionist when any precautions are instituted. Staff were also expected to follow the policy if there are any questions.</p> <p>R29</p> <p>R29's quarterly MDS dated [DATE], identified R29 had moderate cognitive impairment and diagnoses that included chronic heart failure, pressure ulcer, peripheral vascular disease and chronic kidney disease. R29 was at risk for developing pressure ulcer/injury and had no unhealed pressure ulcer/injuries. R29 used a pressure reducing device for her bed and chair and had an application of a nonsurgical dressing.</p> <p>R29's care plan revised 7/12/26, failed to identify R29's need for enhanced barrier precautions due to having a pressure ulcer.</p> <p>During an observation on 7/29/26 at 7:33 a.m., NA-A and NA-B entered R29's room but did not put on a disposable gown. Both walked past the personal protective equipment cart hanging on the backside of R29's bathroom door. There were disposable gowns and gloves available with signage indicating R29 required contact precautions.</p> <p>At 7:34 a.m., R29's foam border dressing was loose and no longer covered R29's pressure ulcer wound. NA-A and NA-B assisted R29 to use the bedpan, then transferred R29 from her bed to the wheelchair using a fully body mechanical lift.</p> <p>At 7:43 a.m., NA-A and NA-B removed their soiled gloves and assisted R29 to the shower room.</p> <p>At 8:16 a.m., NA-A and NA-B returned to R29's room with R29 and transferred R29 back into bed using a full body mechanical lift to finish dressing. R29's foam border dressing had been removed and R29's wound was exposed. Neither NA-A nor NA-B were wearing disposable gowns.</p> <p>At 8:47 a.m., registered nurse (RN)-A entered to assist R29 with her stockinette and to assess R29's wound. RN-A did not put on a disposable gown.</p> <p>(continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>During an interview on 7/29/26 at 8:59 a.m., NA-A and NA-B Earnistine stated R29 has a wound, so staff always had to wear gloves but pointed to the sign and stated if there's any drainage then they had to wear a gown. Only then.</p> <p>During an interview on 7/29/26 at 9:05 a.m., RN-A stated staff only needed to wear a gown and gloves when doing the dressing for the wound and it was not needed at any other time.</p> <p>During an interview on 7/29/26 at 12:25 p.m., DON and RN-B stated staff were expected to wear a gown and gloves during wound care and when R29 needed to use the bed pan, potentially. The DON stated she was unaware that a contact precautions sign was hanging on R29's PPE cart and it should have been enhanced barrier precautions because R29 had a pressure ulcer. Staff were expected to follow Centers for Disease Control and Prevention (CDC) guidelines and wear a disposable gown and gloves whenever providing care for R29 to prevent the potential transmission of infection to R29.</p> <p>A facility policy related to Enhanced Barrier Precautions was requested but not received.</p> <p>The Centers for Disease Control and Prevention guidance dated 6/28/24, identified Enhanced Barrier Precautions were an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).</p> <p>SURVEILLANCE</p> <p>R1</p> <p>R1's quarterly MDS dated [DATE], identified R1 had a moderate cognitive impairment and diagnoses that included Post Traumatic Stress Disorder (PTSD) and anxiety. R1 was independent with eating, toileting, hygiene, transfers and walking.</p> <p>R1's care plan revised 5/30/26, identified R1 experienced differences in ability to perform activities of daily living (ADLs) related to dementia. Staff were directed R1 was independent with eating, toileting, hygiene, dressing/footwear, bed mobilities, transfers and walking. Supervision of 1 with personal hygiene and substantial assist of 1 with bathing.</p> <p>R1's nursing note dated 7/25/26 at 5:34 p.m., identified R1 refused to eat breakfast, said she was not hungry. Did take 240 milliliter (ml) chocolate ensure (nutritional shake) with her medications. R1 said she had been sick with diarrhea.</p> <p>The facility Nursing Home Infection Control Log dated May 2026, identified the resident name, date, onset date, site, infection related diagnosis, culture yes/no, organism, antibiotic, isolation yes/no, nosocomial (did the infection originate in the facility) yes/no and follow up. The log identified 1 cellulitis (a common, potentially dangerous skin infection), 3 urinary tract infections (UTI), 1 leg wound and 1 paronychia (an infection or inflammation of the skin fold around a fingernail or toenail). (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Only 1 culture was identified, and 1 UTI provided no further information. Additionally, the log failed to identify any infectious symptoms not treated with an antibiotic.</p> <p>The facility Nursing Home Infection Control Log dated June 2026, identified the resident name, date, onset date, site, infection related diagnosis, culture yes/no, organism, antibiotic, isolation yes/no, nosocomial (did the infection originate in the facility) yes/no and follow up. The log identified 2 cellulitis, 1 vaginal infection, 2 pneumonia, 1 great toenail removal, and 3 UTI. No cultures were identified and 1 UTI was identified as none. Additionally, the log failed to identify any infectious symptoms not treated with an antibiotic.</p> <p>The facility Nursing Home Infection Control Log dated July 2026, identified the resident name, date, onset date, site, infection related diagnosis, culture yes/no, organism, antibiotic, isolation yes/no, nosocomial (did the infection originate in the facility) yes/no and follow up. The log identified 4 UTI, 1 g-tube infection, 1 eye infection, a leg infection, 1 lung infection, 2 cellulitis and 1 resident treated with an antibiotic with no other information provided. Additionally, the log failed to identify any infectious symptoms not treated with an antibiotic and failed to identify R1's diarrheal symptoms on 7/25/26.</p> <p>During an interview on 7/28/26 at 1:58 p.m., the facility infection preventionist (IP)-A stated she was responsible for the facility's education coordination and gathering surveillance data to report for IP during the QAPI meeting. Once per month, IP-A received the Nursing Home Infection Control Log from the director of nursing (DON), usually at the beginning of the following month. If something were to come up during the month, it would be discussed during the interdisciplinary team (IDT) meeting. IP-A also collected data for the Risk meeting as well, but it was basic information such as numbers of infections and the number of line days for the facility.</p> <p>During an interview on 7/30/26 at 2:51 p.m., the DON stated nursing was responsible for entering a nursing note and the DON would review the notes to add the infections to the Nursing Home Infection Control Log. Then, at the end of the month, she provided the log to IP-A to review the information. However, viral infections were not added to the log. The DON stated she used to try to keep track of everything, but she had so much on her plate she just wasn't able to get it all done. However, all signs/symptoms of infection should have been tracked to prevent the potential spread of infection.</p> <p>The facility policy Infection Surveillance revised 5/2025, identified infection prevention began with routine and ongoing surveillance to identify possible communicable diseases or infections before they could spread to other persons in the facility or have the potential to cause an outbreak. The policy directed the following:</p> <p>The unit charge nurses will identify residents with symptoms or identified infections and complete the Criteria for Infection Report Forms for the respective type of infection and report to the IP: UTI, respiratory tract infection; gastrointestinal tract infection; skin, soft tissue and mucosal infections.</p> <p>The IP will ensure data collection to complete a comprehensive monthly infection control log for the surveillance activities on:<br/>(continued on next page)</p> |                                                                                        |                                                 |

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | Site<br><br>Pathogen<br><br>Signs and symptoms<br><br>Resident location<br><br>Summary and analysis of number of residents and/or staff with infections<br><br>Observations of staff adherence to policies and procedures.<br><br>identification of outcomes that were unusual or unexpected that could potentially lead to patterns,<br>trends or outbreaks.<br><br>The IP or designee would be alerted to identify any necessary interventions in or to identify trends or<br>clusters for action.<br><br>The IP would keep an updated map of infections to identify any clusters or trends.<br><br>Data obtained from process surveillance audits would be collected to analyze the compliance of staff<br>with facility policies and procedures. |                                                                                        |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Reasonably accommodate the needs and preferences of each resident.</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 assess ability to independently activate the call light and provide a reasonable accommodation for 1 of 1 resident (R29), such as an adaptive call light, after staff became aware of ongoing difficulty using the standard call system, resulting in the potential for delayed access to assistance for toileting and other care needs. Findings include: R29's quarterly Minimum Data Set (MDS) dated [DATE], identified R29 had a moderate cognitive impairment and diagnoses that included chronic kidney disease, a pressure ulcer of the sacral region, atrial fibrillation (irregular heartbeat) and hypertension. R29 required set up/clean up assistance with eating and oral hygiene, substantial/maximal assistance with bathing, and was dependent on staff for all other care areas. R29's care plan revised 7/12/26, identified R29 had occasional urinary incontinence and preference for a bedpan related to impaired mobility. Staff were directed to Respond promptly to toileting requests and provide the bedpan according to resident preference whenever safely possible. Provide prompt incontinence care following episodes of urinary incontinence, monitor for constipation, urinary tract infection, and skin breakdown, educate regarding safe toileting options, and notify the provider of significant changes in bowel or bladder status. Keep call light in reach. During an interview on 7/29/26 at 10:48 a.m., R29 stated she could push her call button, and the staff didn't come for over two hours. Family member (FM)-A stated R29's understanding of time had changed, and two hours was an exaggeration, however, R29 had difficulty pushing the call light at times. R29 had believed the call light had been turned on and the call light did not. R29 and FM-A had not suggested a different type of call light that might be easier for R29 to use. They just don't come. You can wait and wait. They just don't. R29's electronic medical record lacked any assessment for R29's call light ability. During an interview on 7/29/26 at 2:17 p.m., nursing assistant (NA)-A stated R29 complained that she had turned on her call light and staff do not answer probably every day. NA-A had reported this to nursing but there's been no changes. During an interview on 7/29/26 at approximately 3:00 p.m., the director of nursing (DON) stated R29 had complained of long call wait times, but after reviewing the call light logs, R29 had not turned on her call light. R29 was able to push the call light button and did not like a pancake call light (a flat, pressure-sensitive call light). However, R29 did not have a formal call light assessment, nor did the facility try a different type of adaptive call light for R29. A facility call light policy was requested but not received.</p> |                                                                                        |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</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 an as-needed (PRN) antipsychotic medication order was limited to 14 days and failed to ensure the resident was evaluated by the prescribing practitioner before the PRN antipsychotic medication was renewed. In addition, the facility failed to ensure there was adequate clinical justification for the use of the PRN antipsychotic medication when it was restarted at the request of the resident's family for 1 of 5 residents (R19) reviewed for unnecessary medications. Findings include; R19's quarterly Minimum Data Set (MDS) dated [DATE], identified R19 had moderately impaired cognition. and exhibited behaviors symptoms not directed at others such as rummaging, pacing, disrobing or disruptive sounds one to three days per week. R19 also displayed rejection of care and wandering four to six days per week. R19 had not exhibited physical or verbal symptoms toward others during the observation period. R19 had taken antipsychotic medications. Diagnoses included Parkinson's disease, Alzheimer's disease, dementia with agitation, and mild neurocognitive disorder with behavioral disturbances. R19's care plan with revision date 6/10/26, identified behavioral symptoms of verbal and physical behavioral symptoms directed toward others such as screaming, cursing and hitting others with a goal to accept assistance with activities of daily living (ADL) without threatening behaviors. Approaches included to avoid power struggles, maintain calm, slow approach and provide a comfortable private environment for care. R19 was seen by neurology and family hoped they could get her medications straightened out for her Parkinson's and dementia, so behaviors would not continue. R19's Physician Order Report(s) identified the following: 5/1/26 to 6/30/26, included olanzapine 2.5 mg by mouth as needed prn daily for severe agitation, with a start date 3/31/26, the end date was listed as open ended. 6/30/26 to 7/30/26, included olanzapine 2.5 milligrams (mg) by mouth as needed (prn) daily for severe agitation, with a start date 7/23/26, the end date was listed as open ended. R19's provider notes identified the following: Physician Order Report 5/1/26 to 6/30/26, listed several medication orders which included olanzapine 2.5 mg by mouth as needed prn daily for severe agitation, with a start date 3/31/26, the end date was listed as open ended. Physician Progress Note dated 4/11/26, identified R19 was seen by her primary care provider (PCP) and medications reviewed. Assessment and Plan identified psychiatry was managing R19's medications for her agitation with violent behaviors and R19 was on scheduled Seroquel (antipsychotic medication) daily as well as prn olanzapine daily as needed for agitation or violent behavior. The PCP identified R19's behaviors had improved with the drug regimen. Psychiatric provider note dated 4/13/26, identified R19 presented with ongoing improvement in agitation and psychosis on her current medication regimen and had not required prn olanzapine since her last visit one week prior. Psychiatric provider note dated 4/23/26, identified R19 had been stable and had not required any prn medications. Psychiatric provider notes dated 5/27/26, identified R19 had minimal behavioral incidents and had used prn olanzapine one time on 4/30/26 for agitation related to refusing care. R19 had not required the prn olanzapine since that episode and family reported R19 was doing well overall. Physician Progress Note dated 6/11/26, identified R19 was seen by her primary care provider (PCP) and medications reviewed. Plan identified psychiatry was managing R19's psychotropic medications including her olanzapine, which was on board as needed. R19's behavior had improved with no verbal or physical aggression recently. Psychiatric provider notes dated 6/12/26, identified R19's hallucinations had been well controlled with no recent auditory or visual hallucinations reported. Medications were reviewed, including olanzapine with notation the (continued on next page)</p> |                                                                                        |                                                 |

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| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>medication had not been used in nearly four weeks and was going to be discontinued due to the lack of use. Psychiatric provider notes dated 6/18/26, identified R19 had been stable over the past two months with minimal behavioral or psychological disturbances and her olanzapine was previously discontinued due to nonuse. Psychiatric provider notes dated 7/16/26, identified R19 was being seen for follow up for medication management and agitation in Alzheimer's dementia. Staff had noted R19 was getting out more frequently with family. A behavioral concern had been noted that R19 had refused to return indoors on at least one occasion following an outing. Family requested prn olanzapine be restarted for agitation. R19 had not had anger outbursts similar to prior episodes, but family would like the medication available. The prn medication had been stopped due to it had not been utilized. The plan identified to add olanzapine 2.5 mg tablet prn for severe agitation, once daily as needed for 30 days. Physician Progress Note dated 7/22/26, identified R19 was seen by her primary care provider (PCP) and medications reviewed. Plan identified psychiatry was managing R19's psychotropic medications and to continue olanzapine 2.5 mg as needed. Review of R19's medical record from 4/11/26 through 7/22/26 identified R19 was seen by medical providers on 4/11/26, 4/13/26, 4/23/26, 5/27/26, 6/11/26, and 6/12/26. The medical record identified R19's PRN olanzapine remained available for use beyond 14 days. The medical record did not identify R19 was directly examined and evaluated by the prescribing practitioner every 14 days to determine whether a new PRN antipsychotic medication order remained appropriate. The PRN olanzapine was discontinued on 6/12/26 due to nonuse. Further, The medical record did not identify adequate clinical justification for restarting PRN olanzapine for severe agitation after the medication had been discontinued due to nonuse. The 7/16/26 psychiatric provider note identified R19 had not experienced anger outbursts similar to her previous episodes and identified the medication was restarted following the family's request to have the medication available. During interview on 7/30/26, at 10:45 a.m. the director of nursing (DON) stated R19 had prn olanzapine ordered 4/26/26 through 6/23/26, by her psychiatric provider. The psychiatric provider reviewed her medications and had chosen to keep continuing the prn medication when she did. The pharmacist had made the recommendation to the provider about the need to do a face-to-face evaluation with R19 for the continued use of the prn olanzapine, or it needed to be discontinued. The DON did not know why the physician had not done so. The facility's consultant pharmacist was not available; they did have a backup pharmacist that filled in for medication questions. During interview on 7/30/26, at 10:54 a.m. registered nurse (RN)-B stated there had been situations when R19 would refuse to get out of the car and go into the facility after outings with the family but not as severe as the behaviors had been when R19 was first admitted. The family was fearful if she did react that badly again at the end of these outings, there would be something to give R19 to calm her down. There should be more justification for the use of the prn medication, and the facility would request a better narrative from the prescriber. RN-B had reminded the prescriber there needed to be a fourteen-day assessment. An attempt to contact R19's psychiatric provider by telephone was made on 7/30/26, at 2:40 p.m. with message left. During telephone interview on 7/30/26, at 3:36 p.m. pharmacist (PH)-F stated she was not familiar with nursing home regulations in regard to prn psychotropic medications. The facility policy Psychotropic Medication and Monitoring dated 10/17/23, identified prn psychotropic medications would be prescribed on a prn basis to address acute or intermittent symptoms, or in an emergency. In order for a resident to have a prn order for a psychotropic medication, the physician must document the diagnosed specific condition and indication for the medication. An order may be extended beyond fourteen days if the physician believed it was appropriate to extend the order. The provider should document the rationale for the extended time period in the medical record and indicate the specific duration. Prn orders for (continued on next page)</p> |                                                                                        |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | antipsychotic medications were for fourteen days with no exceptions. If the provider wished to write a new order for a prn antipsychotic, the provider must first evaluate the resident to determine if the new order was appropriate and document the findings in the resident's medical record. |                                                                                        |                                                 |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to identify and report an alleged violation of neglect to the State Agency (SA) for 1 of 1 resident (R25) reviewed for accident reporting. R25 slipped and fell on a freshly mopped, wet floor after facility staff failed to place a wet-floor warning sign and sustained a head laceration that required six sutures at the emergency department. R25's annual Minimum Data Set (MDS) dated [DATE], identified R25 had intact cognition, was independent with activities of daily living (ADLs), transfers and ambulation. R25 had not experienced any falls since admission or the previous assessment. Diagnoses included repeated falls, dysthymic disorder, unspecified intracranial injury, osteoporosis, essential tremor, paroxysmal vertigo, gait and mobility abnormalities, weakness, urinary incontinence, seizures and disorientation. During interview on 7/27/26, at 6:49 p.m. R25 stated she had fallen in her room a few weeks prior, when she trying to go to the bathroom. The housekeeper had just mopped the floor, and she had slipped on the wet floor and fell. She hit the back of her head on the floor during the fall and had to go to the emergency room where she received six stitches to the back of her head. R25 stated a wet floor sign had not been placed, and she was not aware her floor was wet when she tried to ambulate to the bathroom. R25' The Patient/Resident Event Report Form dated 6/7/26, at 11:30 a.m. identified R25 had an unwitnessed fall in her room. The report identified R25 was coming out of the bathroom and the floor was wet and she slipped and hit the back of her head on the concrete floor. A one-to-two-centimeter laceration and egg like bruise was observed on the back of R25's head and she was sent to the emergency room to evaluate. Listed actions taken included assist of one in room and a physical therapy evaluation. The floor was confirmed to be wet. R25's CT Spine Cervical Without Contract Results dated 6/8/26, identified R25 had a CT of the brain and cervical spine was performed. There were no acute intracranial process and no acute fracture; however, the CT results did identify R25 did have a head laceration. No further hospital documentation was received from the facility. R25's progress note(s) identified the following: 6/7/26, R25 was found on her bedroom floor with a moderate amount of blood on the floor and the back of her head. R25 had stated she was up to use the restroom, but the floor had just been mopped and was slippery. R25 had slipped and fell and hit the posterior right side of her head. Area of head was cleansed and there was a one-to-two-centimeter laceration and a five-centimeter egg lump on the back of her head. R25 denied pain and pupils were equal and reactive to light. Range of motion and hand grasps were within normal range. R25 was sent to the emergency room for further assessment. 6/7/26, R25 returned from the hospital at 1:30 p.m. and had received 8 staples to the back of her head. 6/13/26, identified the staples were present and the wound was dry, intact and had no signs of infection. There was no report made to the SA. During an interview on 7/30/26, at 10:06 a.m., the director of nursing (DON) stated she began investigating R25's fall when she was notified of the incident. At that time, the DON had not been aware the floor was wet when R25 fell. Because of staff scheduling, it took a couple of days to identify and interview the staff who had been working at the time of the fall. The DON stated it also took time to identify the housekeeper involved because housekeeping staff worked campus-wide and were not assigned only to the nursing home. During the investigation, the DON met with staff who had been working that day and verified the floor was wet at the time of R25's fall. The housekeeper had recently been in R25's room and reported she had reminded R25 the floor was wet; however, a wet floor sign had not been placed. The DON stated she spoke with the housekeeping supervisor (HS)-C, who then spoke directly (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Kittson Healthcare                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1010 South Birch Ave<br>Hallock, MN 56728 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                 |
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| F 0609<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is<br>disputing this citation. | with the housekeeper and provided education. The DON stated the facility's fall committee met every Wednesday. The committee discussed R25's fall, including what could have been done differently. The DON recalled the team also discussed whether the incident was reportable but could not remember why the team ultimately determined it was not a reportable incident. The DON stated that in the past she had reported many incidents and had subsequently been questioned about why an incident was reported or whether it was actually reportable. The DON was unable to provide any supporting documentation regarding the discussion and education. The facility policy Abuse, Neglect, Mistreatment and Misappropriation of Resident Property with review date 6/25/24, identified if there was caregiver neglect (i.e., the care plan not being followed that resulted in a resident injury), a report must be made to the Minnesota Department of Health within 24 hours of the initial findings. |                                                                                        |                                                 |

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| F 0657<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to revise the comprehensive care plan to accurately reflect that a resident was independent with toileting, transfers, and ambulation for 1 of 4 residents (R15) whose care plans were reviewed. Findings Include: R15's quarterly Minimum Data Set (MDS) dated [DATE], identified moderate cognitive impairment. R15 needed supervision to touch assist with toileting, transfers, and walking. Diagnosis included Alzheimer's disease-late onset. No falls from the last assessment (3 months). R15's care plan dated 5/21/26, identified R15 had a history of falls. An intervention dated 5/21/26, identified per therapy R15 was observed with an unsteady balance and was not able to stabilize without human assistance for on and off the toilet and surface-to-surface transfers; independent with standing, walking, turning around while walking. A second intervention dated 5/21/26, identified per therapy R15 was observed with unsteady balance but able to stabilize without human assistance for on and off the toilet and surface-to-surface transfers, standing, walking, turning around while walking. During observations on 7/29/26 and 7/30/26, R15 was observed to stand up, ambulate, use the bathroom and go to the dining room without assistance, and was stable on their feet. During an interview on 7/30/26 at 10:21 a.m., nursing assistant (NA)-G stated R15 was vastly independent and only needed slight help getting up and washed up in the morning. Otherwise, he was independent with all transfers, toileting, and ambulation. During an interview on 7/30/26 at 11:16 a.m., registered nurse (RN)-B, a clinical care coordinator, stated care plans are reviewed regularly during inter-disciplinary team meetings (IDT). R15's care plan should only have the second intervention due to R15 being identified as independent by therapy. During an interview on 7/30/26 at 11:20 a.m., the director of nursing (DON) stated it should have been updated to identify the R15's current status so all staff are aware of the care R15 needs. The RN who normally addresses care plans was not available and noted there was a mistake with updating R15's care plan. It should have stated R15 was independent. A care plan policy was requested, but none received. |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Kittson Healthcare                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1010 South Birch Ave<br>Hallock, MN 56728 |                                                 |
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| F 0676<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to provide timely toileting assistance for 1 of 1 resident (R13) reviewed who had complaints of not receiving timely toileting assistance. Findings include: R13's quarterly Minimum Data Set (MDS) dated [DATE], identified R13 was cognitively intact and needed substantial/maximal assistance for transfers and toileting. R13 was continent of bowel and bladder. R13's diagnoses included stroke and irritable bowel syndrome (a condition which affects the large intestine) with diarrhea. R13's care plan dated 7/9/26 identified R13 needed assistance with toileting related to impaired mobility following a stroke. The care plan identified staff would respond promptly to requests for toileting assistance, provide one-person pivot transfers as indicated, and assist with toileting hygiene. R13's call light log from 7/10/26-7/23/26, identified four times R13 had waited from 24-35 minutes prior to their call light being answered. During an interview on 7/27/26 at 6:39 p.m., R13 stated I sometimes had to wait 30 minutes for assistance to the bathroom. Due to having to wait I soiled myself numerous times and became embarrassed. During an interview on 7/30/26 at 10:53 a.m., nursing assistant (NA)-B stated R13 had soiled their brief after having to wait more than 30 minutes. When we get busy, residents may have to wait longer than 30 minutes to getting assistance. During an interview on 7/30/26 at 11:50 a.m., registered nurse (RN)-A stated at times they do not have enough staff to help all the residents quickly. Nursing will assist the NAs in answering call lights at this time. I was not aware if a resident waited longer than 30 minutes, but they should not have waited that long. During an interview on 7/30/26 at 12:00 p.m., the director of nursing (DON) stated the facility policy is to have all call lights answered within 10 minutes and that is the expectation for staff. It would be unacceptable for residents to have to wait longer than 20 minutes before receiving help. The facility's undated Use of Call Light policy identified all call lights are to be answered promptly. The facility's undated policy Activities of Daily Living (ADL) identified several purposes which included to provide assistance to residents as necessary.</p> |                                                                                        |                                                 |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 provide timely assistance with incontinence care for 1 of 1 resident (R9) reviewed for activities of daily living and who were dependent on staff for their care. Findings include: R9's annual Minimum Data Set (MDS) dated [DATE], identified R9 had severe cognitive impairment and required maximal assistance with dressing, grooming and toileting hygiene. R9 was dependent with transfers and bed mobility and was unable to ambulate. R9 did not have behaviors of rejection of care. Diagnoses included Alzheimer's disease, abnormal gait and mobility, history of transient ischemic attack (TIA) and stroke, heart disease and dementia. R9's care plan date with revision date 4/30/26, identified an activity of daily living (ADLs) functional status with a goal R9 would not deteriorate as evidenced by maintaining her ability to be independent with bed mobility, transfers, walking and eating after setup. Approaches were listed and included R9's usual performance was substantial assistance with toileting hygiene, bathing, and dressing. During observation on 7/29/26, at 12:07 p.m. nursing assistant (NA)-C entered R9's room and notified R9 he would assist her up to go to lunch. NA-C put on disposable gloves and assisted resident to sit on the edge of the bed. NA-C placed a gait belt around R9's waist and assisted her into her wheelchair using a stand and pivot to transfer. When R9 stood up, her jeans were visibly wet along each outer buttock and hip area. After assisting R9 into her wheelchair, NA-C removed the gait belt and his gloves and wheeled her out to the hall. When asked if R9 used the toilet prior to meals, NA-C stated R9 did not and was check and change only, as R9 was incontinent. NA-C assisted R9 back into bed. NA-C confirmed R9's jeans were wet and put on gloves and removed her pants. R9's brief was saturated and R9 had been incontinent of bowel. NA-C removed the soiled brief and washed R9's peri area with disposable wipes. NA-C changed his gloves and put on a clean brief and clean pants. NA-C transferred R9 back into her wheelchair and assisted her to the dining room for her lunch meal. During interview on 7/29/26, at 12:10 p.m. NA-C stated he had not been in to check or change R9 since she was assisted to lie down after breakfast. NA-C stated he had not turned or checked for incontinence before transferring R9 to her wheelchair to go to lunch. NA-C thanked surveyor for noting R9 jeans were wet as he would not have liked for her to be in a soiled brief and he had forgotten to check her. During interview on 7/29/26, at 2:12 p.m. registered nurse (RN)-A stated R9 was incontinent of both bowel and bladder and should be checked every two hours and changed when needed. During interview on 7/30/26, at 10:30 a.m. the director of nursing (DON) stated R9 had been fluctuating back and forth with her care needs but with the hot weather it was especially important to push fluids and keep residents clean and dry. The DON knew residents were not left in soiled briefs and felt the staff was too nervous about being watched and went to quickly, anxious about getting the resident to the dining room and forgot steps. The facility's undated policy Activities of Daily Living (ADL) identified several purposes which included to provide assistance to residents as necessary.</p> |                                                                                        |                                                 |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</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 reposition a resident in accordance with the resident's established every two-hour turn and reposition schedule for 1 of 1 resident (R9) reviewed for pressure ulcer prevention and was at risk for developing pressure ulcers. Findings include; R9's annual Minimum Data Set (MDS) dated [DATE], identified R9 had severe cognitive impairment and required maximal assistance with dressing, grooming and toileting hygiene. R9 was dependent with transfers and bed mobility and was unable to ambulate. R9 did not have behaviors of rejection of care. Diagnoses included Alzheimer's disease, abnormal gait and mobility, history of transient ischemic attack (TIA) and stroke and dementia. R9's care plan dated 4/30/26, identified an activity of daily living (ADLs) functional status with a goal R9 would not deteriorate as evidenced by maintaining her ability to be independent with bed mobility, transfers, walking and eating after setup. Approaches were listed and included R9's usual performance was substantial assistance with toileting hygiene, bathing, dressing, partial assist with eating, and dependent with all other functional abilities. R9 was unable to ambulate and was switched to a two person stand and pivot transfer. The care plan also identified a risk for pressure ulcers with a goal R9's skin would remain intact. Approaches included staff to observe skin daily with care and nursing to complete a head-to-toe assessment weekly. R9 had a standard pressure reduction mattress. R9's Progress Note dated 7/26/26, identified R9 continued to be assist of two with transfer and assist of one with ADLs. R9 had a turn and reposition schedule when in bed and heels were to be off-loaded with a pillow. During continuous observation on 7/29/26, from 9:30 a.m. to 12:06 p.m. R9 was observed lying on her back with her arms extended down on either side. R9 was fully dressed and covered with a pink quilt. R9's bed was positioned in its lowest position, the lights to the room were off and the room was quiet. The door to her room was wide open. R9 was observed sleeping during the observation period and did not move on their own. No nursing staff entered the room during the observation period to offer repositioning. On 7/29/26, at 12:07 p.m. nursing assistant (NA)-C entered R9's room, put on gloves, and explained to R9 he was there to get her up for lunch. NA-C sat R9 on edge of bed and placed a gait belt around her waist. NA-C pivot transferred R9 to her wheelchair. NA-C stated sometimes R9 was able to turn herself, unless she was tired, and then she needed help. NA-C stated he had not been in R9's room since he assisted her to lie down after breakfast. NA-C stated R9 did not currently have any open skin areas and could not identify if R9 should have been repositioned after two hours lying in bed, as he thought she was able to do so herself. During interview on 7/29/26, at 2:12 p.m. registered nurse (RN)-A stated the nursing assistants had a list of residents that required turning and repositioning every two hours on their clipboard. RN-A stated R9 was on the turn and reposition schedule, which included all residents that could not reposition themselves and all the residents on the list were to be repositioned every two hours. When interviewed on 7/30/26, at 10:30 a.m. the director of nursing (DON) stated R9's functional ability had been fluctuating back and forth. It was communicated during shift report and huddle when her care needs had increased. She was on a turn and reposition scheduled and the DON felt staff had not performed due to being nervous over being watched during survey. The facility's undated policy Activities of Daily living identified staff would provide assistance to residents as necessary.</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/30/2026 |
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| <p>F 0699</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Provide care or services that was trauma informed and/or culturally competent.</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 ensure a comprehensive assessment was completed related to a diagnosis of Post Traumatic Stress Disorder (PTSD) to identify and mitigate potential triggers for 1 of 2 residents (R1) reviewed for trauma-informed care. Findings include: R1's Cognitive Loss/Dementia Care Area Assessment (CAA) dated 11/29/25, identified R1 opened up about her history of abuse from her past boyfriends/husbands. This was confirmed to be true. R1 discussed how it went on for many years. She explained that she has dyslexia (lifelong learning difference that affects how the brain processes written and spoken language), and her family often saw her as being less than due to her learning disability. She started experiencing a lot of emotional abuse from her own parents. She stated she had gone to counseling for this, and it helped her learning to see her self-worth and be more assertive. She also stated wanting to get in contact with a previous friend from her childhood who currently lives in Mexico City. She stated things have been going well for her and she had no other concerns. R1's CAM/PHQ-2 to 9/PHQ-9-OV/Trauma observation dated 5/18/26, identified the trauma symptoms and triggers were not completed. R1's quarterly Minimum Data Set (MDS) dated [DATE], identified R1 had a moderate cognitive impairment and diagnoses that included PTSD. R1's care plan revised 5/30/26, failed to identify R1's diagnosis of PTSD and/or interventions to address known triggers for R1. R1's nursing note dated 7/25/26 at 5:34 p.m., identified R1 refused to eat breakfast, said she was not hungry. Did take 240 milliliter (ml) chocolate ensure (nutritional shake) with her medications. R1 said she had been sick with diarrhea. Writer told R1 that she should let nurse/staff know if she gets diarrhea again so R1 could get medicine for it. R1 answered no one cares about me. Writer told R1 she needed to be aware of what was going on with R1 or if R1 needed anything. A lunch tray was delivered to R1's room since R1 refused to go to the dining room for lunch. R1 had been eating chocolates and snacks in her room. Writer went to R1's room at supper time to encourage her to eat supper in the dining room. R1 asked why? Writer told R1 she had been laying down in her bed all day and if she could at least eat supper in the dining room. R1 may not feel good if she didn't get up at all. R1 then agreed and put on socks and shoes, but before entering dining room R1 stated she did not want to be told what to do. On 7/27/26 at 6:32 p.m., R1 was sitting in her room with her door shut. R1 stated she had a history of PTSD because she had been abused by her spouse and a boyfriend in her past. R1 stated she liked to stay in her room and preferred when staff knocked on the door and introduced themselves. R1 also preferred when staff suggested things to her, to go to the dining room for supper for example but did not like when staff told R1 what to do. I don't like being bossed. During an interview on 7/28/26 at 2:36 p.m., nursing assistant (NA)-E and NA-F stated R1 liked to keep to herself. R1 likes to stay in her room with the door shut and R1 could be selective with staff as well. R1 could be very upfront and tell staff, I don't want you in my room. NA-F stated R1 did have a history of abuse, but NA-F did not know what R1's triggers were. NA-E stated it was how staff approached R1 that mattered and, for some unknown reason, R1 would get put off by a staff member. During an interview on 7/28/26 at 3:33 p.m., registered nurse (RN)-A stated she worked the weekend on R1's hallway. It was either Saturday or Sunday and RN-A brought R1 her morning meds and asked R1 if she was going to the dining room for her breakfast meal. R1 didn't like to come out of her room, but we encourage her to. R1 stated she had been sick the whole day prior so I asked if R1 was throwing up or if she had diarrhea. RN-A explained RN-A might be able to give R1 medicine that might make R1 feel better. R1 was ok with that and wanted to stay in her room. RN-A didn't check on R1 at lunch, but another staff did and they brought (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0699</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>R1 a tray because R1 didn't want to come out of her room. So around 5 or so, RN-A checked on R1 and asked how R1 was feeling. R1 said she had had diarrhea one time that day. RN-A asked if R1 was going to go to the dining room for supper. Why? Why do you keep asking that? RN-A explained R1 had been in her room all day and maybe getting out would make R1 feel better. It was calm and R1 put on her gripper socks and went to the dining room. RN-A and the other cart nurse then parked our carts down at the dining room. R1 often has a serious face expression but says things when R1 was actually joking so at first that's what RN-A thought was happening but R1 said she didn't want to be pestered anymore. Then next day during report, it was reported R1 no longer wanted RN-A in her room. During an interview on 7/30/26 at 12:04 p.m., the director of nursing (DON) stated R1's PTSD diagnosis was fairly new for R1 and had been seeing a mental health provider for that. However, the facility social work designee (SWD) was responsible for conducting the trauma informed care assessment and to care plan those things. During an interview on 7/30/26 at 12:05 p.m., SWD-A stated the trauma informed care assessments were conducted annually and R1 did not have a PTSD when she was admitted to the facility on [DATE]. Because of this, SWD-A did not complete the trauma symptoms and triggers section of the CAM/PHQ-2 to 9/PHQ-9-OV/Trauma observation for R1 on 5/18/26 because it had not been a year. SWD-A stated, because R1 had been diagnosed with PTSD, the section should have been completed. A trauma informed care facility policy was requested but not received.</p> |                                                                                        |                                                 |

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| F 0770<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide timely, quality laboratory services/tests to meet the needs of residents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to obtain laboratory services as ordered for 1 of 1 resident (R9) reviewed for laboratory services when staff failed to arrange a white blood count (WBC) laboratory draw ordered for 7/10/26 following R9's return from the emergency department (ED). Findings include: R9's annual Minimum Data Set (MDS) dated [DATE], identified R9 had severe cognitive impairment and required maximal assistance with activities of daily living (ADLs). Diagnoses included Alzheimer's disease, history of transient ischemic attack (TIA) and stroke, heart disease and dementia. R9's care plan date dated 4/30/26, identified an alteration in health care status related to dementia, unstable gait, hypertension, chronic lymphocytic leukemia, osteoarthritis and history of TIA. A goal was listed to have vital signs in acceptable range. have pain controlled to mild range and have ordered labs in acceptable range. R9's ED Provider Notes dated 7/9/26, identified R9's plan of care was to return to the facility and to recheck R9s white blood count (WBC) the next day (7/10/26). R9's progress notes identified the following: 7/13/26, identified the after-visit summary (AVS) from R9's ED visit on 7/9/26, had been reviewed. Instructions on the AVS included to check a WBC on 7/10/26. When telephoned, the laboratory department indicated they had not performed a lab draw for R9 on 7/10/26. R9's primary care provider (PCP) was notified. 7/15/26, identified R9's PCP had responded to the facility's update with orders to draw a complete blood count with differential on 7/13/26 and 7/14/26. When interviewed on 7/29/26, at 2:12 p.m. registered nurse (RN)-A stated the charge nurse working on the resident's unit was responsible for checking orders when a resident returned from an appointment, hospital or emergency department. That nurse was also responsible to follow up if any changes or new orders were received. When completed the orders were to be rechecked by another nurse. During interview on 7/30/26, at 11:52 a.m. RN-B stated the nurse that had reviewed R9's AVS from her ED visit had missed the orders for the lab work. RN-B reviewed the orders and noticed the orders had not been called into the lab. RN-B placed the order with lab and notified the PCP of the error. The lab work was completed the next day after the error was discovered. A policy on physician orders was requested; however, none were received. |                                                                                        |                                                 |

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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                                 |
| <p>F 0881</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to implement its antibiotic stewardship protocols for the assessment and monitoring of antibiotic use for 1 of 2 residents (R9) reviewed for antibiotic use. R9 received repeated courses of antibiotics for suspected urinary tract infections (UTIs); however, the facility failed to use its established UTI assessment process and failed to complete, and document required 72-hour antibiotic reassessments to evaluate the continued need, duration, and selection of antibiotic therapy. Findings include: R9's annual Minimum Data Set (MDS) dated [DATE], identified R9 had severe cognitive impairment and required maximal assistance with dressing, grooming and toileting hygiene. R9 was frequently incontinent of bowel and bladder. R9 did not have behaviors of rejection of care. Diagnoses included Alzheimer's disease, abnormal gait and mobility, history of transient ischemic attack (TIA) and stroke, heart disease and dementia. R9's care plan dated 4/30/26, identified an activity of daily living (ADLs) functional status with a goal R9 would not deteriorate as evidenced by maintaining her ability to be independent with bed mobility, transfers, walking and eating after setup. Approaches were listed and included R9's usual performance was substantial assistance with toileting hygiene, bathing, dressing, partial assist with eating, and dependent with all other functional abilities. R9 was frequently incontinent of bowel and bladder and required assistance with peri care. R9's Physician Order Report dated 6/29/26 to 7/29/26, identified several medications, including cephalexin 500 milligrams (MG) three times per day 7/10/26 to 7/16/26. Cephalexin was again ordered 500 mg two times per day 7/21/26 to 7/29/26. R9's Progress Notes identified the following: 7/9/26, R9 was lethargic and had a temp of 99. and elevated pulse of 113. Rhonchi (rattling) was noted throughout lungs. R9 had been seen in the emergency department (ED) and returned with a diagnosis which included acute cystitis. A new order was received for cephalexin 500 mg three times per day for seven days. 7/17/26, R19 had completed antibiotic treatment with no complaints of pain or discomfort. She was noted to have bilateral edema (swelling) in her lower extremities, and her primary care provider (PCP) was updated. 7/20/26, R19 returned from a clinic appointment and Rocephin 1 gram had been administered intramuscularly (IM) at the appointment. New orders were received for Nitrofurantoin 100 mg two times per day for cystitis/urinary tract infection. 7/21/26, R19's antibiotic was changed from Nitrofurantoin to cephalexin due to resident required medications to be crushed and unable to crush Nitrofurantoin. 7/28/26, R19 completed her last dose of cephalexin and denied pain or burning. R19's lab results were reviewed 6/8/26 through and identified the following: 6/8/26, a urinalysis was obtained and cephalexin 500 mg two times per day for five days was ordered. A urine culture was in process, however R19's medical record lacked the results of the culture. 7/13/26, identified R19 had Escherichia coli (e. coli, a bacteria) was present in her urine noted from the urinalysis obtained 7/9/26, and was sensitive to the cephalexin antibiotic treatment that was ordered. R9's medical record was reviewed from 6/1/26 through 7/28/26, lacked any further urinalysis or culture results, despite having received three courses of antibiotic treatment during the time frame. During interview on 7/30/26, at 10:30 a.m. the director of nursing (DON) stated the facility's consultant pharmacist was in charge of the facility's antibiotic stewardship program, however, was not available during survey and could not be reached via phone. The DON stated she had recently provided education to the facility staff on ways to prevent resident urinary tract infections, such as increasing fluids and frequent peri care and assistance with toileting. R19 was declining in health and did not drink a lot of fluids. The facility had recently increased R19's fluids with meals and throughout the day and (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Kittson Healthcare                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1010 South Birch Ave<br>Hallock, MN 56728 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                 |
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| F 0881<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>educated the staff on the new interventions. The facility used Situation, Background, Assessment and Recommendation (SBAR) forms specific for urinary tract infections (UTI) to communicate with resident's primary care providers. The UTI SBAR required the nurse to note the resident vital signs, and if symptoms of pain or burning with urination, temperature, or two or more symptoms such as urgency, blood in urine, incontinence of frequency was noted. The provider could respond with suggested orders as indicated on the bottom of the form. The DON was not able to provide the SBAR communication forms that were communicated the R19's PCP. The DON stated the staff do try to push fluids first for a suspected UTI, but they also wanted to notify the physician quickly because they had some residents that would show delayed symptoms and were very sick by the time they demonstrated symptoms. When interviewed on 7/30/26, at 11:52 a.m. registered nurse (RN)-B stated she had accompanied R9 to her provider appointment on 7/20/26, when she was given an injection of Rocephin and an antibiotic had been ordered. The provider did not feel more labs were needed and did not want to obtain a urinalysis or culture. The physician felt R9 still had cystitis and so just treated her with the Rocephin and oral Nitrofurantoin which then was changed to cephalexin. The consultant pharmacist did the facility antibiotic stewardship. Typically, when staff suspected a resident had a UTI, they pushed fluids, monitored, noted the urine, but it was an informal process. The SBAR was just to notify the provider of the resident's symptoms at the time of notification and was not a formal three-day type of process to ensure the staff have monitored and tracked symptoms before physician contact. The facility policy Antibiotic Stewardship with revision date 5/25, identified patients who needed antimicrobial therapy would get optimal drug selection, dose, duration and route to maximize patient outcomes, minimize side effects and decrease the emergence of resistance. Providers would utilize the Loeb criteria when considering the initiation of antibiotics. Consistent with the criteria, the UTI SBAR form would be used for all residents suspected of having a UTI. At 72 hours after antibiotic initiation the resident would be reassessed for consideration of antibiotic need, duration, selection and escalation potential. Laboratory testing results, response to therapy, resident condition and facility needs would be considered. Completion of antibiotic time-out must be recorded in the resident record. The facility would monitor antibiotic use, stewardship actions, and outcomes related to antibiotics in order to guide practice change and impact.</p> |                                                                                        |                                                 |