

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Thief River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Eastwood Drive Thief River Falls, MN 56701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to provide adequate supervision for 1 of 1 resident (R1) had a history of exit seeking behavior, communicated a desire to leave the facility and was able to elope. This resulted in an immediate jeopardy (IJ) for R1 when R1 was found outside in a wheelchair during hazardous weather conditions. The IJ began on 12/18/25 at 10:25 a.m., a visitor reported to the director of social services a resident in a wheelchair was stuck in the snow outside by the sidewalk. R1 was last seen by staff at 9:30 a.m. The weather was blizzard-like conditions, temperature approximately 0 to 5 degrees with wind from 38 to 44 miles per hour. R1 wore light weight material sweatpants, long sleeved t-shirt (waffle like material), tan colored gripper socks on his feet, with no coat/gloves/hat. The administrator and assistant director of nursing (ADON), were notified of the IJ on 12/30/25 at 5:45 p.m. The facility implemented corrective action by 12/18/25 prior to the start of the survey and therefore is issued as past non-compliance. Findings include: R1's Face Sheet dated 12/30/25, identified diagnoses paranoid personality and insomnia. R1's significant change Minimum Data Set (MDS) dated [DATE], identified he was admitted to facility on 12/9/19. R1's cognition was severely impaired without behaviors. He required partial/moderate assistance with oral hygiene, upper body dressing, roll left and right, sit to lying, sit to stand, substantial/maximal assistance with toileting hygiene, shower/bath, lower body dressing, personal hygiene, chair/bed/chair transfers, unable to walk and used a manual wheelchair for mobility. R1 was frequently incontinent of bowel and bladder. Active diagnoses identified non-traumatic brain dysfunction, diabetes mellitus (DM), osteoarthritis (a disease making bones weak and brittle), Alzheimer's Disease, and dementia. He had one fall without injury since admission. R1 received insulin injections 7 out of 7 days during the look back period, antipsychotic, antidepressant, anticoagulant, and diuretic. Wander/elopement alarm was not identified as being used. R1's Elopement risk assessment dated [DATE] at 5:39 p.m., identified he was not physically immobile. He had long/short term memory loss, disoriented times three, impaired decision-making skills, and impulsive. He had conditions in which contribute to elopement risk: Alzheimer's and dementia. He had attempted elopement in the last 90 days, looking for his car, staff was with during attempt to leave. Distracted which was successful. He verbalized seeing things (pets, people). R1 has made attempts to elope from current or previous living situations monthly with no successful attempts. Wander guard was placed on wrist and wheelchair due to safety concerns related to Alzheimer's disease. Behaviors: Was Santa during Christmas, years ago. R1's Elopement risk assessment dated [DATE] at 5:06 p.m., he will have impulsive behavior (one time in the past 90 days) attempted to pull fire alarm stated, I just want to make noise. He did not pose a risk for wandering/eloping from facility, no elopement attempts documented in the last three months. No exit seeking behavior noted. No wander guard. R1's medical doctor (MD) visit dated 11/20/25, identified confused, cognition poor, ambulated with walker but now stands and pivots. Confusion most likely related to intermittent worsening of dementia related to altered mental function. R1's Elopement risk assessment dated [DATE] at 10:47 p.m., identified history, cognition remained the same as 9/24/25 assessment. Summary for overall risk of elopement and interventions implemented. R1 does not pose a risk for wandering/eloping from facility, at times will have impulsive behavior such as attempting to pull fire alarm, one attempt in the past 90 days. No specific exit seeking behavior noted or documented in the last three months. No wander guard. R1's Elopement risk assessments dated 9/24/25 and 12/16/25 failed to identify his history of elopement, conditions which continued to contribute to his elopement risks such as Alzheimer's and dementia and failed to address winter/Christmas being an especially difficult time of year for R1. R1's Elopement risk assessment dated [DATE] at 2:12 p.m., identified changes: R1 has made attempts to elope from current living situations, weekly, and was successful. He was noted to be wandering, anxious and exit seeking behaviors in recent documentation. Could be related to the Christmas season due to history of being Santa Clause for many years and he drove a car painted like a [NAME]. Additionally it was noted he had long/short term memory loss, intermittent confusion, impaired decision-making skills, and pain. R1 verbalized the desire to go home and was looking for his truck. Wander guard was placed to wheelchair due to safety concerns, Alzheimer's disease, and poor safety awareness. R1's care plan dated 11/21/24, indicated Focus: unable to leave facility independently initiated on 10/13/25. Directed staff to assist with dress appropriate for weather conditions, staff and family supervision for all outdoor activities, family will notify facility and sign him out when leaving facility. R1 was an elopement risk related to impaired safety awareness, dementia, and</p>		