

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2026
NAME OF PROVIDER OR SUPPLIER  The Gardens at Foley LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  253 Pine Street Foley, MN 56329	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</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 toileting assistance in a timely manner for 1 of 1 resident (R4), reviewed for dignity. Findings include: R4's face sheet printed 3/19/26, indicated admitted to the facility on [DATE], and had the following diagnoses: unspecified focal traumatic brain injury (localized brain damage from a specific impact to the brain), seizures, major depressive disorder, and morbid obesity. During interview on 3/18/26 at 1:16 p.m., R4 stated he was aware when he needed to have a bowel movement and he notified staff by a push button call light system. R4 stated when he felt the urge to have a bowel movement, he was supposed to be transferred to the toilet or a commode to complete. R4 stated at times he waited an hour or more for staff to answer his call light and this resulted in incontinence. R4 stated this made him upset and frustrated. He felt 'like a little kid' and 'it's embarrassing to me'. Review of R4's call light log from 12/26/25 through 12/28/25, and 3/11/26 through 3/18/26 revealed the following: 12/25/25 at 1:58 p.m. R4's call light was unanswered for 42 minutes and 42 seconds 12/26/25 at 7:13 p.m. R4's call light was unanswered for 57 minutes and 59 seconds 12/26/25 at 2:02 p.m. R4's call light was unanswered for 60 minutes and 22 seconds 3/13/26 at 7:47 p.m. R4's call light was unanswered for 32 minutes and 5 seconds During interview on 3/18/26 at 4:22 p.m., Director of Nursing (DON) stated staff were encouraged to answer call lights as quickly as possible. DON stated call light times could be longer based on the time of day or how many staff were working. DON reviewed call light times for R4 and stated the facility was aware call light times had been increasing and they were working towards a resolution as a facility to reduce the amount of time residents had to wait. DON stated extended call lights that resulted in incontinence could negatively affect residents and result in a dignity issue. DON stated she expected staff to answer the call lights as quickly as they were able and to communicate with residents if they had to wait longer than anticipated. DON stated it was important to answer call lights timely to promote quality of life and support the residents' rights. During interview on 3/18/26 at 4:50 p.m., Administrator (Admin) stated he believed an acceptable amount of time for staff to respond to a call light was 6-8 minutes, but that time could increase or decrease based on resident needs and how many staff were available. Admin stated 45 minutes, 60 minutes or longer was an unreasonable wait time. Admin stated he was aware call light times were long as the facility had received resident/family grievances related to long call light wait times. Admin reviewed facility provided call light logs and acknowledged multiple response times in excess of 30 minutes. Admin stated this could have a negative effect on residents' quality of life and dignity. The Combined Federal and State [NAME] of Rights for residents in nursing care facilities states the following: The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. Facility provided policy titled Resident Rights Policy with last revision date of 11/2025</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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