

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Fairview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 702 10th Avenue Northwest Dodge Center, MN 55927	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>Based on interview and document review, the facility failed to provide proper updates and notification to a resident representative for 1 of 1 residents (R51) reviewed for representative notification. Findings include: R51's admission Minimum Data Set (MDS) assessment, dated 6/13/25, included R51 was cognitively intact with diagnoses of stroke, hypertension (high blood pressure), depression. R51's consent form dated 6/13/25, listed family member (FM)-B as the first emergency contact and guarantor and FM-A as second emergency contact. Consent form was signed by FM-B. R51's statutory short form power of attorney (POA) document dated 5/16/01, was uploaded to R51's medical record on 6/26/25 at 11:24 a.m. Power of attorney document included FM-A as attorney-in-fact. FM-B was included under successor attorney-in-fact. POA document included a check next to a line of text which read Each attorney-in-fact may independently exercise the powers granted. Only one name, FM-A, was listed under the heading attorney(s)-in-fact. FM-B was listed under successor attorney(s)-in-fact with the statement to act if any named attorney-in-fact dies, resigns, or is otherwise unable to serve. R51's Notice of Medicare Non-Coverage (NOMNC), included R51's Medicare coverage would end 8/7/25. NOMNC included a handwritten note that FM-B was updated via phone about last coverage day, the appeal process and the email address the document was emailed to. Signature on form was FM-B. During interview on 1/13/26 at 2:24 p.m., FM-A stated she gave the POA paperwork to the facility prior to the NOMNC being issued. FM-A stated she was never informed of the end of Medicare coverage days and was unaware of the appeals process. During interview on 1/13/26 at 2:51 p.m., facility administrator stated the NOMNC was issued to FM-B as she had signed the admission papers and indicated she should be the first contact. Facility administrator stated an unawareness the facility had not been provided with any POA paperwork at the time of the NOMNC being issued. During interview on 1/14/26 at 8:51 a.m., Medicare Account Technician (MAT) confirmed she sent the NOMNC to FM-B as she was listed as the first contact in R51's chart. MAT stated she had not looked for POA paperwork because social services would update if or when POA paperwork was provided to the facility. During interview on 1/14/26 at 9:32 a.m., social services designee (SSD) stated she would usually meet with the resident upon admission to discuss who they would like for their first and second points of contact. SSD stated she would update the first point of contact to the POA after admission if paperwork was provided to the facility. SSD stated the POA paperwork was uploaded for R51 on 6/30/25, however the facility had not changed the first contact to the POA at that time. SSD stated the facility changed their process when receiving POA paperwork to ensure all POA paperwork was given to social services for review upon receipt. Facility policy on POA and resident representative requested and not provided.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 245344	If continuation sheet Page 1 of 1