STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245344	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairview Care Center	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37908 Based on observation, interview and document review, the facility failed to assess residents for their ability to self-administer nebulizer treatments after nurse set up for 1 of 1 resident (R31) observed self-administrating a nebulizer treatment. Findings include: R31's quarterly Minimum Data Set (MDS) dated [DATE] indicated R31 was mildly cognitively impaired with a diagnosis of dementia, heart failure, chronic obstructive pulmonary disease (COPD) and asthma. R31's orders included Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG (milligrams)/3ML (milliliters), three times a day related to COPD. R31's care plan included, resident needs assist with ADL's (activities of daily living), is at risk for falls and to keep environment free of clutter, and resident is alert and oriented, due to forgetfulness, staff to anticipate resident needs. While observing medication administration on 1/14/25 at 10:11 a.m. registered nurse (RN)-A had their medication cart in the main entrance area to the left of the 200-hall entrance. RN-A retrieved the vial of solution and continue to go to R31's room. RN-A rinsed out the machines cup in the bathroom, emptied the vital of medication in the nebulizer cup, placed the mask on R31 and left the room to go and check on another resident. During an observation of the morning medication administration on 1/15/25, trained medication aide (TMA)-A's medication cart was parked in the same location as the previous observation. TMA-A administered R31's oral medications, set up R31 nebulizer and left R31's room to go work on another resident's medication. During an interview on 1/16/25 at 10:35 a.m. LPN-A indicated R31 was not able to self-administer their medications. When a resident receives a nebulizer, the staff are to stay out in the hall while the nebulizer is running and until the resident has completed the treatment LPN-A added it would not be okay to go down the hall to start to set up another resident's medication. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245344	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairview Care Center	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/16/25 at 12:33 p.m., director of nursing (DON) indicated if a resident is assessed to be able to self-administer their medication, the electronic medical record will have it listed on the residents banner for staff to review during the passing of the medications. DON added if they are not assessed then it is not okay to leave the resident with their mediations. DON verified R31 was not assessed to have been left alone with the nebulizer running. Facility policy titled Self-Administration of Medication revised 5/3/17 included, obtain an order for self-administration of medication from medical provider, completed an assessment, establish a care plan, reassess.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245344	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairview Care Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 37908 Based on observation, interview and document review, the facility failed to ensure insulin pens were appropriately labeled according to manufacturer's guidelines with an opened date for 1 of 1 observed medication cart for 1 of 1 resident (R28) who required the use of an insulin pen. Furthermore, the facility failed to ensure tuberculin solution was dated when opened. In addition, failed to ensure expired product was not available for administration for 1 of 1 medication room reviewed for medication storage. This had the potential to affect anyone who would be prescribed this medication. Findings include: During an observation on 1/14/25 licensed practical nurse (LPN)-B removed an insulin pen from the 100 hall cart for R28 and continued to prepare. LPN-B indicated they need to have all insulin verified by a second nurse. While waiting for another nurse, surveyor observed the insulin nearly emptied and found to not have an opened date on the pen. LPN-B said it should be on the plastic cover but was unable to find said cover. LPN-B removed the insulin pen from writers' hand, removed the needle, and threw the pen in the sharp's container. LPN-B verified it was not dated and went to the medication room to retrieve a new pen and then continued with the process to prepare again. Registered nurse (RN)-B came to the 100-medication cart and verified insulin pen LPN-B had prepared for R28. When asked why two nurses are needed to verify insulin, RN-B indicated due to insulin medication error and having two nurse verification was the intervention to help prevent another error. During a medication storage review on 1/16/25 at approximately 1:15 p.m., with director of nursing (DON) to view randomly chosen medications. During the review it was found one bottle of tubersol (used to test for tuberculosis) in the refrigerator, filled from pharmacy on 12/18/24 nearly empty with no date opened. This was used for both residents and any new staff. In addition, it was found several bottles in their stock medication cabinet to have been expired which included senna plus expired 10/2024, stool softeners expired 11/2024 iron tablets expired 12/2024, nasal sprays expired 11/2024, and vitamin D expired 11/2024. During interview on 1/16/25 at 1:32 p.m., the DON indicated they are to be doing monthly checks and should not have expired medications available. Facility policy titled Medication Administration revised 4/19/2024 includes check expiration date on package/container. Facility policy titled Medication Storage in the Facility dated 4/24/2024, includes, medications are stored, following manufactures recommendations. Outdated are immediately removed from stock, disposed of according to procedures and reordered from pharmacy. Medication storage conditions are monitored on a (monthly) basis and corrective action taken if problems are identified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245344	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairview Care Center	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)
F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37908 Based on observation, interview, and document review, the facility failed to ensure residents with difficulty swallowing were assisted with meals by qualified individuals. Findings include: During an observation and interview on 1/13/25 at 5:22 p.m., Activity aide (A)-A was feeding R3 spoon full of food and handing him bites of a sandwich. A-A said she just finished the Paid Feeding Assistant Training. A-A indicated R3 is supposed to be on a pureed diet, but family wants him to have a mechanical soft diet. A-A said R3 aspirates a lot, we give him small drinks and must be assisted by staff. If he feeds himself, he will cough most of the night. R3's Quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R3 had cognitive impairment, lower extremity impairment of one side of the body. R3's diagnoses included stroke, dysphagia (condition affecting ability to swallow), and left-sided hemiplegia (paralysis affecting one side of the body). R3's Medication/Treatment Administration/Order Summary Record reads, LNS (licensed nursing staff) to ensure that staff are feeding him. He eats too fast when he feeds himself. In addition, Resident must be supervised when eating snack in his room. Be sure he is sitting up straight and not reclined in his recliner. Three time a day for coughing and a diet of no concentrated sweets, mechanical soft/thickened liquids texture, honey consistency, no straws for diabetic and dysphagia. R3's care plan includes, uses dentures, per Speech Therapy, staff to feed R3, due to eats to fast, with a goal to safely ingest his prescribed diet with staff assistance. R3's interventions include a mechanically soft diet and honey thick liquids dated 11/20/2024. A share risk agreement completed for the mechanically soft diet with honey thick liquids discussed with daughter POA (power of attorney) on diet, dated 8/9/2024 and will be updated quarterly and as needed. R3's Shared Risk Agreement dated 8/9/24 signed by POA reads R3 has a risk of choking, aspirating, pneumonia and possible death and has been ordered a pureed diet with honey thick liquids. POA has chosen to allow R3 to have mechanical soft foods with honey thick liquids and acknowledge the risks. R3's Speech Therapy Plan of Care dated 8/11/24 indicates treatment diagnosis, dysphasia, Skilled SLP is required for dysphagia treatment to determine the safest and least restrictive diet consistency, decrease risk of aspiration, optimize PO (by mouth) intake, and maximize nutrition and hydration status to improve patient's quality of life. Follow up visit via telehealth dated 8/30/24, R3 has chronic cough, history of recurrent pneumonia, suspected related to aspiration of food and/or secretions. R3's family has requested mechanical soft textures for increased quality of life. Therapist opinion is that mechanical soft textures present a slight increase in aspiration and pneumonia risk, however that it is reasonable to upgrade to mechanical soft for the benefit of pt quality of life. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245344	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairview Care Center	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)
F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3's progress notes for Oral/Nutrition/Dental from consultant dietician dated 10/29/24, includes speech-initiated evaluation of R3 8/11/24 to assess swallow and shared decision making for quality of life. Care staff report he does cough with intake frequently. R3's ability to feed self is dependent on his alertness. Staff provide cues to slow rate of eating. R3's Recertification Visit dated 8/20/24 includes under diagnosis overview number 21, dysphagia: High risk aspiration pneumonia. Recently was recommended pureed diet per SLP (speech therapy). With share decision-making, family agreed to compromise of mechanical soft foods. Pureed and honey thick consistency diet. Works with aids/nursing during mealtimes to prevent him from eating too quickly and reduce the incidents of aspiration. During an email communication on 1/16/25 at 10:29 a.m., director of nursing (DON) indicated, All of our residents are currently able to be fed by the paid feeding assistants. Residents who have had a history of swallowing concerns have all remained safe with their altered texture and liquid consistency diets. If there were noted concerns that would prompt us to review if a paid feeding assistant would be an appropriate option, those concerns would be noted in both the Oral/Nutrition/Dental progress note entered by our RD. During an interview on 1/16/25 at 12:14 p.m., DON verified the facility allowed their unlicensed staff to feed residents despite the diagnosis and food texture recommendations by speech therapy. During an interview on 1/16/25 at 2:14 p.m. medical director (MD) verified an awareness of R3 and his dysphasia diagnosis. MD was not aware staff had not reassessed who could feed him. Facilities Minnesota Department of Health Paid Feeding Assistant Training Program curriculum indicates is a state approve training programs using federal requirements as minimum standards. Federal requirements according to the State Operations Manual under federal number 811 reads, A facility must ensure a feeding assistant provides dining assistance only for residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.