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	01/14/2026

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** Based on observation, interview and document review, the facility failed to ensure a medication was administered safely for 1 of 1 resident (R42) who had been assessed as unable to safely self-administer medications.Findings include:The annual Minimum Data Set (MDS) assessment dated [DATE] indicated R42's had severe cognitive impairment, required set-up assistance for upper body dressing, partial/moderate assistance for lower body dressing, substantial/maximal assistance with taking on/off footwear, and set-up assistance for eating.R42's medical diagnosis included chronic obstructive pulmonary disease (COPD) (lung and airway disease that restricts your breathing), chronic diastolic heart failure (CHF) (causes shortness of breath and fatigue).R42's orders included Ipratropium-Albuterol inhalation three times per day in the morning, afternoon, and evening; does not self-administer nebulizer.During observation and interview on 1/13/26 at 8:32 a.m., R42 stated staff hadn't returned to take her nebulizer mask off so she had to take the nebulizer mask off herself. R42 stated she didn't know if the treatment was complete, she felt the mask had been on for a long time, so she took it off.During observation on 1/13/26 at 10:25 a.m., registered nurse (RN)-A entered R42's room, picked up nebulizer mask and medication chamber, applied to resident's face and left room.During observation on 1/13/26 at 10:56 a.m., RN-A walked into room, stopped nebulizer, unhooked mask and equipment, took into bathroom and rinsed out.During an interview on 1/13/26 at 11:01 a.m., registered nurse (RN)-A stated he prepped R42's morning nebulizer early this morning and administered it after 10 a.m. when she woke up. RN-A stated his process is to start the nebulizer treatment then return in 10-15 minutes later to make sure all the liquid in the cannister is gone. RN-A stated the resident could remove her nebulizer mask; if she removed the mask with liquid still in the chamber, he would replace the nebulizer mask to complete the treatment. sure, stated some residents could complete the nebulizer treatment independently. RN-A stated he wasn't sure if he was supposed to stay in the room for the duration of the nebulizer treatment and added he normally doesn't. RN-A confirmed nR42 was not assessed to self-administer their medication.During an interview on 1/13/26 at 3:39 p.m., nurse manager (NM)-A stated R42 was cognitively impaired, and did not qualify to be able to administer unsupervised medications. NM-A stated it is expected staff remain with R42 for the duration of a nebulizer treatment to make sure she doesn't take the mask off.During an interview on 1/13/26 at 3:53 p.m., assistant director of nursing (ADON) stated staff administering R42's nebulizer treatment was expected to remain in her room for the duration of the nebulizer treatment to ensure she gets the full dose.During an interview on 1/14/26 at 8:33 a.m., director of nursing (DON) stated if a resident does not have a SAM (self-administer medication) assessment, they were expected to remain in the room with R42 for the duration of the nebulizer treatment. DON confirmed the nebulizer order stated R42 does not self-administer medication. DON stated R42 is cognitively impaired and required supervision for the duration of the nebulizer treatment. A facility policy titled Self Administration of Medication dated 11/19/25, confirmed a provider order was required to self-administer inhalation medications.

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to develop a person-centered care plan for 1 of 1 resident (R42) reviewed for respiratory cares.Findings include: The annual Minimum Data Set (MDS) assessment dated [DATE] indicated R42's had severe cognitive impairment. Further, R42 required set-up assistance for upper body dressing, partial/moderate assistance for lower body dressing, substantial/maximal assistance with taking on/off footwear, and set-up assistance for eating.R42's medical diagnosis included chronic obstructive pulmonary disease (COPD) lung and airway disease that restricts your breathing), chronic diastolic heart failure (CHF) causes shortness of breath and fatigue).R42's care plan failed to include a respiratory care plan. Further, the comprehensive care plan lacked the resident preference to have staff remove the nebulizer mask.R42's orders included Ipratropium-Albuterol inhalation three times per day in the morning, afternoon, and evening; does not self-administer nebulizer.During observation and interview on 1/12/26 at 2:02 p.m., R42 pointed to her nebulizer mask sitting on her bedside table (unrinsed); stating when her nebulizer treatments are complete, she must take the nebulizer mask off herself because they don't come back to take off the mask. R42 stated this bothers her and she wishes they would come back to take the mask off.During observation and interview on 1/13/26 at 8:32 a.m., R42 stated staff hadn't returned to take her nebulizer mask off so she had to take the nebulizer mask off herself. R42 stated, she would really like for staff to take the nebulizer mask off. The nebulizer mask was sitting in R42's wheelchair.During observation on 1/13/26 at 10:25 a.m., registered nurse (RN)-A entered R42's room, picked up nebulizer mask and medication chamber, applied to resident and left room.During observation on 1/13/26 at 10:43 a.m., respiratory nebulizer completed (no more steam coming out of the mask), staff have not returned to remove.During observation 1/13/26 at 10:56 a.m., RN-A walked into room, stopped nebulizer, unhooked mask and equipment, took into bathroom and rinsed.During an interview on 1/13/26 at 11:01 a.m., register nurse RN)-A stated sometimes staff get busy and don't return right away to remove the mask from the resident. RN-A stated the nurse managers enter cares plans; he stated all nurses can enter or update care plans but, he does it so infrequently that he asks the nurse managers to do this. RN-A stated R42 does not have a respiratory-specific care plan.During an interview on 1/14/26 at 8:33 a.m., director of nursing (DON) stated baseline care plans are completed when a resident is admitted , and a comprehensive care plan is completed in the coming weeks. Care plans are reviewed quarterly and updated as conditions change. DON stated she would expect a resident with CHF, and COPD to have a respiratory care plan. DON confirmed that R42 did not have a respiratory care plan. DON stated the importance of a respiratory care plan is to address the specific needs of each resident with respiratory conditions.A care plan policy was requested but not received.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to ensure proper infection control practices were performed for 2 of 2 residents (R45, R9) who had their blood sugar checks completed with the same glucometer (machine used to check blood glucose).Findings include:R9's admission Minimum Data Set (MDS) assessment dated [DATE] indicated R9 was diabetic.R9's medication administration record indicated R9's blood sugar was checked four times a day.R45's admission MDS dated [DATE] indicated R45 was diabetic.R45's medication administration record indicated R45's blood sugar was checked four times a day: before meals and at bedtime.During observation and interview on 1/13/26 at 4:04 p.m., licensed practical nurse (LPN)-A took a canvas case containing glucometer from the top of the medication cart and entered R45's room. LPN-A opened the case and placed it on R45's bedside table. LPN-A checked R45's blood sugar, placed the glucometer in the case, and left the room, and placed the case in the top drawer of the medication cart. LPN-A stated residents are supposed to have their own machine [glucometer] however they aren't marked. LPN-A opened case in the medication cart and verified the glucometer used did not have a resident's label on the back. Another canvas case was observed in the top drawer of the medication cart. LPN-A stated they use the same glucometer for all residents and I just wipe them off using the green wipes.During observation on 1/13/26 at 4:32 p.m., LPN-A obtained a green package of Medline FitRight wet wipes, wiped the glucometer and entered R9's room. LPN-A opened the case, placed it on R9's bedside table, and checked R9's blood sugar. LPN-A returned to the medication cart and placed the glucometer in the top drawer. The package of wipes lacked an EPA (Environmental Protection Agency) registration number.During interview on 1/14/26 at 8:13 a.m., registered nurse (RN)-A stated the same glucometer is generally used for all residents and alcohol wipes are used to clean the machine between residents. During interview on 1/14/26 at 9:35 a.m., the infection preventionist stated each resident is assigned their own glucometer, however, would expect staff to use the proper disinfectant wipe and the correct wet time if using the same glucometer for multiple residents. The facility uses Oxivir wipes, or blue top wipes out on the floor. The infection preventionist stated the FitRight wet wipes are for incontinence care and are not appropriate for disinfecting equipment. The blood glucose monitoring system user manual indicated disinfection instructions as: The meter must be disinfected between patient uses by wiping it with a CaviWipe towelette or EPA-registered disinfecting wipe in between tests and be cleaned prior to disinfecting. The disinfection process reduces the risk of transmitting infectious diseases if it is performed properly. It continued: The CaviWipes disinfectant products have been shown to be safe in disinfecting the ProView (glucometer brand name) system. Other EPA-registered wipes may be used for disinfecting the ProView system; however, these wipes have not been validated and could affect the performance of your meter. Disinfection instruction included cleaning the meter of any visible dirt or debris per instruction prior to disinfection. When disinfection, wipe the glucose meter thoroughly including front, back, and sides. Do not wrap the meter in a wipe. If using the CaviWipes towelette, allow to remain wet for 2 minutes. For other EPA-registered disinfecting wipes, allow the surface of the meter to remain wet for the contact time listed on the disinfecting wipe's instructions for use.Medline's website (https://www.medline.com/product/FitRight-Aloe-Personal-Cleansing-Wipes/Z05-PF66413) indicated FitRight Aloe Personal Cleansing Wipes contain aloe and are ideal for everyday clean-ups and incontinence care. The website lists the wipes as alcohol free.A policy titled Disinfecting glucometer dated December 2013 indicated the purpose was to prevent cross-contamination of pathogens among residents requiring blood glucose monitoring. Procedure included: wipe glucometer with a Clorox wipe after each use, allowing 1 minute of dry time before next use and do not use alcohol to clean meter as it will cause damage to the glucometer.