

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Ecumen North Branch		STREET ADDRESS, CITY, STATE, ZIP CODE 5379 -383rd Street North Branch, MN 55056	

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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observation, interview, and document review, the facility failed to ensure the previous year's survey results were available to residents and visitors. This had the potential to affect all residents and/or visitors that wished to review the information. Findings include: During observation on 7/23/25 at 9:24 a.m., the facility survey results were located in a green three ring binder at the front desk. The survey results in the binder were results from a survey dated 9/27/23. No other survey results were in the binder. In review of survey results for facility, the last recertification survey was conducted on 8/9/24. Two complaint surveys were conducted on 9/17/24 and 2/13/25. During interview on 7/24/25 at 10:45 a.m., administrator stated he was responsible for maintaining the survey results binder. Administrator confirmed the last recertification survey, and two complaint surveys were not in the binder. Administrator stated he would update the survey binder.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Ecumen North Branch		STREET ADDRESS, CITY, STATE, ZIP CODE 5379 -383rd Street North Branch, MN 55056	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and document review, the facility failed to store food preparation items in a sanitary manner. This had the potential to affect all residents who resided in the facility. Findings include: During observation and interview on 7/22/25 at 11:15 a.m., a tour of the kitchen was completed with the director of culinary services. During the tour, was a stack of 9 large steam table pans on a storage rack to be used for food preparation. The director of culinary services stated those pans were clean and ready to use for food preparation. Upon examining the stack of steam table pans, 5 of 9 steam table pans were stored with visible moisture on the pans. The director of culinary services stated all dishes in the kitchen are to be completely dry before being stored and it looked like these pans were not completely dry. Once the dishes are washed and air dried, they should have been checked to ensure they are dry before placing them on the storage shelf. When dishes are stored wet there is increased risk for germs and bacteria to grow that cause illness. During an interview on 7/23/25 at 3:08 p.m., the administrator discussed the policy regarding storage of dishes. The facility's Ware Washing policy dated August 2023, identified dishes must be air dried on the dish racks or established drying racks and be inspected for dryness before putting dishes away.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Ecumen North Branch		STREET ADDRESS, CITY, STATE, ZIP CODE 5379 -383rd Street North Branch, MN 55056	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review the facility failed to ensure damp laundry was not left in overnight in the washing machines used for resident clothing. This deficient infection prevention practice had the potential to impact all 44 residents who resided at the facility. Findings include: During an observation and interview on 07/22/25 at 11:08 a.m., laundry staff (LS-A) stated bed linen and other laundry was sent out to a service, the facility staff only washed resident clothing and mop heads and cleaning cloths at the facility. LSA stated part of the laundry duties included starting a load of mop hands and cleaning rags in the washing machine before leaving for the day. Staff the next morning were responsible for putting the items in the dryer. During an interview on 7/23/25 at 1:15 p.m., with the DON and the infection prevention nurse, both reviewed the facility policy and did not find cleaning supplies specifically addressed in the laundry policy. Both indicated it was possible for bacteria to grow when things were left damp for a prolonged period of time. During an interview on 7/24/25 at 10:05 a.m., the laundry environmental services manager and administrator confirmed it was practice for laundry staff to start the washing machine load of cleaning cloths and mop heads at the end of their shift for the morning staff to put in the dryer the following day. Both indicated if it was an infection prevention concern, it would be easy for them to adjust their washing practice so the items could go directly into the dryer after the wash cycle. The facility policy Departmental (Environmental Services) - Laundry and Linen dated 1/2014, instructed do not leave damp linen in washing machines overnight. When washing machine is not in use, leave doors open.</p>		