

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Havenwood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1633 Delton Avenue NW Bemidji, MN 56601	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to utilize assistance devices (transfer belt) and provide a hazard free environment as care planned for 3 of 4 residents (R1, R3, R4) reviewed for falls.</p> <p>Findings include:</p> <p>R1's Resident Face Sheet indicated she admitted to the facility 8/21/24, with diagnosis that included fracture of left scapula, weakness, moderate dementia and back pain.</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified intact cognition and indicated she had upper extremity impairments to one side. The MDS indicated R1 required substantial to maximal assistance to transfer and stand and indicated ambulation was not attempted due to medical condition or safety concerns. R1's MDS indicated she had sustained two or more falls since the prior assessment with no injury and two or more falls with minor injury.</p> <p>R1's care plan dated 6/5/25, identified a risk for falls and decreased physical mobility related to left shoulder injury, muscle weakness and inability to ambulate. Care plan interventions included extensive assistance from one to two staff to transfer from recliner and assistance from one staff with gait belt on/off the toilet.</p> <p>5/22/25, Event Report indicated at 4:00 a.m., R1 was being assisted to sit down in the chair, suddenly felt a bit dizzy and hit the floor. R1 was face down on the floor and had hit her head. Progress Note dated 5/22/25, indicated nurse was called into R1's room. R1 was seen face down on the ground with no transfer belt around her waist. nursing assistant (NA) stated she was trying to assist R1 into the recliner chair when she fell forward on her face.</p> <p>During observation and interview on 6/10/25 at 10:38 a.m., R1 was seated in a wheelchair in her room. R1 had a bump on her forehead that was purple in color along with dark purple bruising under both eyes, on both sides of her mouth and under her chin, covering the upper part of her neck. R1 said NA-A had assisted her to the bathroom and said on the way back, NA-A was walking behind her and she fell. R1 stated NA-A had not used the transfer belt and said, she remembered her head hitting the floor. R1 said, I heard it just pop.</p> <p>R3's Resident Face Sheet indicated she admitted to the facility 2/25/25, with diagnosis that included dementia, history of fracture, osteoporosis and anxiety.</p> <p>(continued on next page)</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: 245397	If continuation sheet Page 1 of 3

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's quarterly MDS dated [DATE], identified severe cognitive impairment The MDS indicated she required substantial to maximal assistance for transfers and ambulation and had no falls since the prior assessment.</p> <p>R3's care plan dated 6/5/25, identified a self care deficit related to right hip and wrist fractures, cognitive deficits and decreased physical mobility with potential for falls.</p> <p>Resident Care Sheet dated 6/6/25, indicated R3 was a fall risk. Interventions included, do not leave bed remote with R3. The care sheet further directed staff to transfer R3 using assistance from two staff and a transfer belt.</p> <p>Event Report and correlating Progress Notes indicated on 6/2/25 at 12:00 a.m., nurse was called to R3's room where she was sitting on the floor next to her bed. The bed was in the highest position. R3 reported she had hit her head. Staff had been in the room [ROOM NUMBER] minutes prior and the bed had been in the lowest position. Staff believed R3 was on the remote control which caused the bed to raise resulting in the fall.</p> <p>During observation on 6/11/25 at 7:44 a.m., R3 was laying in bed. The control for the bed was in reach of R3 next to her head.</p> <p>During observation and interview on 6/11/25, at 7:51 a.m., NA-B reviewed the care sheet and said staff were not to leave the remote in reach of R3. NA-B verified placement of the remote and said the overnight shift had been the last ones in the room.</p> <p>R4's Resident Face Sheet indicated she admitted to the facility 5/23/25, with diagnosis that included hemiplegia and hemiparesis, cerebral infarction (stroke), weakness of upper and lower extremities and disorder of bone density.</p> <p>R4's admission MDS dated [DATE], identified intact cognition and indicated she had upper extremity impairment on one side. The MDS indicated R4 required partial to moderate assistance for transfer and ambulation and had not fallen since admission.</p> <p>R4's Individual Resident Care Plan dated 5/23/25, indicated she transferred with assistance from one staff using a transfer belt and was receiving therapy.</p> <p>Resident Care Sheet dated 6/6/25, indicated R4 required assistance from two staff using a transfer belt for transfers and ambulation.</p> <p>During observation on 6/11/25 at 7:36 a.m., NA-C was walking with R4 down the hall past the nurses station. NA-C was not using a transfer belt. At 7:41 a.m., NA-C was interviewed about the transfer belt. NA-C said R4 was supposed to have a transfer belt and said, it bothers her and I couldn't find it.</p> <p>During interview on 6/11/25 at 8:58 a.m., registered nurse (RN)-A stated based on the care plan and the care sheet, a transfer belt should have been used when transferring R4.</p> <p>R4's therapy Ambulation Recommendations to Caregivers dated 6/4/25, directed staff to ambulate R2 twice daily with four wheeled walker and assistance from two staff.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 6/11/25 at 9:07 a.m., the director of nursing (DON) stated staff were expected to follow the care sheets. The DON said staff should be able to pick up the care sheet and take care of any of the residents. The DON further stated R4's bed remote could be locked but not all the staff were aware so she directed them not to place the remote within R4's reach.</p> <p>During interview on 9/11/25 at 9:15 a.m., physical therapy assistant (PTA)-A stated the transfer belt enabled staff to control a residents movement while walking with them at their center of gravity. PTA-A said if a resident started to fall, the transfer belt allowed staff to correct the movement and/or assist with lowering the resident to the floor. PTA-A stated therapy recommended a transfer belt as it was the easiest and safest way to control a resident.</p> <p>During interview on 6/11/25 at 9:43 a.m., NA-B stated she was not aware the bed remotes could be locked. NA-B said she used the remote to adjust the bed when completing cares.</p> <p>During interview on 6/11/25 at 9:45 a.m., family member (FM)-A stated R3 had sustained two falls since she admitted to the facility. FM-A said the second fall happened when she fell out of bed. FM-A said she was told the bed could not be controlled by the remote. FM-A said when staff transferred R4, sometimes staff used a transfer belt and sometimes they did not. FM-A said the order was for two staff and a transfer belt and said sometimes it's two and no belt, sometimes one and no belt and sometimes a belt. FM-A stated it would help if the staff looked at their sheets (care sheets).</p> <p>Facility policy Transferring of Residents dated 5/2025, indicated residents who are unable to transfer themselves independently or with minimum assistance shall be transferred following the principles of this policy to allow for maximum safety during transfer.</p> <p>-Transferring resident with single assist, assure transfer belt is in position on resident.</p> <p>- Transferring resident with double assist, assure transfer belt is in place on resident.</p>		