

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  07/17/2025
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)		
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review the facility failed to report an allegation of neglect of care to the state agency (SA) for 1 of 3 residents (R1) reviewed who alleged neglect of care. R1's Resident Face Sheet indicated she admitted to the facility on [DATE]. R1's diagnosis included atrial fibrillation, adult failure to thrive and hypertension. R1's Individual Resident Care Plan dated 6/19/25, indicated she required assistance with repositioning, toileting and wheelchair mobility and displayed no behaviors. R1's Progress Note dated 6/22/25, indicated R1's family spoke with nurse regarding R1's condition. R1's family insisted R1 be sent to the emergency department because they felt facility's care of R1 was poor. R1 had not been eating or drinking much and refusing to take her medications. Family asked for boxes to pack up R1's belongings and said they would not be bringing R1 back to the facility. R1's Progress Note dated 6/23/25, indicated social services designee (SSD) called and spoke with R1's family member (FM)-A to discuss the weekend happenings. FM-A said the lack of care was neglect and everyone could see R1 had not been doing well. FM-A said, this was uncalled for, poor care/neglect. Later in the afternoon, SSD spoke with hospital staff who reported R1 was dehydrated and throwing up on arrival to the hospital. A facility Grievance Form dated 6/23/25, indicated R1's family expressed concerns about her care and condition. R1 was sent to the hospital for evaluation and facility informed facility she would not be returning. During interview on 7/16/25 at 1:46 p.m., the SSD stated she thought the allegation of neglect from the family was because R1 was not getting enough to drink or food. The SSD said R1's FM-A had reported neglect to her and said she did not believe it had been reported to the SA. During interview on 7/16/25 at 1:57 p.m., licensed social worker (LSW)-A stated the allegation of neglect was not reported to the SA because the facility did not feel neglect had occurred. LSW-A said the facility felt the family was unhappy that staff had not sent R1 to the hospital. During interview on 7/16/25 at 3:11 p.m., licensed practical nurse (LPN)-A stated he had worked with R1 over the weekend. LPN-A said R1 seemed okay on Friday when she admitted to the facility. LPN-A said on Sunday the family was really upset and talked about the care at the facility being poor and that R1 would not be coming back. During interview on 7/16/25 at 3:38 p.m., the administrator stated the allegation of neglect had not been reported to the SA. The administrator said she had not been aware of any concerns until Sunday night after some of the owners had spoken with the family. The administrator stated her understanding had been that family was upset about care and the facility wanted to talk to them and ask what the issues had been. Facility policy Abuse Prevention/Prohibition Program dated 4/23/24, defined neglect as the failure of the facility, it's employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotions distress. The policy indicated allegations of neglect would be reported within two hours if neglect resulted in serious bodily injury and within 24 hours if the neglect did not result in serious bodily injury.</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
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