STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245397	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havenwood Care Center	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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to ensure 1 of 3 residents reviewed for safety from hot liquids was free from burns. This resulted in actual harm to R1 who spilled hot coffee on his lap and sustained a second-degree burn. In addition, the facility failed to implement a system to assess residents for safety with hot liquids.Findings include:R1's Resident Face Sheet indicated he admitted to the facility 7/21/23. R1's diagnosis included dementia, aspiration pneumonia, dysphagia (difficulty swallowing) and insomnia. R1's quarterly Minimum Data Set, dated [DATE], identified severe cognitive impairment and indicated he required set up or clean up assistance to eat.R1's care plan dated 1/11/26, identified a selfcare deficit related to dementia, poor coordination and weakness. The care plan identified a potential for alteration in nutrition and directed staff to assist with set up for meals. The care plan indicated R1 was independent with eating but required supervision and cueing at times.R1's nursing assistant care guide dated 12/26/25, indicated covered mug with cooled coffee only, no styrofoam cups. R1's Event Report dated 12/28/25, indicated a burn with moderate pain. Activity during occurrence indicated he had been drinking coffee.R1's Progress Notes indicated the following:11/7/25 at10:26 a.m., R1 had a burn on his left foot after spilling coffee on himself. 11/7/25 at 12:14 p.m., Assessed R1's left foot after spilling coffee on himself in the morning. Minimal to no redness at this time.12/17/25, New speech recommendation. Regular diet. R1 to be supervised, cue and possibly assist at meals as he was having a more difficult time with self-feeding.12/28/25, 5:36 a.m., Staff was called to R1's room and notified he had been drinking a cup of coffee and spilled on himself. R1's shirt removed and he had a large area to left side of his body, including his forearm that was bright red. Three inch x three inch area of skin was peeling. R1 would not let writer touch areas. 12/28/25 at 8:03 a.m., Staff reported R1 had spilled coffee on his left forearm and abdomen. Pain medication had been administered and cold pack applied to areas. Upon assessment there was redness to forearm and abdomen with an area of peeling skin to his abdomen. Treatment completed with minor discomfort. Monitoring of burn implemented. 12/29/25, Nurse Practitioner (NP) assessed burn. Orders to start Bacitracin and monitor for secondary infection.R1's Physician Progress Note dated 12/31/25, indicated R1 was seen due to a burn that occurred on 12/28/25, due to hot coffee. The left abdomen and forearm were burned. R1 seemed to have some discomfort of the left forearm. Second degree burn on left abdomen with open blistering area. First to second degree burn on left forearm, skin intact. During observation on 1/16/26 at 8:01 a.m., R1 was seated in his room in a wheelchair. When spoken to, R1 answered non-sensically. During observation and interview on 1/16/26 at 8:03 a.m., the dietary manager (DM) said early morning coffee was probably made by staff in the activity kitchen because the main kitchen was closed and locked. The DM made a pot of coffee using the pot in the activity kitchen and temped the coffee. The coffee temperature in the cup was 170 degrees Fahrenheit. On the counter in the kitchen were several coffee cups with lids and a small (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

Printed: 04/02/2026
Form Approved OMB
No. 0938-0391

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	package of syrofoam cups. During interview on 1/16/26 at 8:32 a.m., nursing assistant (NA)-A stated several residents liked to have coffee early in the morning. When asked how staff knew who required a lid, NA-A said she would ask the charge nurse or other staff. NA-A said, there should have been a list in the kitchen.During interview on 1/16/26 at 9:02 a.m., the director of nursing (DON) confirmed the overnight staff used the activity kitchen to make coffee for the residents. During interview on 1/16/26 at 10:34 a.m., the administrator stated the facility did not have a policy related to safe serving temperatures for hot liquids.On 1/16/26 at 10:42 a.m., NA-B and NA-C were interviewed. NA-B said she gave everyone a lid when serving hot beverages. NA-C said if someone required a lid, it should have been in the care plan. NA-C said R1 was a little shaky at times and said he could pick stuff up but did not have good dexterity. During interview on 1/16/26 at 10:48 a.m., The DON stated they had gotten rid of the styrofoam cups for all the residents. The DON said they now used a handled cup with a lid instead of trying to determine who could use styrofoam and who could not. The DON said the facility did not have an assessment tool to determine who was safe to have hot liquids. In regard to R1's burn, the DON said the skin peeled immediately then blistered.During interview on 1/16/26 at 12:13 p.m., the chemical and beverage technician form the company that leased the coffee pot said the coffee needed to be brewed at a certain temperature for sterilization and palatability. The technician said the temperature had to be at least 180 degrees Fahrenheit to kill germs and said they recommended 195 - 200 degrees for brewing. He said they recommended bringing the temperature down to 150 degrees for service.During interview on 1/16/26 at 12:40 p.m., NA-D stated she had served R1 his coffee the morning he had been burned. NA-D said she had not been aware R1 required a specific cup and said no handled cups had been available. NA-D stated R1's care sheet had reflected no styrofoam cups, but she had not seen it. NA-D said she would not have known how to check the temperature of the coffee but at times she had cooled coffee by putting some cold water in it.During interview on 1/16/26 at 12:35 a.m., NA-E said there was only one resident she was aware of aside from R1 who used a cup with a lid. NA-E said if she had to cool coffee, she would add a little bit of cold water or ice. NA-E said there were several residents with dementia that drank coffee but none had been identified as needing the coffee cooled before serving.