STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245434	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany on the Lake LLC	1020 Lark Street Alexandria, MN 56308

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 - Minimal harm or potential for actual harm Residents Affected - Some	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 an environment was free of accident hazards, related to hot water temperatures in 8 of 8 resident rooms (114, 2117, 2208.2210, 2211, 2214, 2228, 2234), tested for safe water temperatures. This deficient practice had the potential to affect all 8 residents who used water from the water faucets in the affected area.Findings include: According to Minnesota Administrative Rules 4658.1365 Subp.7. Hot water supplied to sinks and bathing fixtures must be maintained within a temperature range of 105 degrees Fahrenheit to 115 degrees Fahrenheit at the fixtures. On 8/11/25 at 11:33 a.m., during resident screening the water temperatures in room [ROOM NUMBER], 2210, and 2215 felt very warm to the touch after running water for one minute. During an interview on 8/11/25 at 12:05 p.m., R79 stated the water in her bathroom was pretty hot. During an interview on 8/11/25 at 12:12 p.m., R 69 stated he was not able to leave his hands under the faucet in his bathroom too long or the water got too hot. During an observation and interview on 8/11/25 at 12:30 p.m., director of maintenance (DOM) used the facility digital thermometer to measure the water temperatures in resident rooms. DOM - verified the water temperatures were above 115 degrees Fahrenheit (F) and stated resident hot water temperatures were to be maintained between 105- and 115-degrees F. DOM stated the facility just got a new hot water heater a few weeks ago and they are still working on getting water temperatures adjusted. Water temperatures were as follows:-room [ROOM NUMBER] 118.7 degrees F.-room [ROOM NUMBER] 117.6 degrees F.-room [ROOM NUMBER] and 2210 116.6 degrees F.-room [ROOM NUMBER] was 117.5 degrees F.-room [ROOM NUMBER] 117.8 degrees F.-room [ROOM NUMBER] 119.4 degrees F.-room [ROOM NUMBER] 117.6 degrees F.During an interview on 8/12/25 at 10:00a.m., administrator verified hot water temps should be maintained between 105 to 115 degrees F. Administrator stated hot water heater was turned down and maintenance was checking water temperatures. Review of a facility policy titled Hot Water Temperature Policy revised 10/2024, identified domestic hot water in the facility shall be kept within 105 and115 degrees F. to prevent scalding of residents. Identified hot water fixtures that service the resident rooms, bathrooms, common areas, and tub/shower areas shall be set between 105- and 115-degrees F. per MN State Regulation.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245434	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany on the Lake LLC	1020 Lark Street Alexandria, MN 56308

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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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview and document review, the facility failed to ensure all three years of survey results were readily accessible for residents or visitors. This deficient practice had the potential to affect all 78 residents currently residing in the facility.Findings include: During an observation on 8/12/2025 at 11:47 AM, the facility survey results were located in a white binder posted on wall by the nurse's desk on second floor. The last survey results noted in the binder was for a standard abbreviated survey dated 1/10/25. The facility lacked the survey results for the following surveys completed-abbreviated survey completed on 7/3/24-abbreviated survey completed on 9/16/24-abbreviated survey completed on 12/24/24During an interview on 08/12/2025 at 11:55 a.m., administrator confirmed other surveys had been completed and were not included in the binder. Administrator indicated all surveys should have been included in the binder, so residents, visitors, and staff could look at them, as was their right. A policy was requested but not provided. On 8/14/25 at 8:13 a.m., administrator's e-mail indicated the facility did not have a policy but would default to the State Operations Manual.