

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Whispering Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 102 East North Street Janesville, MN 56048	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure resident status was accurately identified on the Minimum Data Set (MDS) assessment for 1 of 2 resident (R25) reviewed for anticoagulant use. Findings include: R25's Face Sheet printed 8/6/25, included diagnoses of peripheral vascular disease (narrowing or blockage of blood vessels) , chronic atrial fibrillation (irregular heart rhythm), edema and chronic venous hypertension (high blood pressure in veins leading to insufficiency causing swelling) with ulcer and inflammation of bilateral lower extremities. R25's quarterly Minimum Data Set (MDS) dated [DATE], section N, included R25 was receiving a diuretic, antiplatelet, hypoglycemic and antidepressant medication. Anticoagulant medication was not checked as receiving. R25's physician orders dated 7/20/25, included warfarin sodium (anticoagulant/blood thinner) 1 mg tablet by mouth six times per week on Monday, Tuesday, Wednesday, Thursday, Friday and Saturday and 1.5 mg tablet of warfarin sodium one time a week on Sunday. During interview on 8/6/25 at 3:35 a.m., the director of nursing confirmed the MDS was coded incorrectly and confirmed R25 had received warfarin when the MDS was completed in June 2025. During interview 8/6/25 at 3:05 p.m., registered nurse (RN)-C, also identified as MDS coordinator, stated R25 has always been on warfarin so she must have just forgotten to check the anticoagulant box when she completed R25's MDS in June 2025. A policy on MDS coding was requested and not received.</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: 245440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Whispering Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 102 East North Street Janesville, MN 56048	
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 - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Whispering Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 102 East North Street Janesville, MN 56048	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to ensure fall risk interventions were completed after a fall for 1 of 2 residents (R6) identified at risk for falls to prevent further falls. Findings include: R6's Face Sheet printed 8/6/25, indicated R6 had diagnoses including heart failure, dementia, chronic kidney disease stage IV (severe irreversible damage to the kidneys) and chronic respiratory failure. R6's significant change Minimum Data Set (MDS) assessment dated [DATE], indicated R6 had a severe cognitive impairment with no delirium or behaviors. Activities of daily living (ADL's) included R6 uses a wheelchair and requires partial/moderate assistance for oral care and eating, and substantial to maximal assistance for toileting, showering, personal hygiene, bed mobility and transfers. Walking was not attempted. R6 has had one fall without injury since prior assessment. R6's Care Area assessment dated [DATE], indicated R6 was at risk for falls. See plan of care for fall interventions. Fall assessment last completed 8/4/25, identified R6 was at risk for falls and has had 1-2 falls in the past 3 months, has decreased safety awareness with impaired mobility. R6's plan of care last updated 5/27/25, indicated R6 was at risk for falls related to heart problems, terminal diagnosis of heart failure, takes medications that cause resident to be dizzy, tired, confused or weak and have trouble sleeping. Interventions included: bed low to the ground with wheels locked, remind to ask for help, therapy department performed Lift Chair Safety Assessment and is safe to use recliner chair in her room, keep important items within reach, frequent checks and night light on at night. Facility Incident Report dated 4/19/25 at 3:48 a.m., by licensed practical nurse (LPN)-A indicated R6 was trying to get up and go the bathroom and was found on the floor. Was observed in bed at 1:30 a.m. Current interventions and other factors included reclining chair, tray table, room close to nurses station, call light was in reach, but call light was not on. New intervention included floor alarm and teaching use of call light. No injuries noted. Interdisciplinary team review (IDT) completed 4/21/25, included R6 has had 1 fall within the last year. Intervention included floor alarm placed on floor while in bed and teaching of use of call light. Facility Incident Report dated 6/3/25 at 7:30 p.m., by LPN-B indicated resident was observed on floor and stated I thought I could get into my bed myself so I tried. R6 stated she landed on buttocks then onto her back and hit her head on the floor. Current interventions and factors included low bed, attempting to transfer without staff assist, call light in reach but was not on. No injuries. New interventions included a personal alarm and teaching on safe transfer techniques, and use of call light for assistance. IDT review, undated, included personal alarm was placed on person. 2 falls within the last 2 months. Facility Incident Report 7/30/25 at 4:00 p.m., by registered nurse (RN)-A included resident was observed on floor in front of her recliner. Recliner was elevated for her legs to be up. Call light was in reach but call light was not on. No injuries noted. IDT team review, undated, included 3 falls with the past 3 months. New intervention included recliner was unplugged and foot elevation pedal will not be used. On observation and interview 8/4/25 at 3:34 p.m., R6 was sitting in her wheelchair with a personal alarm on her chair and clipped to resident. Family member (FM)-A was sitting in R6's recliner in her room and stated R6 used her lift chair and fell out last week. FM-A stated they notified her of the fall and said they were going to unplug the recliner. FM-A used buttons on side of recliner and recliner began to put feet up and stated I guess they didn't unplug it as it still works. On observation and interview 8/5/25 at 9:23 a.m., R6 was sitting in her wheelchair with personal alarm on. R6 stated she does sit in her recliner sometimes but doesn't want to right now. R6 sorting through her drawers. Power recliner remains plugged in and working. On observation and interview 8/6/25 at 7:54 a.m., R8 was assisted to tub room by nursing assistant for hospice (NA)-A. Electric recliner continues to be plugged in and functioning. NA-A stated she has seen R6 in her recliner periodically when she comes. NA-A was unaware of any recent falls and is unsure if it should be plugged in or not. On interview 8/6/25 at 9:04 a.m., NA-B stated R6 has been evaluated for use of her electric chair and has been okayed to use it. NA-B stated she hasn't been told anything different and wasn't aware it needed to be unplugged. On interview 8/6/25 at 9:19 a.m., NA-C stated R6 does use her recliner and after lunch staff will generally put her in the recliner for awhile. NA-C stated we do have to watch her close or she will try to climb out of it when she gets tired of sitting there. NA-C stated he didn't believe R6 could use the electric chair control buttons but was not aware the recliner was not supposed to be plugged in. On interview 8/6/25 at 9:20 a.m., RN-B stated two weeks ago R6 was in her recliner with the legs up and she tried to climb out of it without putting the feet down. The recliner tipped down and she slid out. RN-B stated she was not aware the recliner was to be</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Whispering Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 102 East North Street Janesville, MN 56048	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on interview and document review, the facility failed to submit accurate data for staffing information based on payroll and other verifiable and auditable data during 1 of 1 quarter reviewed- Quarter 2, 2025, (January to March), to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS. Findings include: The CMS payroll-based journal (PBJ) staffing data report indicated the following infraction: Excessively Low Weekend Staffing- Submitted Weekend Staffing data is excessively low. During interview on 8/4/25 at 12:45 p.m., director of nursing (DON) stated she was unsure why they would have triggered for low staffing and that they always had staff on the weekends. DON further stated they used agency staff on weekends to fill shifts their staff could not cover. During interview on 8/4/25 at 1:10 p.m., administrator, who oversees submission of the PBJ data, stated he recalled there may have been a delay in getting staffing hours from the agencies they work with to fill shifts, and that may be why it appeared they had low weekend staffing. Administrator further stated he was not aware of actual low weekend staffing and that weekends were always staffed by hired staff or agency staff. Administrator stated he would work with agencies to get accurate staffing hours submitted. Review of facility provided documents titled 2025 Master Nursing Staff Schedule and Time Card Report dated 1/1/25 -3/31/25, indicated the facility did not have low weekend staffing on any weekend during that time period. A facility policy on Payroll Based Journal Submission was not received.</p>		