| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245451 | A. Building<br>B. Wing | 07/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Fairway View Neighborhoods | 201 Mark Drive<br>Ortonville, MN 56278 |

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 0732<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Post nurse staffing information every day.<br><br>Based on observation, interview, and document review, the facility failed to include the resident censes on the facility nurse staff posting. This deficient practice had the potential to affect all 49 who resided in the facility and any visitors who may have wished to view the information. During an observation on 7/20/26 at 3:46 p.m., nurse staff posting dated 7/20/26, was observed on a bulletin board by the director of nursing (DON) office. The staff posting included the total number of nursing staff hours, broken down into sections of day shift, evening shift, and overnight shift, with spaces in each section for registered nurse (RN), licensed practical nurse (LPN), trained medication aide (TMA), and certified nursing assistant (NA). The posting lacked information on the resident census. During an interview on 7/20/26 at 4:00 p.m., DON indicated that the process was for the night shift to post the nurse staff posting. DON verified that the census area was blank and should have been included in the posting. DON indicated that it is important to list the censes and staffing in order to have the information available to residents and visitors. Facility policy titled Posting Direct Care Daily Staffing dated 9/27/22, identified the information recorded on the form shall include the name of the facility, the date for which the information is posted, the resident census at the beginning of the shift for which the information is posted. The direct care daily staffing lacked the census information. |

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 |
|---|---|---|
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