

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2026
NAME OF PROVIDER OR SUPPLIER  Lb Broen Home		STREET ADDRESS, CITY, STATE, ZIP CODE  824 South Sheridan Street Fergus Falls, MN 56537	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to provide services in a dignified manner for 1 of 1 residents (R31), reviewed for dignity. Findings include: R31's quarterly Minimum Data Set, dated [DATE], identified R31 was cognitively intact and had diagnosis which included renal insufficiency, diabetes mellitus (DM), and hypertension (elevated blood pressure). MDS further identified R31 was continent of bowel and bladder and required staff assistance with activities of daily living (ADL's) which includes bed mobility, transfers, and toileting. Review of a bowel and bladder assessment dated [DATE], identified R31 was continent (has control of ) bowel and bladder. Review of R31's care plan revised 1/30/26, identified R31 was aware of the need to void or defecate and would request to use the toilet as needed. During an interview on 5/17/26 at 11:54 a.m., R31 stated staff put diapers on me, I know when I need to use the bathroom and I am not incontinent. R31 stated I have told staff it makes me feel like a baby when they put a diaper on me. During an observation on 5/18/26 at 8:20 a.m., nursing assistant (NA)-A excused R31's room and wheeled R31 to the dining room and returned to the hallway. R31 motioned for surveyor to come over to his table. R31 pulled his pants outward slightly and grabbed at his brief and stated she just put this on me a few minutes ago. During an interview on 5/18/26 at 8:45 a.m., NA-A verified she placed a brief on R31 this morning even though R31 was not incontinent of his bowel or bladder. NA-A stated she was unsure why she placed a brief on R31 but was aware that R31 did not like to wear briefs and stated R31 would take the brief down and place it around his ankles. During an interview on 5/18/26 at 9:27 a.m., registered nurse (RN)-A verified R31 was continent of bowel and bladder. RN-A stated staff puts a brief on R31 out of habit. R31 stated her expectation was that staff not place a brief on any resident that is continent to maintain resident dignity. During an interview on 5/18/26 at 9:27 a.m., director of nursing (DON) stated her expectation was that staff not place a brief on residents that are continent. DON stated it was important to maintain R31's dignity. Review of a document / facility policy titled Combined Federal and State Resident [NAME] of Rights dated 12/22/25, identified a facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each residents individuality. The facility must protect and promote the rights of the resident.</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
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