STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20794 Based on observations, interviews and document review, the facility failed to ensure resident living areas are free from odors for 2 of 2 residents (R8 and R14) in the sample whose room odors permeated the surrounding halls. This had the potential to affect residents in surrounding rooms, visitors and facility staff. In addition the facility failed to fully investigate missing personal items for 1 of 1 residents (R9) with reports of missing clothing that was reported missing for approximately two months. Findings include: R8 In review of R8's Diagnosis Report (print date 4/30/25) documented the diagnoses of morbid obesity with alveolar hypoventitlation {a condition where the lungs don't move enough air in and out, leading to a buildup of carbon dioxide (hypercapnia) and a decrease in oxygen levels in the blood}, and type 2 diabetes. R8's 5-day Minimum Data Set (MDS) - post hospitalization , dated 2/12/25, indicated R8 was independent with self cares, requiring partial/moderate assistance with toileting and substantial/maximal assistance with showering/bath. In review of R8's Brief Interview for Mental Status (BIMS), resident was assessed to be cognitively intact. During screening interview on 4/28/25 at 2:12 p.m., there was a distinct urine and other odors to R8's room, however, R8 stated it was due to being toileted after an incontinent bowel movement. On 4/29/25 at approximately 9:30 a.m., noted a strong almost necrotic odor (a foul-smelling odor that often arises from the breakdown of dead tissue and bacterial activity within the wound) emanating from R8's room. R8 was noted to be sitting in his wheel chair, reading papers on his tray table. R8 was asked about the odor, to which he stated he had not yet done his morning cares. During an interview on 4/29/2025 at 10:17 a.m., nursing assistant (NA)-A stated R8 has a really strong odor to himself, and refuses staff to assist him with his activities of daily living (ADLs). R8 only feels a need for a weekly bath and did his own peri-area and washing up. We offer to assist and will occasionally allow staff to wash his back. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of R8's care planned area of Self care (dated 7/17/24), under the Intervention/Tasks section the following was documented: Assist resident with personal hygiene including pericares in the morning, evening and as needed. Resident will at times refuse for staff to assist with completing cares as he prefers to be independent with this task. Throughout the day of 4/29/25, the odor continued to be noted as one passed R8's room. During environmental tour on 4/29/25 at 3:30 p.m., the following facility staff accompanied surveyor to R8's room: regional maintenance director (CMD), regional administrator (RA), the facility's maintenance director (FM), director of nursing (DON) and interim administrator (IA). CMD stated he was unaware of the odor until this morning when he arrived and walked by R8's room. CMD stated he would check with the facility house keeping department to see if an odor block container had been placed. DON stated R8 didn't have any open areas that would have potentially caused the smell. DON attributed the smell to resident being obese with multiple abdominal folds, R8 has an issue with yeast build up in those areas. DON stated R8 provides all his personal cares while he was not wishing staff to assist due to embarrassment. R8 occasionally allows staff to wash his back and assist during showers, however refused staff to assist with pericare and washing and drying of abdominal folds. During further interview on 4/29/25 at 4:40 p.m., CMD and facility housekeeping director (FHD), noted R8 was not currently in his room, showed the facility had placed an odor block container behind his wardrobe and was 1/2 empty. FHD stated the house keepers have done a deep cleaning of R8's room and every time resident has a shower and/or his sheets are changed, housekeeping wipes down R8's mattress with a sanitizer / deodorizer. FHD stated the odor goes away for a short period of time then returns. R14 In review of R14's Diagnosis Report (print date 4/30/25) documented the diagnoses of Neuromuscular dysfunction of bladder, lumbar spina bifida with hydrocephalus (a birth defect where the spine and spinal cord don't close completely, is often associated with hydrocephalus, a condition where excess fluid accumulates in the brain) and morbid obesity. R14's significant change MDS, dated [DATE], indicated R14 was cognitively intact and required supervision and touch assistance with verbal cueing for all ADLs. During initial tour of surveyor's assigned area, on 4/28/24 at 1: 00 p.m., which included R14's room, a strong odor of urine was noted, emanating from resident's room. It was also noted the door to R14's room was closed. The odor could be noted into the adjacent dayroom and within approximately 6 feet of the joining hall of rooms. On 4/28/25 at 1:13 p.m., after knocking on R14's door and being invited in, the odor of urine became even more apparent. Inside the room, R14 was laying on her bed using her iPad as introductions were made. Against the window was was a bariatic commode, the curtains were pulled and lights were out. While being interviewed, R14 was asked about the odor in the room. R14 stated the odor in the room is from her, and stated she doesn't notice it, I have the scent sticks that cover and absorb. When asked how often housekeeping comes in to clean, R14 stated at least weekly. R14 stated she is working on writing fantasy series of books and needed to concentrate. R14 stated she toilets herself, only asking staff to assist when she is tired. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview on 04/28/2025 at 1:34 p.m., nursing assistant (NA) - A stated she is responsible for the resident on the south end of the wing. NA-A stated R14 rarely leaves the room, occasionally when they can talk her into having a shower. R14 washes self after set up by staff, but usually refuses assistance. NA stated R14's room has had an odor for a very long time, and she doesn't always allow staff to come in, especially housekeeping. During interview on 04/28/2025 at 3:50 p.m., NA-B stated R14 requires assistance with most of her cares, however normally only allowed set up of supplies. NA-B stated staff do encourage her to allow them to assist, but she feels she does an adequate job herself. R14 did request staff, in the evenings to assist her to the commode, when she was tired. R14 did not like staff touch her stuff. In a further interview on 04/28/2025 at 6:12 p.m., NA-C stated she occasionally helped near R14's room. NA-C stated the room and the hall area of R14's room had a strong odor of urine for awhile. NA stated R14 kept the room door closed and did not allow many staff in, R14 felt she was independent. During environmental tour on 4/29/25 at 3:45 p.m., the following facility staff accompanied surveyor to R14's room: CMD, RA, the FM, DON and IA. The door to R14's room was closed and while standing in the adjacent dayroom and joining hall, the facility team assembled stated they to were able to notice the strong urine odor. CDM state he was unaware of the issues and the facility could utilize an odor blocker container in the room if it had not already been placed. The DON and FM stated R14 doesn't leave the room and rarely allows housekeeping to clean the room. DON stated R14 will allow for a weekly cleaning (usually Friday) as she did not want to be disturbed. R14 only lets the staff change her sheets when she thought they were dirty enough. In a further interview on 4/29/25 at 4:40 p.m., CMD and the FHD stated the facility had placed a odor block container (located between R14's bed and bedside cabinet), but the room needed a through deep cleaning which R14 has not allowed. A review of R14's care plan area of Self care (last revised 10/02/24), documented that R14 was to have the assistance of one with personal hygiene. In further review of this care plan for Elimination, with a revision date of 9/10/24, indicated the following: Provide assistance with peri-cares AM, HS, following each incontinent episode, and [as needed]. The policy entitled: Daily Cleaning Procedures (YONA Solutions - undated), the following areas and processes were outlined: 1. wash hands, put on gloves and place wet floor sign at the door entrance, 2. knock on door and enter room, 3. empty trash, 4. high dust, 5. disinfect, 6. spot clean walls and inspect privacy curtains, 7. clean room, 8. dust mop, 9. damp mop and 10. place soiled rags in plastic bag on cart, remove and discard gloves, and wash hands prior to leaving room. Each of the sections provided staff definitions / descriptors of what was involved in each of the tasks. The policy entitled: Deep Clean Procedures (YONA Solutions - undated), mirrored the Daily Cleaning Procedure policy, however directed staff to include the cleaning of dressers, chairs, closet, windows, heating unit, night stand, bed, bedside tables, lights over the bed, call light and remove build-up on floor between room and hallway. 35992 R9 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R9's quarterly MDS of 4/11/25, indicated R9 was alert and oriented and readily able to communicate her needs. The MDS lacked any indication of behavioral concerns. R9 was able to complete activities of daily living (ADL's) independently, except for meeting her toileting and bathing needs. R9's medical diagnoses included anemia (low levels of healthy cells to carry oxygen), chronic obstructive pulmonary disease with acute exacerbation (a persistent respiratory disease that may cause long-term, progressive lung damage), chronic pain syndrome, and history of cerebral infarction (stroke) without residual deficits (lasting effects related to the stroke). During interview on 4/28/25 at 12:58 p.m., R9 stated she had an item of clothing, a pink Under [NAME] long sleeve shirt, which she had sent to the laundry which had not been returned. R9 stated she had informed the housekeeping assistant (HA)-A of this. R9 stated this had been missing for approximately two months and had not been found yet. On 4/29/25 at 4:35 p.m., facility housekeeping director (FHD) stated she was unaware of any missing items, but would follow up with HA-A, as HA-A often spoke with R9. FHD stated HA-A had left for the day and would follow up on 4/30/25. On 4/30/25, surveyor spoke with both HA-A and FHD, who both stated the item had not yet been found. It was identified this was missing for approximately two months without being found. HA-A stated R9 had totes of personal belongings and thought she had seen a pink item through the clear side of the tote. HA-A stated FHD was going to go through them with R9 in attempt to locate the item. On 5/1/25 at 11:00 a.m., FHD stated she had looked in tote with both R9 and the corporate licensed social worker (CLSW), and was unable to find the item in R9's totes. FHD stated missing items were identified during morning meetings, and then FHD and HA-A proceeded to look for it. FHD stated there was no time frame for follow through and there was no tracking system in place that she was aware of, however, stated her previous boss had tracked this on paper. FHD stated R9's missing clothing was reviewed again this morning in report. FHD stated she planned to make a policy, and planned to track items on piece of paper. FHD stated she was unaware of any items previously being replaced, as items were typically found. On 5/1/25 at 11:30 a.m., FHD stated there was a policy in place, however, she was unaware of this. The Missing Item report form was filed in a pocket folder near the elevator. The document was dated 10/20. FHD was unaware of this, and had not used a tracking log to monitor missing items. A review of the facility grievance log, from 8/28/24 to 5/1/25, indicated 15 items identified as being missing, and of those items, 11 items were found. Of the four missing items, three of the remaining items missing were replaced by the facility, with the replacement of one of the items refused. The facility policy, Lost, Missing and Damaged Items policy, last reviewed 2/23 identified if an item was said to be missing, a Grievance Form was to be completed. The policy identified the employee who received the original missing valuables communication was responsible for initiating the Grievance form. The form was then to be signed by the person who completed the missing item report. This report was then to be returned to the Administrator's or Social Services office. The grievance process was then to be followed to determine the appropriate next steps. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Complaint and Grievance Policy, last revised 9/23, identified once a grievance was received, the Administrator, or designated grievance official completed an investigation to determine the validity of the grievance. Once the grievance was received, and the investigation was completed, the resident was provided with a verbal or written summary of the findings. The summary findings included date of grievance, summary of the grievance, steps taken to investigate, summary of the pertinent finding/conclusions, a statement which identified if the grievance was confirmed, and the dated the written decision was issued.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35992 Based on observation, interview and document review, the facility failed to implement appropriate monitoring of wanderguard function for 1 of 1 residents (R32) reviewed for elopement. Additionally, the facility failed to assure proper ongoing storage and use for e-cigarette (inhaled nicotine) device were implemented for 1 of 5 residents (R9) reviewed for smoking. In addition, the facility failed to provide supervision in the dining room during meal for 1 of 1 residents (R30) reviewed for safety while eating. Findings include: R32 R32's annual assessment of 12/13/24, indicated R32 had moderate cognitive impairment. R32's quarterly Minimum Data Set (MDS) dated [DATE], indicated R32 did not display episodes of inattention, disorganized thinking, or altered level of consciousness. The MDS also indicated R32 did not display physical or verbal symptoms directed toward others, or behavior symptoms not directed at others such as pacing. R2 was identified as having impairment of both lower extremities and noted to use a wheelchair for mobility. R32 was identified as receiving assistance with mobility. R32's medical diagnoses included acute kidney failure, cancer, hypertension (high blood pressure), seizure disorder or epilepsy, and reduced mobility. R32's care plan last revised 4/18/25, indicated R32 was at risk for elopement due to cognitive status. The care plan identified interventions to redirect tend to be effective and R32's Wanderguard was in place to left wrist. The care plan directed staff to monitor wanderguard for proper functioning. The care plan lacked direction how the staff were to assess for proper functioning. The care plan directed staff to answer door alarms promptly. R32's progress noted dated 10/11/24, R32 was noted by another resident to be exiting the therapy room entrance at 7:54 p.m. Resident was found near the door, and had his wheelchair tire stuck in the mulch. A review of the alarm codes indicated the alarm had initially sounded at 7:46 p.m. and then again at 7:54 when the staff assisted R32 into the facility. A nursing assessment was completed with no harm identified. R32's Wanderguard placement was checked for function, with no concerns identified. The facility also verified the function of other Wanderguards for Arial system functioning. Resident was identified to be at risk for elopement effective 10/5/23. Staff were aware to monitor for wandering. Wanderguard was in place on the left wrist. Wanderguard was to be monitored for proper functioning. A further review of R32's record indicated a prior elopement in January of 2024. At that time, staff increased frequency of monitoring of Wanderguard function and wandering of R32. The record reflected no episodes where resident had exited facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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	R32's Elopement Risk Evaluation completed 3/26/25, indicated R32 had a history of wandering/attempts to leave the building and was able to self-propel his wheelchair. The assessment identified R32 does exhibit pacing or agitated behavior and had a history of elopement from the facility. The assessment indicated R32 had a cognitive deficit. The resident was identified as taking a medication which may cause confusion. The score of this assessment was 6. A score of 4 or greater was indicative of the potential for elopement. The assessment indicated implementation of an Elopement Risk Care Plan within the document. On 4/29/25 at 11:38 a.m., a purple binder, titled Elopement at Risk, was observed at the nurse's station and was reviewed. Within the binder, the residents at risk for elopement were identified with a listing updated 4/15/25, with a copy of their face sheet and diagnosis listing. In addition, there was a document titled Elopement at Risk Weekly IDT (Interdisciplinary Team) Review. This was completed from 8/21/24 through 2/28/25, with no further documents to identify review beyond that date. Additionally, a document titled Placing a Wanderguard-The Process was noted. The document indicated: If a resident was agitated/trying to wander was at risk for elopement the following needed to be completed ASAP (As soon as possible): Complete Elopement form (undated) Place Wanderguard (These are located in the small room behind the nurse's station). Place orders in PCC (Point Click Care-electric medical record) to monitor for placement and functioning of wanderguard every day, every shift. Document in progress notes where the wanderguard was placed, and why. Writer [sic] residents name in Elopement at Risk binder. Place Face Sheet in Elopement at Risk binder. Notify Responsible Party. Notify Administrator) and DON (Director of Nursing). Update physician. A review of the treatment administration record (TAR) for R32 was completed both for behavior monitoring and wandering. The resident was not identified as pacing in hallways, wandering, door checking, or exit seeking. In addition to monitoring for wandering, it also identified: Change Wanderguard per manufactures guidelines every evening shift with a start date of 4/4/2025. This had been signed off from 4/4/25 through 4/30/25 with a check, however, no guidelines were in place to identify specifically what was being completed. Monitor placement and function of wanderguard (placed on left ankle) every shift, effective 4/3/25. Although staff were directed to monitor placement and function of the wanderguard, the TAR lacked direction as to how this was to be done. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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	On 4/30/25 at 12:03 p.m., DON stated staff check the Wanderguard for functioning by taking residents near the exits to see if they alarm. When questioned in clarification, DON stated she was unsure of the process and would follow up to assure the appropriate information was relayed. On 4/29/25 at 12:14 p.m., registered nurse (RN)-A stated she was unsure what the directions meant to monitor placement and function meant and would clarify with the DON. Upon review of the TAR, it was noted RN-A had signed off on the TAR that this was administered/completed by RN-A on multiple shifts. On 4/30/25 at 12:59 p.m., the corporate maintenance director (CMD) stated facility maintenance (FM) director checked the function of the Wanderguard at the exit doors weekly. A request was made for the manufacturer manual for the process of monitoring the system, and CMD stated this would be provided. CMD stated the nursing staff should be checking the function of the Wanderguards with the use a small monitoring box to assess function. CMD had located the tester and stated this would be kept in the supply closet with the Wanderguard supplies. During interview on 4/30/25 at 1:38 p.m., with RN-C and trained medical assistant (TMA)-B, RN-C stated if the Wanderguard alarmed, the staff were responsible to check the alarm to determine the reason it was triggered. RN-C stated staff were to reference the Elopement at Risk binder to see who had Wanderguards in place. RN-C stated staff were to always to check the residents who had Wanderguards in place if the alarm went off. RN-C was unaware of where the test machine was located. Previously she had not been able to find the device, and stated today was the first she had seen the monitor. RN-C stated some people say if they hear the alarm beeping when the resident is by the elevator, that is how they are checking it. The TAR was reviewed with RN-C in regards to the directions to change Wanderguards per manufacturer guidelines every night with no further direction. RN-C stated she was unsure of the policy, but stated this was not typically scanned daily. TMA-B stated this was the responsibility of the charge nurse and did not perform the task. Upon review of the document for instruction sheet for application of the Wanderguard in the Elopement at Risk binder, although it indicated to check the function of the Wanderguard, it lacked instruction as to how staff were to check functioning. On 4/30/25 at 1:59 p.m., DON stated the standard orders identified at this time included to check the function of the Wanderguard alarm daily. DON stated staff were to check for placement of the Wanderguard alarm every shift. DON acknowledged the policy in the binder did not reflect this process. When asked about the TAR directions to change Wanderguard as per manufacturer's instructions, DON had no further information. The facility policy, titled Elopement Policy, last reviewed June of 2023 identified upon admission, each resident was assessed for elopement risk. The policy identified all residents were to be reassessed quarterly, annually, and as needed for significant change. Although the policy directed staff to observe each resident's bracelet alarm brace for placement each shift, it lacked any direction as to when the alarm was to be placed and what guidelines were to be used to determine this. The policy further indicated the facility was to establish a process to check bracelet alarm/device batteries according to manufacturer's directions, however, it lacked indication as to what that was. The policy further directed staff to document bracelet alarm/device was in place and functioning but lacked direction as to how to verify function. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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	A request was made for the manufacturer manual, and it was not provided. R9 R9's quarterly MDS dated [DATE], indicated R9 was alert and oriented and readily able to communicate her needs. The MDS lacked any indication of behavioral concerns. R9 was able to complete activities of daily living (ADL's) independently, with the exception of bathing and toileting needs. R9's medical diagnoses included anemia (low levels of healthy red blood cells to carry oxygen), depression (a mood disorder with symptoms of sadness), chronic obstructive pulmonary disease with acute exacerbation (a persistent respiratory disease that may cause long-term, progressive lung damage), nicotine dependence, and history of cerebral infarction (stroke) without residual deficits (last effects related to the stroke). R9's care plan last revised on 4/24/25, identified R9 currently smoked at this facility. The goal was identified for R9 to continue to smoke safely through the next review date (identified as 7/10/25). The care plan directed staff to educate R9 regarding the potential danger of butane lighters. The care plan identified the resident was deemed to be independent with smoking per smoking evaluation, and had been deemed safe to store/handle their own smoking materiel's. The care plan directed staff to complete a smoking evaluation per facility policy and as needed (PRN). R9's Quarterly Smoking assessment dated [DATE], identified R9 as a smoker. The assessment identified R9 preferred to smoke morning, afternoon, and evenings. R9 was determined able to light own cigarettes, and was deemed safe to store/handle own cigarette lighter. The assessment identified R9 would store smoking materiel's in her room. The assessment did identify the use of e-cigarettes and identified R9 was safe to use device. The summary and interventions also identified R9 was noted to smoke e-cigarettes and was aware these were not to be used in the facility and must be used in the designated area. The assessment also identified staff were to continue to monitor quarterly and PRN. During initial interview on 4/28/25 at 1:04 p.m., R9 was observed to have two e-cigarettes/vapes sitting on her bedside table. R9 stated she did not use the e-cigarettes, and stated she only used them outside. During conversation, R9 reached over and grabbed a vape and inhaled, releasing smoke stream toward surveyor, as smoke also flowed out of e-cigarette. R9 stated she didn't usually vape in room. R9 stated she kept her own cigarettes locked in the drawer of her bedside stand. During follow up interview on 4/29/25 at 12:33 p.m., R9 was observed resting on her bed. R9 continued to have two e-cigarettes/vapes sitting on her bedside table. R9 stated she only used them outside. When asked about use yesterday, R9 stated that was related to her hip pain, and stated it was difficult to move her hip to get up and go outside. On 5/01/25 at 10:59 a.m., DON was made aware of R9 using e-cigarette inside facility on 4/28/25. DON stated a smoking assessment had been recently completed. The smoking assessment indicated that R9 was able to safely smoke and manage own supplies. DON stated the smoking policy was also reviewed with R9 at the time the smoking assessment was completed. DON stated she would be removing items from resident and would be following up on the situation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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	The facility policy, titled Resident Smoking Policy, last reviewed 10/2024, identified it was the the intent of the policy to outline the procedure for safe resident smoking including evaluation of residents for determination of who were capable of smoking independently, and if safe, allowed to smoke in a designated smoking area. The policy identified all smoking devices, including electronic devices, will be lit/used in designated areas only. The policy went on to further identify those residents found not to be in compliance may lose smoking privileges. The policy identified privileges can be re-evaluated upon resident request. 40938 R30 R30's quarterly minimum data set (MDS) dated [DATE], indicated R30 had moderate cognitive impairment and required extensive assistance with activities of daily living (ADL's), however, R30 was independent with eating after staff set up meal. R30's care plan dated 4/19/24, indicated R30 had potential for altered nutrition status due to history of malnutrition, dementia, pneumonia and cancer. Interventions included ok for soft bread per facility bread policy, speech therapy to consult as needed and diet as ordered. R30's order summary report report dated 5/1/25, indicated regular diet International Dysphagia Diet Standardization Initiative (IDDSI) level six (soft and bite size food texture modification), thin liquids consistency. OK for soft breads. On 4/28/25 at 1:50 p.m., R30 was observed in the dining room eating, no staff were observed within site of R30. R30 was eating a whole chicken sandwich on a hamburger bun. R30 was observed alone in dining room until 2:05 p.m., when an unidentified staff member entered and sat with resident. On 4/28/25 at 6:05 p.m., R30 was eating a cheese quesidilla cut into quarters, no staff were in the dining room, R30 and two other residents remained in the dining room. At 6:08 p.m., three unidentified staff entered the dining room, one removed a medication cart, two staff assisted two other residents out of the dining room. Director of nursing (DON) entered dining room, remained in view of R30. On 5/01/25 at 9:41 a.m., R30 was eating alone in the dining room, no staff in view. At 9:53 a.m., unidentified staff member entered removed plate from in front of R30. When interviewed on 5/01/25 at 10:57 a.m., therapy program manager stated R30 had a history of pocketing food (holding food in the mouth without swallowing it), history of dysphagia (difficulty swallowing) and difficulty chewing. R30 was being seen by speech therapy. R30's food should be cut into bite size pieces, R30 should not have a whole chicken sandwich due to difficulty chewing. When interviewed on 5/01/25 at 11:27 a.m., dietary manager (DM) stated IDDSI level six was soft and bite size food, items should be cut into thumbnail size pieces, soft and squishy. R30 should not have been given a whole chicken sandwich. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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	When interviewed on 5/01/25 at 1:31 p.m., trained medication aid (TMA)-A stated R30 was a slow eater, staff should be in the dining room for safety if resident required an altered diet due to risk of choking. When interviewed on 5/01/25 at 2:13 p.m., registered nurse (RN)-A stated someone should be in the dining room at all times when residents were eating for safety. When interviewed on 5/01/25 at 4:00 p.m., director of nursing (DON) stated R30 doesn't chose to leave the dining room, R30 may need to be moved to his room to finish eating. DON then stated upon further thought, R30 cannot be moved to his room, the expectation would be that someone would be there while he is eating. Facility policy Dining Room Supervision dated 8/26/20, indicated the dining room would be supervised while residents were eating.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20794 Based on observations, interviews and document review, the facility failed to ensure resident medical social services were provided for 2 of 2 residents (R8 and R14) whose room odors permeated the surrounding halls. This had the potential to affect residents in surrounding rooms, visitors and facility staff. Findings include: R8 In review of R8's Diagnosis Report (print date 4/30/25) documented the diagnoses of morbid obesity with alveolar hyperventilation (a condition where the lungs don't move enough air in and out, leading to a buildup of carbon dioxide (hypercapnia) and a decrease in oxygen levels in the blood, and type 2 diabetes. R8's 5-day minimum data set (MDS - post hospitalization), dated 2/12/25, indicated R8 was independent with self cares, requiring partial/moderate assistance with toileting and substantial/maximal assistance with showering/bath. In review of R8's Brief Interview for Mental Status (BIMS), resident was assessed to be cognitively intact. During screening interview on 4/28/25 at 2:12 p.m., there was a distinct urine and other odors to R8's room, however, R8 stated it was due to being toileted after an incontinent bowel movement. R8 stated the only concern he had at the time was having to wait 10-15 minutes to have his call light answered. On 4/29/25 at approximately 9:30 a.m., noted a strong almost necrotic odor (a foul-smelling odor that often arises from the breakdown of dead tissue and bacterial activity within the wound) emanating from R8's room. R8 was noted to be sitting in his wheel chair, reading papers on his tray table. R8 was asked about the odor, to which he stated he had not yet done his morning cares. Throughout the day of 4/29/25, the strong odor continued to be noted when passing R8's room. In review of R8's assessment, entitled: Target Behavior Form - V5 (dated 3/26/25) documented the following: IDT (interdisciplinary team) Review of behavior in the past quarter refusal of treatments, refusal of cares, scooting around facility in wheelchair without shoes, Inappropriate/Rude Comments, & Gestured Communication In the section of the assessment of Potential causes or identified patterns related to behavior, documented resident may feel shame related to care support from staff, unaccepting of change. Under the assessment section of Recommendations document: Non-Pharm Recommendations: Redirection, 2: Ambulate, 3: Offer Activity, 4: offer refused cares several times, 5: Reposition, 6: Toileting, 7: Provide 1:1 [one to one visits], 8: Offer food/fluids, 9: Offer pain relief as well as Pharmacy Recommendations: Administer medications/treatments as ordered (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In review of R8's care plan - Psychosocial Well-Being (last revised 1/28/25) documented: Resident is at risk for alteration in psychosocial well-being related to adjustment to placement . Social services documented the interventions of 1. will monitor safety concerns and evaluate [as needed]: smoking, elopement, suicide risk, etc , 2. will monitor and respond to unmet needs, and 3. will monitor mood state, refer [as needed]. In further review of R8's care plan - Vulnerable Adult (last reviewed 1/28/25) documented: Resident is categorically a vulnerable adult while resident resides in a Skilled Nursing Facility. Resident is at risk for decreased cognition and physical abilities . The interventions included, Monitor for signs of emotional distress or mood and behavior changes. A review of the social services progress notes, from admission on 7/17/24, through 4/29/25, lacked evidence the social worker was either aware of R8's care needs or failed to document and/or address the odor matter. During interview on 4/30/25 at 1:02 p.m., the corporate licensed social worker (CLSW) and covering licensed social worker (LSW)-A stated the facility currently does not have a LSW or a LSW designee currently, and between the two of them, they have been filling the social worker needs of the residents residing in the facility. CLSW stated she had spoken with R8 yesterday about the odor. R8 told her he doesn't want women helping him, and the facility currently doesn't have male nursing assistants. R8 told her once he is out of here he will clean himself better. Services through Associated Clinic of Psychology (ACP) were offered yesterday after this was brought to her attention. However R8 declined. No further interventions were documented by the social service department. R14 In review of R14's Diagnosis Report (print date 4/30/25) documented the diagnoses of Neuromuscular dysfunction of bladder, lumbar spina bifida with hydrocephalus (a birth defect where the spine and spinal cord don't close completely, is often associated with hydrocephalus, a condition where excess fluid accumulates in the brain) and morbid obesity. R14's significant change minimum data set (MDS), dated [DATE], indicated R14 was cognitively intact and required supervision and touch assistance with verbal cueing for all activities of daily living (ADLs). On 4/28/24 at 1: 00 p.m., outside R14's room, a strong odor of urine was noted. It also emanated from R14's room. It was also noted the door to R14's room was closed. The odor could be noted into the adjacent dayroom and within approximately 6 feet of the joining hall of rooms. On 4/28/25 at 1:13 p.m., After entering R14's room, the odor of urine became even more apparent. Inside the room, R14 was laying on her bed. Against the window was was a bariatic commode, the curtains were all pulled and lights were out. While being interviewed, R14 was asked about the odor in the room. R14 stated the odor in the room is from her, and stated she did not notice it, I have the scent sticks that cover and absorb. R14 stated housekeeping cleans her room at least weekly, adding she did not like to be disturbed. R14 stated she was working on writing fantasy series of books and needed to concentrate. R14 stated she toileted herself, only asking staff to assist when she was tired. In review of R14's assessment, entitled: Target Behavior Form - V5 (dated 11/11/24) the following was documented: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Resident will refuse to get out of be when needing the [bathroom] and will soil the bed through her brief and ask for bed changes when it starts bothering her. She also declines any assistance with shaving her face as it : doesn't bother her. - Under the section of Potential causes or identified patterns related to behavior documented Adjustment to new and temporary placement and this time of the year may cause mood or behavior concerns but also may be her baseline. - Under the section of Non-Pharm Recommendations documented continue to support residents, listen to any concerns and feelings and provide activities / socialization. Continue to encourage resident to get out of bed during the day. In review of R14's care plan - Mood and Behavior (last revised 9/10/24) documented: Resident is at risk for [alterations] in mood and behavior related to adjustment to placement .resident will refuse to get out of bed when needing the [bathroom] and also declines any assistance shaving. Interventions include: 1. MDS section [depression / PHQ-9 (an assessment used to determine issues of depression) will be conducted per regulations and [as needed], 2. monitor and document mood state/behaviors upon occurrence, 3. redirect [as needed], and 4. provide emotional support, validation and comfort measure [as needed]. In review of the social services progress notes, from admission on 9/05/24, through the last noted dated 3/25/25, notes lacked evidence the social worker was either aware of R14's care needs or failed to document and/or address the odor matter. A review of R14's care conference form (3/28/2025 IDT (Interdisciplinary Team) Care Conference Form V-5), a quarterly care conference, documented no mention of strong urine odors, only that R14 would be offered baths twice a week. During interview on 4/30/25 at 1:02 p.m., the corporate licensed social worker (CLSW) and covering licensed social worker (LSW)-A stated the facility currently did not have a LSW or a LSW designee currently, and between the two of them, they had been filling the social worker needs of the residents residing in the facility. CLSW stated, after review of R14's chart, R14 had previously declined referral to ACP. No further interventions were documented by the social service department. The Facility's Facility Assessment (last updated 7/22/24), indicated the ability to care for Psychiatric/Mood Disorders, which included psychosis (hallucinations, delusions, etc.), impaired cognition, mental disorder, depression, bipolar disorder (i.e., mania, depression, schizophrenia, post-traumatic stress disorder, anxiety disorder, behavior that needs interventions, failure to thrive, personality disorder. Policies for social services assessment and intervention for resident behavior and management was requested, however not received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 35992 Based on observation, interview and document review, the facility failed to perform hand hygiene and change gloves appropriately for 1 of 1 residents (R2) observed for personal cares. In addition, the facility failed to develop a trending and tracking program system for monitoring residents who showed signs of illness, but were not on an antibiotic, these practices had the potential to affect all 37 residents currently residing in the facility. Findings Include: R2's 3/21/25, significant change Minimum Data Set (MDS) identified her cognition was severely impaired, and she was dependent on staff for activities of daily living (ADL)s. R2 had diagnoses of anemia (low levels of red blood cells (which carry oxygen to the tissues) which causes weakness and fatigue), hypertension (high blood pressure), arthritis (inflammation of the joints), neuropathy (nerve pain which can lead to pain, weakness, or numbness), and urinary retention. R2's care plan initiated 2/24/25, identified R2 had enhanced barrier precautions (EBP) in place due to use of an indwelling catheter. Enhanced barrier precautions was a risk-based approach to personal protective equipment (PPE) use designed to reduce the spread of multi-drug-resistant organisms (MDROs-super bugs which were difficult to treat with antibiotics) which involved the use of gown and gloves during high-contact resident care activities for residents at high risk of colonization with an MDRO. The care plan directed staff to follow the EBP and to don/doff (apply and remove) PPE per EBP when providing high contact cares. The care plan directed staff to perform peri-cares every morning, evening, and as needed. The staff were directed to perform Foley catheter care per policy. R2's care plan also identified R2 had self-care deficit due to weakness and directed staff to provide assistance of one with dressing and personal hygiene. On 4/30/25 at 7:32 a.m., R2 was observed resting on her bed, with head of the bed elevated 30 degree angle. Resident was observed to be in bed clothes, under covers, and was awake at this time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/30/25 at 7:40 a.m., certified nursing assistant (CNA)-A greeted R2 from the door way, performed hand hygiene with alcohol based rub, and placed gown and gloves prior to entering the room. After gathering R2's clothing, towels and washcloths, CNA-A proceeded with personal cares. CNA-A removed the blanket from R2 and proceeded to place R2's pants on. CNA-A ran the catheter bag and tubing through the pants leg, and placed the catheter bag on the bed. CNA-A removed R2's gown and proceeded to wash R2's underarms, and then proceeded to wash under R2's breasts. After R2 was washed, CNA-A proceeded to apply powder under R2's breasts, and deodorant on under R2's arms. R2 was then dressed in a t-shirt. CNA-A proceeded to remove brief and completed pericare, with the use of a fresh washcloth. CNA-A completed catheter care by wiping down catheter tubing from meatus (opening of the urinary system) down the catheter tube. Following completion of pericares and catheter cares, R2 was assisted to reposition to replace the incontinence brief. Once brief was placed, CNA-A reached into her pocket to use her walkie talkie to summon assistance. Of note, during the observation of personal cares, initial gloves have not been removed, nor was hand hygiene performed. CNA-A's walkie talkie was returned to uniform pocket, behind gown, and CNA-A continued with cares. CNA-A was unsure if anyone heard request for assistance, stepped over to door, and opened door, looked down hallways, closed door and returned to cares. At this time, original gloves remain and hand hygiene had not been performed. While waiting for assist of staff, CNA-A proceed to wash R2's face with a fresh washcloth, taking care to wash from the inner corner of the eye outward. While providing care, CNA-A noted R2's mouth was very dry. While waiting for assistance, CNA-A proceeded to straighten up the room. CNA-A noted skin protector on bedside table, commented it was hers, and placed back in her pocket, moving gown aside. At this time, original gloves remain in place and no hand hygiene has been performed. At 7:59 a.m., CNA-D arrived to assist. Once hand hygiene was performed, gown and gloves applied, R2 was turned to complete pulling up of pants, and place sling for transfer. R2 was assisted by two staff to transfer into her chair with the use of a mechanical lift and sling. Once transfer was completed, CNA-D removed gown and gloves, performed hand hygiene and left the room. Resident was adjusted in chair so she was well supported. CNA-A proceeded to make R2's bed, and then provided a blanket to R2's lap. CNA-A continued to have initial gloves in place, with no hand hygiene performed. CNA-A proceeded to comb R2's hair. CNA-A then performed oral hygiene with toothbrush and toothpaste. R2 was provided a small amount of water to rinse mouth and stated teeth felt better once brushed. CNA-A proceed to remove original gown and gloves. CNA-A then placed portable liquid oxygen on the chair, and placed the nasal cannula into nostrils. CNA-A performed hand hygiene upon exit of room, using an alcohol based rub. During interview on 4/30/25 at 8:14 a.m., with CNA-A stated that she used gloves with personal cares. CNA-A was aware of the use of gown and gloves for EBP with R2. Gloves were placed upon entrance to each room for provision of cares. CNA-A stated when providing cares, she did change gloves throughout cares if they became visibly soiled, and stated if there was poop on them. Then I change them. CNA-A confirmed she did not change gloves throughout the provision of cares with R2. During interview of 4/30/25 at 3:46 p.m., the director of nursing (DON) stated staff were to perform hand hygiene prior to entering all rooms. DON expected staff to assist residents with personal hygiene by going from the cleanest to the dirtiest areas. DON stated if for some reason the staff needed to perform more personal cares before completing more clean cares, staff were to remove gloves, perform hand hygiene, and place new gloves. DON stated it was her expectation to perform hand hygiene as outlined, even if gloves were not visibly soiled. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/1/25 at 9:14 a.m., registered nurse (RN)-A stated hand hygiene was to be completed before and after providing care to any resident. RN-A stated hand hygiene was to be performed with any cares and identified hand hygiene should be completed before entering any room. RN-A stated the order of the bed bath performed was for the staff to start with the face first, and make your way down to the arms, stomach, legs, and finishing with peri area. RN-A stated gloves should be changed following pericare, and hand hygiene performed before going to any other areas of care. Policies were requested for performance of bedbaths, and completion of hand hygiene with cares, but not received. 40938 Infection Control: The facilities infection control logs were reviewed from January 2025 through March 2025. April 2025 infection control log was requested; however, this was not provided. The facility provided documents with the month and year written along the top of the first page. The headings on the document included; unit, name, room number, admitted , infection present on admission (yes or no), existing infection from previous month (yes or no), infection type, body system of infection, diagnosis, surveillance definition (yes or no), symptoms, onset date, device type(s), date(s) of insertion, date(s) of removal, device days, infection risk factors, diagnostic test performed (yes or no), test date, type of test, specimen source, results (organism colony count for urine), antibiotic resistant organism (yes or no), antibiotic name, class, other medications not listed, dose, route, frequency, provider, antimicrobial prescription origin, antibiotic start date, antibiotic end date, total days of therapy, meets criteria (yes or no), antibiotic reassessment performed, other antimicrobial prescribed name, other antimicrobial's prescribed class, transition based precautions required (yes or no) if yes specify, and date symptoms resolved. January 2025 infection log identified six-line entries for resident infections carried over from December 2024. There were 22 entries of infections during the month of January. Seven-line entries addressed respiratory tract infections which were treated with antibiotic therapy, with two lines contributed to one resident. Eight-line entries addressed urinary tract infections (UTI) which were treated with antibiotic therapy, with two residents having had two-line entries each. Four-line entries addressed skin infections which were treated with antibiotic therapy with two entries contributed to one resident. One-line entry addressed gastrointestinal (GI) which was treated with antibiotic therapy. One-line entry addressed eye infection treated with antibiotic therapy, and one-line entry addressed shingles treated with antibiotic therapy. There were no viral, fungal, yeast or viral illnesses identified, only illnesses that were treated with antibiotics. February 2025 infection log identified 30-line entries for the month. Ten-line entries addressed UTI treated with antibiotic therapy, with two residents that contributed to two lines each. Twelve-line entries addressed respiratory illness treated with antibiotic therapy, of which two residents contributed to three entries each and two residents contributed to two entries each. Four-line entries were contributed to one resident treated with antibiotic therapy for graft versus host disease. four-line entries addressed cellulitis (bacterial infection of the skin and underlying tissues) treated with antibiotic therapy. There were no viral, fungal, yeast or viral illnesses identified, only illnesses that were treated with antibiotics. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245459	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens at Winsted LLC	551 Fourth Street North Winsted, MN 55395

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	March 2025 infection log identified four-line entries carried over from February 2025. thirteen lines were entered for March infections. One-line entry identified the infection type of prophylaxis antibiotic (preventative). Three-line entries addressed skin treated with antibiotic therapy, with two entries contributed to one resident. Two-line entries addressed GI treated with antibiotic therapy. Two-line entries addressed respiratory treated with antibiotic therapy, both contributed to one resident. Four-line entries addressed UTI treated with antibiotic therapy. One entry addressed hepatic encephalopathy (brain dysfunction caused by liver dysfunction) treated with antibiotic therapy. There were no viral, fungal, yeast illnesses identified, only illnesses that were treated with antibiotics. However, the facility did complete a Minnesota Department of Health (MDH) line listing for norovirus (very contagious virus that causes vomiting and diarrhea) outbreak that affected 29 residents. When interviewed on 4/30/25 at 3:40 p.m., director of nursing/infection preventionist (DON) stated resident infections and symptom tracking were completed on clinical DON update for morning meeting on weekdays with Mondays looking at the past weekend. There was no spreadsheet or log of symptom tracking for potential infections that did not require antibiotic therapy. Infection log was completed as infections were identified with a full review at the end of the month. On 5/01/25 at 8:13 a.m., DON provided clinical DON update before morning meeting for April 2025. Pages identified date with table for infections with headings of Resident, infection type, antibiotic, dates of treatment, MeGeers (a set of definitions used to identify and track healthcare-associated infections in long-term care facilities) and 72-hour antibiotic time out, added to infection tracking, and follow up. Review identified three residents with UTI treated with antibiotic therapy, one resident with cellulitis treated with antibiotic therapy. One resident with a nail infection treated with antibiotic therapy, and one resident with osteomyelitis (bone infection) treated with antibiotic therapy. No infections listed indicated they were added to infection tracking log. There was no April 2025 infection tracking log provided. There were no viral, fungal, yeast or viral illnesses identified, only illnesses that were treated with antibiotics. Facility Infection Prevention and Control Program policy dated 11/6/24, indicated surveillance tools were used to recognize the occurrence of infections, detected unusual pathogens with infection control implications. Data gathered during surveillance was used to oversee infections and spot trends. However, the policy did not address tracking symptoms and/or illnesses that did not require antibiotic therapy.