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	06/18/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to report an allegation of sexual abuse to the State Agency (SA) within two hours, as required, for 1 of 3 residents (R1) reviewed. Findings include: R1's quarterly Minimal Data Set (MDS) dated [DATE], indicated R1 had diagnoses which included paraplegia, neurogenic bowel (neurological condition disrupt the normal communication between the brain and colon, leading to difficulties in controlling bowel movements), and major depressive disorder. R1 was cognitively intact and did not exhibit any behaviors. Review of facility report number 360763 to the SA dated 6/6/25 at 1:07 p.m., indicated R1 reported she used the call light to request assistance with a brief change. She was turned onto their left side and participated in the repositioning by gripping the grab bar on that side of the bed. R1 indicated the nursing assistant (NA), while cleaning the resident, informed her that they needed to see how much stool was coming out. R1 reported the NA put their right hand on her right hip and with the left hand put their finger into her anus. R1 reported they have never had anal sex but the way the NA put his finger in and out of R1's anus was anal sex to them. R1 described the sensation of the finger entering her as painful and upsetting. Further, report identified registered nurse (RN)-A was made aware of the allegation on 6/6/25, at 11:05 a.m. On 6/18/25 at 10:42 a.m., NA-A indicated R1 required assistance by staff for incontinent cares and R1 had no cognitive impairments or behaviors. NA-A stated on 6/6/25, at approximately 6:00 a.m., R1 requested assistance with changing her brief. During the encounter, NA-A stated R1 the allegation of sexual abuse that occurred on the overnight. NA-A stated R1 was stated her rectum was painful and R1 was in tears. Further, NA-A stated following assisting R1, she exited her room and continued to assist other residents with morning cares until she seen RN-A at the nursing station. NA-A stated she reported R1's allegation to RN-A at approximately 8:30 a.m., because she did not see another other nurse around before that. In addition, NA-A stated staff were expected to report abuse immediately to the charge nurse. On 6/18/25 at 11:02 a.m., NA-B stated R1 was cognitively intact and did not exhibit any behaviors. NA-B stated she was made aware of R1's abuse allegation on 6/6/25, at approximately 9:00 a.m., when R1 had reported the overnight NA had fingered her anus. NA-B stated she exited R1's room and reported the allegation to NA-A, who then reported the allegation to RN-A. In addition, NA-B stated staff were expected to report abuse to the charge nurse right away but within two hours. (continued on next page)

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
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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/18/25 at 12:55 p.m., RN-A stated on 6/6/25, at approximately 11:05 a.m., NA-A approached him and stated R1 wanted to speak with him, but NA-A did not report any abuse concerns at that time. RN-A administered insulin to another resident, and then went to speak with R1. RN-A stated upon entering R1's room he observed R1 was very upset, and she was crying. RN-A stated R1 had reported the overnight NA was assisting with a brief change and R1 felt the NA's finger go into her anus. RN-A stated he immediately went to report the abuse concern to the administrator and a report was submitted to the SA. On 6/18/25 at 3:05 a.m., interim director of nursing (DON) stated staff are expected to report abuse allegations immediately to the administrator and/or DON and within two hours to the SA. Review of facility policy titled Abuse Prohibition/Vulnerable Adult Policy revised 4/25, directed staff suspected abuse shall be reported to the SA online reporting process no later than 2 hours after forming the suspicion of abuse.

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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 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. Based on interview and document review, the facility failed to ensure contracted agency staff were trained on the facility's abuse policy and annual abuse training which had the potential to affect all 37 residents currently residing in the facility at the time of the survey. Findings include: Review of facility report number 360763 to the SA dated 6/6/25 at 1:07 p.m., indicated R1 reported she used the call light to request assistance with a brief change. She was turned onto their left side and participated in the repositioning by gripping the grab bar on that side of the bed. R1 indicated the nursing assistant (NA)-C, while cleaning the resident, informed her that they needed to see how much stool was coming out. R1 reported the NA-C put his right hand on her right hip and with the left hand put his finger into her anus. R1 reported they have never had anal sex but the way the NA-C put his finger in and out of R1's anus was anal sex to them. R1 described the sensation of the finger entering her as painful and upsetting. Further, report identified registered nurse (RN)-A was made aware of the allegation on 6/6/25, at 11:05 a.m. Review of New Employee Orientation dated 12/24, document provided by NA-C's contracted agency staffing company revealed training on resident abuse, physical abuse, emotional abuse, financial abuse, neglect, and reporting abuse and neglect. The document failed to provide evidence of education related to sexual abuse and the reporting requirements. On 6/17/25 at 2:17 p.m., requested NA-C's abuse training. At 5:06 p.m., email was received from administrator stating the facility did not have abuse training for NA-C. On 6/18/25 at 9:43 a.m., NA-C stated he was contracted through an agency and had been working at the facility for two years but has only picked up about 10 shifts so far in 2025. NA-C stated through his agency he had completed some training regarding abuse and reporting, however, had not completed any training with the facility in regard to their abuse policy and procedure. On 6/18/25 at 10:34 a.m., director of recruitment from contracted staffing agency confirmed their employees received abuse training as part of their orientation and confirmed NA-C had not completed abuse training since October 2023. On 6/20/25 at 4:22 p.m., email received from administrator with NA-C education records from contracted agency company verified abuse training was completed on 8/21/24. However, training completed lacked evidence of sexual abuse training and reporting requirements. Review of facility policy titled Abuse Prohibition/Vulnerable Adult Policy revised 4/20/25, indicated the facility would provide orientation to all new employees which Resident Rights and Vulnerable Adult Law policies and procedures would be reviewed, and staff receive an employee policy book which outlines these policies/procedures, all new employees receive training on how to report alleged abuse/neglect upon hire, and all employees received annual in-service training on Vulnerable Adult Policies and Procedures. The policy lacked evidence of how contracted staff would be included and who would ensure contracted staff received education and training.