

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER Emmanuel Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Madison Avenue Detroit Lakes, MN 56501	
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 0808</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to ensure modified diet orders were served in accordance with physician's orders for 3 of 4 residents (R1, R2, R3) who were at risk of aspiration and choking. This resulted in an immediate jeopardy for R1 and R3 when R1 was served food despite a strict order for nothing by mouth (NPO) and R3 who had a history of dysphasia (difficulty swallowing) and was served non pureed meat, not in accordance with the prescribed diet. The IJ began on 1/19/26, when dining assistant (DA) served R1 a regular textured meal consisting of a sandwich against physician's orders for NPO. R1's oxygen saturation level was 71% (a normal blood oxygen level is between 95% and 100%, regardless of age) and was taken to the emergency department (ED) by ambulance. In addition, on 1/27/26 at 12:32 p.m., R3 was seated at a table in the dining room. R3 was eating from a plate that contained a hotdish made from stuffing with chunks of turkey in it. DA-A stated the regular hotdish was for a regular or minced and moist diet, not a pureed diet as ordered by her physician. The administrator was notified of the immediate jeopardy at 4:15 p.m. on 1/27/26. The immediate jeopardy was removed on 1/28/26, but noncompliance remained at the lower scope and severity level of D, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: R1's admission Record indicated she was admitted to the facility on [DATE], R1's diagnosis included dementia, dysphagia and aphasia (a language disorder that impairs a person's ability to speak.) R1's admission Minimum Data Set (MDS) 1/12/26, indicated eating not evaluated due to medical condition. R1's Physicians Order dated 1/6/26, indicated NPO diet related to aphasia (affects language ability) following cerebral infarction (stroke). R1's care plan dated 1/6/26, identified impaired cognition and a communication problem due to Aphasia and Dysarthria (happens when the muscles used for speech are weak or are hard to control), motor speech disorder, staff were to observe, and report decline in cognitive status, mood, activities of daily living and deterioration in respiratory status. The care plan indicated R1 was NPO due to a swallowing problem; EATING: Dependent with assist of one, GT Tube (a method of providing nutrition directly to the stomach for individuals who cannot eat enough by mouth.) R1's Progress Note dated 1/19/26, indicated R1 was in the dining room and significant other (SO) requested to speak to the nurse. Registered nurse (RN) went to R1 and discovered she had eaten part of a sandwich and drank some juice. RN brought R1 to her room and assessed. R1's oxygen saturation level (SpO2) was 71 percent. R1 was sent to the ED. R1's ED Provider Note dated 1/19/26, indicated R1 presented to the ED following a transient hypoxic episode that occurred around lunchtime. R1 had resided in the facility following a stroke. Per facility report, R1 had been given lunch despite being on a strict NPO status, after which her SpO2 reportedly dropped to the low 70's. Concern for aspiration event with brief hypoxemia. Diagnosis indicated transient hypoxemia after suspected aspiration event. R1's medical record lacked evidence of previous hypoxic events since admission to the</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245489
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