STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245490	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Hills Living Center	1314 Eighth Street North New Ulm, MN 56073

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to ensure routine personal hygiene (i.e., nail care and shaving) was completed and provided for 1 of 1 resident (R65) reviewed for activities of daily living (ADLs) and who was dependent on staff for their care.Findings Include: R65's admission Minimum Data Set (MDS) assessment dated [DATE], identified moderate cognitive impairment, needed substantial/maximal assistance for personal hygiene including shaving and nails care; diagnoses included wedge compression fracture (spinal injury where the front (anterior) part of a vertebra collapses, forming a wedge shape while the back remains intact) of T11 -T12, hemiplegia (paralysis on one side of the body), following cerebral infarction (stroke) affecting right dominant side. R65's care plan dated 1/9/26, indicated charge nurse will provide nail care due to medical condition and hygiene interventions/ tasks indicated: wash, hands and face, shave, brush teeth, rinse mouth with mouthwash, apply deodorant, lotion, comb hair, apply makeup if applicable, wash and place glasses, insert hearing aids, peri care. R65's Task List Report dated 1/8/26, indicated: Hygiene: provide resident assistance with shaving every day and as needed. R65's treatment administration record (TAR) dated April 2026, had no scheduled documentation for nails care. R65's Resident Task Look Back 14 days for bathing answers to the question; did you provide nail care? The responses were check marks under the no column for 3/25/26 and 4/1/26, indicating the task was not completed. R65's Resident Task Hygiene Look Back 14 days (3/26/26 to 4/8/26) for shaving answers to the question; did you shave resident? The responses were check marks under the no column for 3/26/26, 3/28/26, and 3/29/26, indicating the task was not completed. During an observation on 4/6/26 at 11:03 a.m., R65 had facial hair along her jaw line, lower cheeks and a thin fine layer of mustache. R65's facial hair was blonde in color, had varying length (1/2 to 3/4 inch) and coarse in texture. R65 stated I will not have this, if I was home referring to the facial hair. During an observation on 4/7/26 at 10:43 a.m., R65 was in recliner resting after breakfast and morning cares were completed, no noted changes in facial hair from the previous day. During an interview on 4/7/26 at 12:30 p.m., R65 stated facial hair was rough to touch, was bothered when others can see it, and wanted the facial hair shaved. R65 showed her fingernails and stated, I would like my nails trimmed. R65 fingernails had grown over the finger's tips, and some were curving downward. R65 stated one thing I noticed around here, these nurse, and aids all have beautiful nails with nice colors, and look at mine. During an interview on 4/7/26 at 12:38 p.m., nursing assistant (NA)-A and NA-B entered R65's room. NA-A stated was training NA-B. NA-A and NA-B acknowledged R65's facial hair, and stated would shave after R65 was done with lunch. NA-B stated had completed R65's cares that morning and should have shaved R65's facial hair that morning, when it was communicated, R65 wanted facial hair shaved and nails trimmed. NA-A stated R65's nails will be done tomorrow, she has a shower, and nails are done weekly with showers. During an interview on 4/8/26 at 9:04 a.m., registered nurse, (RN)-A stated care on task list should be completed as assigned and the charge nurse notified of any issues with timely completion. During an interview on 4/8/26 at 10:08 a.m., RN-B known as case manager stated she expected tasks assigned to be completed and any issues reported as appropriate. Facility Care Plans, Comprehensive Person-Centered policy reviewed on 10/30/25, indicated the care plan (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to follow provider orders for leg compression for 1 of 1 resident (R38) reviewed for edema (swelling in the legs caused by fluid).Findings include:R38's face sheet dated 4/8/26, indicated diagnoses of chronic congestive heart failure, chronic respiratory failure, hypertension (high blood pressure), and obesity.R38's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated moderate cognitive impairment, no behaviors or rejection of care, use of oxygen, use of wheelchair, supervision for hygiene, partial assistance for bathing, substantial assistance for upper and lower body dressing.R38's physician's order dated 6/25/25, indicated TG shapes (seamless tubular bandage designed to provide light, graduated compression and support) to bilateral lower extremities: on in AM and off at HS (bedtime).During interview on observation on 4/6/26 at 4:18 p.m., R38 was seated in her recliner with her legs exposed. R38 had indentations in her legs from her socks and no TG shapes on her lower legs. R38 stated she did not recall ever wearing leg compression and did not know her doctor had ordered those for her.During interview and observation on 4/7/26 at 10:57 a.m., R38 was seated in her wheelchair. R38 had no TG shapes on her lower legs and stated she used to wrap her legs herself but could not remember having anything on her legs for compression while at the facility.During interview on 4/7/26 at 11:46 a.m., nursing assistant (NA)-C stated she was not aware R38 had an order for TG shapes and had not ever put TG shapes on for R38. NA-C verified applying TG shapes to bilateral lower legs was not on R38's task list.During interview on 4/7/26 at 12:04 p.m., licensed practical nurse (LPN)-A stated there was an order for TG shapes on R38's order, but it stated no directions indicated for order, which meant it did not forward on for anyone to complete. LPN-A stated TG shapes were not on the tasks for NA's to complete, so likely why it wasn't being done.During interview on 4/7/26 at 12:55 p.m., registered nurse (RN)-C also known as case manager, stated she had heard from LPN-A about R38's TB shapes order not being followed. RN-C further stated she looked through R38's chart and verified the order should have been on the tasks for the NA's to complete, but a consultant had accidentally taken it off the tasks on 2/10/26, and no one had caught that it was missing. RN-C stated it was important to follow provider's order for TG shapes due to R38's diagnosis of congestive heart failure.During interview on 4/7/26 at 2:41 p.m., director of nursing (DON) stated a consultant was working on cleaning up Point Click Care (PCC, an electronic health record), and had removed the order from tasks but forgot to put it back on. DON stated provider's orders should be followed for all residents.Facility Medication and Treatment Orders policy printed 4/8/26, did not include anything related to compression orders but stated: Orders for medications and treatments will be consistent with principles of safe and effective order writing.