STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245535	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jourdain Perpich Ext Care Fac	24856 Hospital Drive Redlake, MN 56671

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview, and document review, the facility failed to provide evidence staff were educated on COVID-19 vaccination and ensure records were maintained for 5 of 5 facility staff members (LPN-A, LPN-B, NA-A, NA-B, LA-A) reviewed for COVID-19 vaccination requirements. Findings include:A vaccination education, screening and administration form and/or exemption documentation was requested for the following employees but was not received: licensed practical nurse (LPN)-A, LPN-B, nursing assistant (NA)-A, NA-B and laundry aide (LA)-A.A review of the facility's blank forms identified the following:Religious and/or Spiritual Request for Exemption for Vaccination identified its procedures to implement the requirements of the Employee Immunization Program, Chapter 12, establishing mandatory occupational immunizations for all personnel and providing guidance for requesting medical or religious exemptions consistent with current CDC and Advisory Committee on Immunization Practices (ACIP) recommendations. Employees with an approved religious exemption must comply with facility-directed infection-control measures, including masking and any additional precautions deemed necessary by leadership. Medical Request for Exemption for Vaccination form identified a request for medical exemption may be approved when a licensed independent health care practitioner (LIHCP) certifies that a valid medical contraindication exists which precludes vaccination. Contraindications must align with CDC ACIP 'Contraindications and Precautions to Commonly Used Vaccines' or comparable guidance.Employee Vaccination Screening and Administration form identified the date, name, date of birth , demographic information, illness screening questions and vaccine administration documentation.The Vaccine Information Statement COVID-19 Vaccine: What you need to know dated 1/31/25, identified COVID-19 vaccine can prevent COVID-19 disease. Vaccination can help reduce the severity of COVID-19 disease if you get sick. COVID-19 is caused by a coronavirus called SARS-CoV-2 that spreads easily from person to person. COVID-19 can be mild to moderate, lasting only a few days, or it can be severe, requiring hospitalization, intensive care, or a ventilator to help with breathing. COVID-19 can also result in death.During an interview on 1/7/26 at 1:34 p.m., LPN-B stated she was offered vaccinations every fall, but they were no longer required for employment. LPN-B got really sick from her last COVID-19 vaccine and had chosen not to get another unless things changed. LPN-B stated she received education from her physician but did not recall receiving any education regarding COVID-19 vaccination while at work.During an interview on 1/7/26 at 1:35 p.m., registered nurse (RN)-A stated she was responsible for the facility's Infection Prevention program, but staff vaccinations were done through the clinic. RN-A would provide vaccine education to employees and have employees complete the screening questionnaire but retained no documentation at the facility. During an interview on 1/7/26 at 1:51 p.m., LA-A stated she received her vaccine education and vaccines during a physician visit. My doctor said I couldn't leave until I did it. Stated she did not recall receiving any vaccine education at the facility. During an interview on 1/7/26 at 1:53 p.m., NA-A stated she received COVID-19 vaccine education in 2020. NA-A received her initial COVID-19 vaccine series at the clinic but did not receive a booster this year. They tell us we can get it at the doctor's office. Stated she (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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	didDuring an interview on 1/7/26 at 1:55 p.m., LPN-A stated she had not received a COVID-19 booster this year. Stated she had a medical release form signed by her physician that she received in 2020. Stated she had not received any vaccine education at the facility, signed a declination nor provided a copy of her medical exemption for the facility to retain. Stated she was told the facility would provide the vaccine during her new hire employee orientation but that was over a year ago. During an interview on 1/7/26 at 2:01 p.m., NA-B stated he was recently hired at the facility and did receive vaccine education during new hire employee orientation but could not recall what was provided. Stated he had already received his initial COVID-19 series.During an interview on 1/8/26 at 10:44 a.m., the director of nursing (DON) stated she knew the facility did staff vaccinations different than other facilities because staff received their vaccines through the clinic. However, the DON did expect all staff to be educated on vaccines and for the facility to retain documentation as required: either receiving and/or refusing the COVID-19 vaccine. During an interview on 1/8/26 at 11:22 a.m., the administrator stated staff were expected to be educated on vaccines, provided information on how to receive vaccines and it should be documented accordingly. The facility policy COVID-19 Vaccine dated 12/21/20, identified All residents and employees who have no medical contraindications to the vaccine will be offered the COVID-19 vaccination per recommendation to encourage and promote the benefits associated with vaccinations and against COVID-19.