STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245554	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 Southeast Elm Avenue Renville, MN 56284

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and document review the facility failed to revise 1 of 1 resident's (R2) care plan when his nutritional status changed. R2's 9/8/25 admission Minimum Data Set assessment identified his cognition was severely impaired. He had diagnoses of malnutrition, encephalitis and encephalomyelitis (inflammations of the brain and spinal cord), meningitis (inflammation of protective layer around brain and spinal cord), type II diabetes, disorientation, and anxiety. He was dependent on staff for all activities of daily living and required total assist with meals. Observation on 9/15/25 at 11:59 a.m., in the dining room, R2 was seated in his wheelchair, he was slouched over with his eyes closed and appeared to be sleeping. He was approximately 2 feet from the dining room table where his meal was sitting. Staff approached him, woke him up, and moved him and his food to a different table to assist him with meal. Interview on 9/16/25 at 1:13 p.m., with nursing assistant (NA)-B identified they let R2 feed himself and when he stops eating and taps his fork on the table staff go over and prompt him. If he does not take any more bites, staff ask him if he is hungry and offer to help him. They were told a couple weeks ago they could start offering him food orally, so they have been doing that. We just kind of figured out that when he starts tapping on the table with his fork, he needs help finishing. If staff do not assist him with meal, he will not finish eating his food. Review of R2's 9/15/25 Speech Therapy Treatment Encounter Note identified recommendations for a soft and bite sized texture with added moisture, thin liquids, straws are okay. Complete assistance was needed by staff with all oral intakes. R2 was to sit up at 90 degrees for all eating and drinking and remain upright for 20-30 minutes after meal. Staff were to plan for 5-day trial with regular textures with meat cut into small pieces. Staff were educated on R2's diet trial. Review of R2's current, undated care plan identified he had an ADL self-care deficit, was dependent on staff for activities of daily living, and required a continuous feeding via G-tube. Staff were to change the feeding solution bag every 24 hours, discuss with family and care givers any concerns regarding the tube feeding, and elevate head at least 30 degrease. The care plan made no mention staff were to assist R2 with oral intake or that he was able to take food by mouth. Interview on 9/16/25 at 3:37 p.m., with the director of nursing identified she agreed with the above findings. Nursing should be using the communication from speech therapy to update the care plan. Nursing was notified of the diet change on 8/28/25 and the care plan should have been updated at that time to ensure staff understood how to provide the safest and most effective care to R2. Review of the facilities 12/18/23, Person Centered Care Planning policy identified the care plan would describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The care plan will include the residents' dietary instructions, and services to be administered by the care center and personnel acting on the behalf of the care center. Care plans are to be updated on an ongoing basis as needed based on changes that occur between care conferences.

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