

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  Edgebrook Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  505 Trosky Road West Edgerton, MN 56128	

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 0803  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.  (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
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<p>F 0803</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to follow physician orders to provide R1 with a minced and moist diet. This resulted in an immediate jeopardy (IJ) for R1 when she was given her dinner which was not minced and moist. As a result, R1 choked and required the Heimlich maneuver and oxygen. The IJ began on 8/15/25 at 5:50 p.m., when R1 was given cheese cubes. The administrator and director of nursing (DON) were informed of the IJ on 8/22/25 at 10:07 a.m. The facility had implemented corrective action on 8/19/25, prior to the start of the survey, and was therefore past noncompliance. Findings include: R1's Face Sheet undated, identified R1 had active diagnoses including dysphagia (difficulty swallowing) and Parkinson's disease with dyskinesia (abnormal body movements). R1's care plan revised 7/17/25, identified R1 had a minced and moist texture diet with moderate (honey) consistency fluids. R1's significant change Minimum Data Set (MDS) dated [DATE], identified R1 was cognitively intact, had loss of liquid/ solids from mouth when eating or drinking, would holding food in mouth/cheeks or had residual food in mouth after meals, had coughing or choking during meals or when swallowing, had mechanically altered diet, and needed extensive assistance with eating. R1's physician orders dated 8/13/25, identified R1 had a regular diet with minced and moist texture. R1's progress note (PN) dated 8/15/25 at 7:21 p.m., identified R1 had a choking episode at supper. Back thrusts and Heimlich maneuver were preformed, oxygen was placed on resident, and per hospice request morphine was administered to try and see if the medication would relax R1 so the food would pass through her throat. R1's meal card for 8/15/25, identified R1 was to receive a regular diet with minced and moist texture. Menu identified grilled cheese sandwich, tomato soup, crackers, cantaloupe, and cheese cubes. A Facility Reported Incident (FRI) report was submitted to the State Agency (SA) on 8/19/25 at 3:25 p.m. The report identified, on 8/15/25 at 5:50 p.m., R1 experienced a choking incident requiring the Heimlich Maneuver and oxygen. During an interview on 8/21/25 at 10:43 a.m., R1 stated she choked on her food on 8/15/25, during dinner time. She received chunks of cheese on her plate, she put the cheese in her soup and choked on the cheese once she started eating her soup. Staff wrapped their arms around her and lifted her up to try and get the food out. No food ever came out but staff doing the Heimlich Maneuver helped R1 breathe better. During an interview on 8/21/25 at 10:58 a.m., dietary assistant (DA)-A stated on 8/15/25, during dinner he plated R1's food. DA-A stated he forgot to review R1's meal card and mistakenly placed cheese cubes on R1's plate. DA-A stated R1 was to receive a minced and moist diet and cheese cubes were not a part of R1's diet. During an interview on 8/21/25 at 11:46 a.m., DA-B stated on 8/15/25, during dinner she brought R1 her meal. DA-B did not check R1's meal card because the person plating the food was expected to do that. R1 received cheese cubes, tomato soup, and a pureed chicken sandwich on her plate. During an interview on 8/21/25 at 12:58 p.m., licensed practical nurse (LPN)-A stated on 8/15/25, at dinner, R1 was brought to the nurses station. R1 was choking and her lips were blue. LPN-A preformed the Heimlich maneuver and back thrusts and nothing came out of R1's mouth. LPN-A did a mouth sweep with her finger and there was nothing in R1's mouth. Trained Medication assistant (TMA)-A and the activity director (AD)- A started taking turns doing the Heimlich maneuver on R1 until she was breathing better. R1's oxygen saturation was in the 70s, (normal mid to upper 90's) LPN-A placed oxygen on R1 and her oxygen saturation when up to the 90s and R1's lips were no longer blue. LPN-A called hospice and R1's family. During an interview on 8/21/25 at 1:10 p.m., speech therapist (ST)-A stated the last time he worked with R1 was 5/27/25, at that time ST-A recommended a minced and moist diet and moderate to extremely thick fluids. Cheese cubes were not a safe food for R1 to have due to it not being minced and moist. During an interview on 8/21/25 at 1:15 p.m., activity director (AD)-A stated on 8/15/25, during dinner, AD-A heard R1 gasping and called out that R1 was choking. R1 was brought to the nurses station and LPN-A started the Heimlich maneuver on R1. R1's lips were blue but once oxygen was placed on R1, she started breathing better and her lips returned to a normal color. AD-A looked at R1's tray and saw cheese cubes, regular crackers, soup, and a pureed sandwich on her plate. AD-A stated R1 should not have had crackers or cheese cubes due to her diet. During an interview on 8/21/25 at 1:58 p.m., hospice registered nurse (HRN)-A stated on 8/15/25 at 5:30 p.m., the facility called and stated R1 was choking. HRN-A told LPN-A to give R1 morphine and oxygen and HRN-A was on her way. HRN-A arrived at 5:45 p.m., R1 was coughing and gasping however, R1 was not blue. HRN-A preformed the Heimlich maneuver on R1 but nothing came out. At 6:15 p.m. R1 was able to talk with HRN-A and was breathing normally again. During an interview on 8/21/25 at 2:21 p.m. dietary</p>		