STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245564	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Browns Valley Health Center	114 Jefferson Street South Browns Valley, MN 56219

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to ensure dignity was maintained for 2 fo 2 residents (R2, R6) who were reviewed for activity of daily living (ADLs).R2's quarterly minimal data set (MDS) dated [DATE], identified moderate cognitive impairment, and had a diagnosis that included heart failure, hypertension, and diabetes. R2 was dependent on staff for activities of daily living (ADLs) such as dressing, toileting, and personal hygiene, including shaving and combing hair. R2's care plan revised on 12/17/25, identified R2 required assistance from staff with personal hygiene. R2 had impaired cognitive function. R2's care sheet dated 4/21/26, identified R2 required assistance from staff with personal hygiene. During an observation on 4/20/26 at 6:31 p.m., R2 had facial hair approximately 1 millimeter (mm) on chin. R2 was unable to verbalize whether the facial hair bothered her. During an observation on 4/21/26 at 8:39 a.m., R2 had facial hair approximately 1 mm on chin. During an interview on 4/20/26 at 7:05 p.m., with family member (FM)-B indicated having facial hair would bother R2 and would expect staff to keep R2 shaved. During an interview/observation on 4/21/26 at 9:42 a.m., nursing assistant (NA)-B verified R2 needed assistance with ADLs. NA-B verified R2 had approximately 1 mm of facial hair, and R2 should be shaved per her preference. During an interview/observation on 4/21/26 at 10:14 a.m., licensed practical nurse (LPN)-A verified R2 needed assistance with activities of daily living, such as shaving. LPN's expectation would be for staff to shave residents per their preference. LPN-A verified R2 had approximately 1 mm of facial hair on her chin and should have been shaved. During an interview on 4/21/26 at 10:22 a.m., director of nursing (DON) expectation would have been for staff to shave residents per their preference. DON indicated this was important related to dignity. R6's quarterly Minimum Data Set (MDS) dated [DATE], identified R6 had severe cognitive impairment and had diagnoses which included: dementia, hypertension and arthritis. R6 was dependent on staff for personal hygiene and dressing. R6's MDS also identified R6 had no rejection of care exhibited. R6's comprehensive care plan revised 1/16/26, identified R6 had self-care performance deficit related to aggressive behavior and dementia. R6 was totally dependent on staff for personal hygiene. (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
	245564	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R6's progress notes from 3/21/26 to 4/21/26, lacked documentation of refusal of facial hair removal. During observation on 4/20/26 at 6:57 p.m., R6 was in wheelchair in common area participating in an activity. R6 had a large amount of white facial hair across her chin and above her lip approximately six to seven millimeters (mm) long. During observation on 4/21/26 at 8:54 a.m., R6 was dressed in street clothes in wheelchair in dining room finishing breakfast. R6 continued to have white facial hair across her chin and above her lip approximately six to seven mm long. During phone interview on 4/21/26 at 9:24 a.m., family member (FM)-A stated it would bother R6 if she knew she had facial hair visible. FM-A indicated she had recently purchased a new razor for R6 and would expect staff to remove R6's facial hair if present. During interview on 4/21/26 at 9:34 a.m., nursing assistant (NA)-A stated R6 was dependent on staff for cares and did not think R6 refused cares. NA-A stated she had not assisted R6 with morning cares that day, but if seen R6 had facial hair would have shaved R6 with her razor. NA-A indicated if R6 refused she would let the nurse know. NA-A viewed R6 and verified R6 had facial hair present. During interview on 4/21/26 at 9:42 a.m., trained medication aide (TMA)-A verified R6 had facial hair visible on her face. TMA-A stated R6 had her own razor in her room. TMA-A stated generally residents were shaven on bath days, but she would do it more often if present. TMA-A stated usually R6 would allow staff to shave her facial hair, but if R6 refused she would try again later or have a different person try. During interview on 4/21/26 at 10:17 a.m., licensed practical nurse (LPN)-A stated residents should be shaven every morning before they left their rooms. LPN-A indicated TMA-A had just shaven R6 after we spoke. LPN-A indicated it was important to remove resident's facial hair for their dignity. If a resident refused, she would expect staff to reapproach or have someone else do it. During interview on 4/21/26 at 10:25 a.m. director of nursing (DON) stated facial hair removal was based on resident preference. If a resident preferred to have facial hair present, she would expect it to be written on their care plan, if not, she would expect the resident to be free of facial hair. DON indicated shaving should be done with morning cares and was important for their dignity. Review of facility policy titled Dignity revised on 4/17/23, identified residents shall be groomed as they wish to be groomed (e.g. hair styles, nails, facial hair.) Review of the facility policy titled Activities of Daily Living (ADL) dated 9/23/25, identified activities of daily living (ADLs) include, but are not limited to: Personal hygiene and grooming- bathing, oral care, hair care, shaving, and nail care. Nursing and direct care staff will provide ADL assistance in accordance with the individualized care plan. Staff will encourage residents to actively participate in their own care to the degree they are able. All ADL care will be delivered respectfully, maintaining privacy, dignity, and honoring resident choice.