STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to ensure safe transport with a facility van for 1 of 3 residents (R1). This resulted in an immediate jeopardy (IJ) for R1 when she slid out of wheelchair during transport, resulting in fractures. The immediate jeopardy (IJ) began on 6/11/25, at approximately 10:00 a.m., when the transport driver (TD) transported R1 in the facility van without the use of a seatbelt. R1 slid out of her wheelchair during transport resulting in closed fractures to the right and left tibias (the larger bone of the lower leg) and closed fracture of left femur (the main bone in your thigh that connects your hip to your knee and is your body's largest and strongest bone). The IJ was identified on 6/18/25, the administrator was notified of the IJ on 6/18/25, at 1:32 p.m. The IJ was removed on 6/12/25, and the deficient practice was corrected prior to the start of the survey and was therefore issued at past noncompliance. Findings include: R1's admission Record indicated she admitted to the facility 12/2/2004. R1's diagnosis included anxiety, morbid obesity and muscle weakness. R1's annual Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment and indicated she had upper and lower extremity impairments on both sides. The MDS indicated R1 was dependent on staff for all activities of daily living including wheelchair mobility. R1's care plan revised 6/17/25, identified a low risk for falls as she was dependent on staff for significant movements. Potential for falls due to staff error during positioning/transfers. R1 had an actual fall during transport 6/11/25, with injuries. The care plan indicated R1 must be transported by stretcher for out of town appointments and may use local transport for in town appointments. (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
	245581	A. Building B. Wing	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A facility Incident Summary indicated on 6/11/25, during routine transport, R1 was transported in the facility van in a wheelchair. Due to R1's size, the driver was unable to secure the seatbelt. Based on prior guidance from a former administrator, the driver believed that securing only the wheelchair was sufficient for safety. While in transport, R1 began sliding from her wheelchair and ultimately ended up on the floor of the van. The driver immediately stopped the van and contacted emergency services. R1 was transported the Emergency Department (ED) for further evaluation. Initial medical evaluation did not identify any injuries and R1 returned to the facility. Driver received immediate education regarding facility transportation safety policy which mandated the use of appropriate restraints for all residents during transport. R1' facility Progress Notes indicated the following: 6/11/25, R1 returned from hospital via ambulance. R1 returned with a new order for Hydrocodone-Acetaminophen 5 milligrams(mg)-325 mg to be given as needed every six hours for pain. 6/13/25, R1 reported pain in both hips rated 10/10 on pain scale. 6/14/25, R1 had pain on outer side of right leg when rolling in bed and transferring into wheelchair. 6/15/25, R1 had outer right leg pain when rolling and being lifted into chair. 6/15/25, R1 had a greenish bruise on her right leg below the knee with pooling color going towards inner right leg. The same area the pain was in. The bruise was first notices on the p.m. shift on 6/14/25. 6/16/25, R1 continued to have complaints of pain in legs and yelled out when being moved. R1 to be sent by ambulance to the emergency department (ED). 6/16/25, R1 returned form the ED with diagnosis of closed fracture of medial portion of right and left tibia and closed fracture of left femur. New order for Hydrocodone-Acetaminophen 5-325 mg, 1 tablet every four hours as needed for pain. R1 returned with knee immobilizers to right and left lower extremities. R1's ED notes dated 6/16/25, indicated diagnosis of closed fracture of medial portion of right tibial plateau, initial encounter. Chief complaint: extremity pain. The notes indicated R1 admitted from nursing home with right lower leg and bilateral hip pain. R1 was paraplegic, was in a wheelchair last week and fell out onto the floor and has had increased pain in the hips since. Today at the nursing home she was having pain again and staff noticed bruising about the proximal right lower leg which had not previously been x-rayed. On 6/17/25 at 1:37 p.m., R1 was interviewed along with family member (FM)-A. FM-A stated the day of the incident, she had been told the TD had secured the chair to the floor but had not placed a seat belt around R1. R1 stated she remembered the fall and pointed to the floor with her finger and said boom. When asked if she had been injured R1 stated, oh yeah. FM-A identified after the incident, R1 went to the clinic near where the incident had occurred where they did only a hip x-ray. FM-A stated R1 went to the ED the previous day and both of her legs were fractured; adding; she knew on the 12th that something was wrong because R1 was in so much pain when transferred in the lift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During interview on 6/17/25 at 1:58 p.m., the director of nursing (DON) stated the TD was the only person who drove the van. She added, she was not aware of any training completed when the TD was hired but said he was educated on the transport policy after the incident. During interview on 6/17/25 at 2:37 p.m., the TD stated he had been driving for the facility since February of 2024. The TD stated he remembered a lot of policy stuff the first few days but did not remember receiving any education specific to the transport of residents. He stated on 6/11/25, R1 had an appointment in the cities and said when he went to load her into the van, he wasn't very optimistic. The TD stated the wheelchair was very big and unless the chair was smaller it was hard to get the chair positioned facing forward. The TD said the ideal position in the van was to face the person forward, connect the straps to the wheelchair and place the seatbelt on the resident. He revealed he was not able to get the seatbelt on R1 and was unable to tilt the chair back. The TD stated while on the highway, R1 was asleep then suddenly yelled out as if she were startled and she slid forward out of the chair. The TD stated he could hear the concern in R1's voice so he pulled over, R1 was still in motion so he tried to block her from falling to the floor. TD added, in hindsight he should not have transported R1 without a seat belt, received education and training after the incident and was the DON had been auditing as he loaded residents into the van. During observation on 6/17/25 at 2:50 p.m., R1 was transferred from wheelchair to bed using a total body lift. During the transfer, R1 was saying, it burns, I can't stand it. R1 displayed facial grimacing and said ayy, yaay, yaay, ouch. R1's legs were wrapped from ankle to mid-thigh in immobilizers. During interview on 6/18/25 at 10:06 a.m., the human resources director stated she had worked at the facility for four years and had never provided any policies, procedures or training related to transporting residents in the facility van. Facility policy, Transport Driver Policies and Forms dated September 2023, indicated; ensure all residents and wheelchairs are safely secured. Facility Transportation Driver Job Summary, September 2023, indicated; transports residents to and from appointments in a safe and responsible manner. The past noncompliance immediate jeopardy began on 6/11/25. The immediate jeopardy was removed 6/12/25, and the deficient practice corrected after the facility implemented a systemic plan that included the following actions: - Implemented education and audits for safe transport for the TD. - The administrator and human resources director received education on training and polices to be completed upon hire of anyone transporting residents in the facility van. - Education and audits were verified through interview and document review.