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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure the medications were secured for 2 of 3 medication storage rooms. In addition, the facility failed to secure a medication cart in public space for 17 residents. (R15, R62, R52, R57, R65, R64, R63, R53, R54, R55, R13, R56, R58, R59, R61, R60, R33)Findings include: During observation on 3/9/2026 at 5:36 p.m., with registered nurse (RN)-A of medication storage room the mini-fridge that contained liquid lorazepam (controlled medication used as sedative, antianxiety medication)) was unlocked. RN-A confirmed that it should have been locked and reported the reason being so no one can come in and take it. During observation on 3/09/2026 at 5:46 p.m., an unlocked, brown, five drawered medication cart was identified in the facility chapel. In the top drawer: -one medication cup contained a variety of forty-seven full pills and four half pills -One bottle of over the counter (OTC) allergy relief 60mg. -One bottle of melatonin (sleep aid) 3mg expires 2/26, one bottle B12 2500 mcg. -One bottle of anti-fungal powder miconazole nitrate 2% (helps treats rashes). -One bottle diclofenac sodium top gel 1% (for minor pain). -One medication for R15: Refresh Classic lubricant eye drops (for dry eyes) 29 single droplet vials. In the third drawer: - One medication card for R62: hyoscyamine sulfate (for stomach and intestinal disorders) 0.125mg 30tablets. - One medication card for R62: Xarelto (helps the blood from clotting) 20mg 14 tablets. - One medication card for R62: cyclobenzaprine (muscle relaxant) 10mg 29 tablets. (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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- One medication card for R62: famotidine (helps control stomach acid) 20mg 19 tablets. - One medication for R62: Refresh Classic (for dry eyes) lubricant eye drops 29 single droplet vials. - One medication card for R52: sertraline (antidepressant) HCL 50mg 27 tablets. - One medication card for R52: trazadone (antidepressant) HCL 50mg 14 tablets. - One medication card for R57: metformin (for diabetes) 1000mg 25 tablets. - One medication card for R65: furosemide (helps body remove excess fluid) 20mg 14 tablets. - One partial bottle for R64: of Antacid EL 300mg tablets. - One bottle for R64: liquid Guaifenesin-DM (helps control coughs) 100-10 MG/5ml. - One bottle for R63: Geri-[NAME] (helps with constipation). - One bottle for R63: mag chloride 64mg ([NAME] stomach acid). - One bottle for R63: ibuprofen 20mg (for minor pain relief). - One bottle for R63: aspirin 325mg (for minor pain relief). - One bottle for R63: vitamin E 450mg. - One box for R63: labeled Acetaminophen suppository which contained: two suppository of Acetaminophen 650mg (for pain relief), four bisacodyl 10mg suppositories (for constipation). - One tube for R63: Skin Repair Cream - One bottle for R63: of Neilmed Clearcanal Earwax Softner. In the fourth drawer: -One Spiriva Handihaler (inhaler to help lungs be healthier). -One box of Novofine 30 needle tips. In the fifth drawer -One medication card for R65's: amlodipine besylate (heart medication) 5mg 14 tablets. - One medication card for R65: furosemide (helps body remove excess fluid) 20mg 15 tablets. - One medication card for R62: metoprolol SU (heart medication) 25mg 12 tablets. - One medication card for R62: gabapentin (treats nerve pain) 300mg 29 tablets. (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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- One medication card for R62: oxybutynin cl (helps the bladder control urine flow) er10mg 12 tablets. - One medication card for R62: famotidine (helps control stomach acid) 20mg 22 tablets. - One medication card for R62: furosemide (helps body remove excess fluid) 40mg 12 tablets. - One medication card for R62: metformin HCL (helps with diabetes) 500mg 28 tablets. - One medication card for R62: omeprazole (helps with stomach acid) 40mg 29 caps. - One medication card for R53's: lisinopril (helps with high blood pressure) 40mg 24 tablets. - One medication card for R53's: furosemide (helps body remove excess fluid) 40mg 25 tablets. - One medication card for R53's: Glipizide (to help with diabetes) ER 10mg 25 tablets. - One medication card for R53's: amitriptyline (antidepressant) HCL 25mg 25. -One medication card for -R53's: Tamsulosin (helps with prostate) HCL 0.4mg 25 caps. - One medication card for R53: metformin (helps with diabetes) HCL 1000mg 24 tablets. - One medication card for R53's: metoprolol succinate (for the heart) 50mg 24 tablets. - One medication card for R53's: metoprolol succinate (for the heart) 50mg 24 1/2 tablets. - One medication card for R54: Fluoxetine (antidepressant) 40mg 6 caps. - One medication card for R55's Ramelton (helps people fall asleep faster) 8mg 13 tablets. - One medication card for R13's: oxcarbazepine (for seizures) 600mg 28 tablets. - One medication card for R13's: oxcarbazepine 9for seizures) 600mg 28 and a half tablets. - Three medication card for R52: divalproex sodium DR (used for seizures or mental illness) 125mg 26 total tablets, - One medication card for R52: divalproex sodium DR 125mg 9 caps. - One medication card for R52: divalproex sodium DR 125mg 11caps. - One medication card for R52: divalproex sodium DR 125mg 25 tablets. -One medication card for R52: divalproex sodium DR 125mg 30 tablets. - One medication card for R52: divalproex sodium DR 125mg 23 tablets. - One medication card for R52: Gabapentin (used for nerve pain) 300mg 23 tablets. (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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- One medication card for R56: levothyroxine (to help the thyroid gland) 88mcg 13 tablets. - One medication card for R58: Quetiapine (treats mental illness) 25mg 13 tablets. - One medication card for R59: ketorolac tromethamine (used for moderate pain) 10mg tab 4 tablets. - One medication card for R60: Eliquis (helps blood from clotting) 2.5mg 14 tablets. - One medication card for R33: metoprolol tart (heart medication) 100mg 29 tablets. - One medication card for R61: tamsulosin HCL (helps the prostate) 0.4mg 14 caps. - Twelve sealed Quick Cath needles. - Three sealed TB Safety Syrine 25 gauge needles. - One sealed Safety Syringe 1ml needle. - Three loose safety needles. - One sealed 25g butterfly catheter. During an interview on 3/09/2026 at 7:00 p.m., DON confirmed that the medication cart was unlocked and should not be stored in chapel. DON confirmed that there were medications from current and discharged patients. DON indicated her expectation was medications should be destroyed after discontinued or resident was discharged , unless pharmacy identified medication could be returned. DON stated it was important to lock up medications, so residents, staff and visitors did not have access to medications or needles stored in the medication cart, which could harm or injure them. DON reported that the Associate Director of Nursing (ADON) used the med cart for training purposes. During an interview on 3/09/2026 at 7:08 p.m., ADON confirmed medication cart was being used as training material for a trained Medication Administration (TMA) course. ADON confirmed the medication cart was unlocked and they did not have a key to lock it. ADON confirmed there was medication from current and discharged residents in the med cart. ADON confirmed medications of current and discharged residents should not be used for training purposes due to privacy violations and risks of medication diversion. ADON reported medications had been stored in the unlocked medication cart since 3/4/26. During interview on 3/11/2026 at 12:22 p.m., with consulting pharmacist (CP) she confirmed that lorazepam should be double locked. CP confirmed med room door should be locked with a lock on the fridge door. During interview on 3/11/2026 at 1:03 p.m., Director of Nursing (DON) reported the expectation was that the fridge should be locked per Policy. DON reported this is because medication could be diverted to either residents or staff if it is not double locked. During a phone interview on 3/11/2026 at 12:22 p.m., CP confirmed expectation was med carts should be locked when not being used and discontinued medication should be destroyed and not be used for training purposes. CP reported that she was not aware there was an unlocked med cart in the chapel (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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	with discontinued medications being used for training purposes. CP confirmed that having unsecured medications in a public space could lead to medication diversion. During a follow up interview on 3/11/2026 at 1:03 p.m., Director of Nursing (DON) reported the expectation was that the mini fridge with lorazepam should be locked per Policy. DON reported this is because medication could be diverted to either residents or staff if it is not locked. The facility policy title Controlled Substance Management revised 8/7/24, identified storage of medications listed in Schedules II, III, IV, and V under double lock, separate from other medications. Observation on 3/9/26, at 12:22 p.m. third floor there was a nurses station, to the left of the nurses desk was a medication room, the door to the medication room was observed to be open, there were no nurses observed in the area. Observed full size and mini refrigerators (fridge) in the medication room, there was no locks observed on either refrigerator. Observation on 3/9/26, at 12:25 p.m. facility administrator office was next to the medication room, administrator walked out of the office past the open medication room. No nurse was observed in the area. Observation on 3/9/26, at 12:37 p.m. facility dietary manager walked past the open medication room. No nurse was observed in the area. Observation on 3/9/26, at 12:39 p.m. licensed practical nurse (LPN)-A walked past open medication room into nurses room, grabbed a meal tray, walked back past open medication room, door remained open. LPN-A left view of medication room. Observation on 3/9/26, at 12:39 p.m. nursing assistant (NA)-C walked past open medication room, sat at the desk across from the open medication door. No nurse was observed in area of medication room. Observation on 3/9/26, at 12:40 p.m. LPN-A walked back past the open medication room door to the nurses room, sat down at desk. On 3/9/26, at 12:42 p.m. resident wheeled past nurses station in power wheelchair. When interviewed on 3/9/26, at 12:47 p.m. LPN-A stated the medication room contained treatment supplies and extra medications for residents. LPN-A stated the medication room door was usually left open when the nurses were near the room, so nurses were able to enter the room without having to repeatedly use the key to unlock it. Reviewed content of medication room with LPN-A after entering the room through the open door, directly in front of the open door there was a black medication disposal bin, next to the black bin was a full-size fridge that contained supplements. To the left of the full-size fridge was a cabinet with a mini fridge on top, there was no lock located on the mini fridge. Reviewed contents of mini fridge with LPN-A, located bottle of liquid lorazepam (controlled medication used as sedative, antianxiety medication) in the door, no lockbox was located inside the mini fridge. LPN-A stated lorazepam was able to be stored in the unlocked medication fridge When asked about open medication room door LPN-A stated Oh was it then stated the door should have been shut when not in view of the medication room. When interviewed on 3/11/26, at 11:15 a.m. director of nursing stated the medication room door was expected to be closed when the nurse was not in the room or within direct eyesight of the medication (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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room. DON stated the only staff authorized to have keys and access the medication was the nurses and trained medication aides (TMAs). DON stated narcotics/controlled medications that included lorazepam were not to be stored in the third floor medication room, there was not lock on the mini fridge on that floor. Those medications were to be stored in the second floor medication room that did have a locked medication fridge. DON stated without the locked fridge the lorazepam was not secured with two separate locks, it definitely was not secured with two different locks with the medication room door being left open with no nurse/TMA in the room or in direct eyesight. DON stated it was important to secure the medication room and narcotic/controlled medications for safety and to decrease risk of diversion by a resident or an unauthorized staff member. When interviewed on 3/11/26, at 12:30 p.m. consultant pharmacist (CP) stated doors to medications were expected to be shut and locked if nurse/TMA is not inside the room or in direct view of the room. CP stated lorazepam was required to be in medication fridge with either a locked fridge door or a secured lock box located inside the fridge for safety, decrease diversion. CP stated medication room doors left open was an unacceptable process. Facility Medication Storage policy revision date of 2/12/24, indicated compartments containing medications should be locked when not in use. Medications that required refrigeration should be stored in the refrigerator. All controlled drugs are stored under double-lock and key.

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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and document review, the facility failed to ensure that the residents' ability to self-administer medications (SAM) was assessed prior to leaving medications with the resident for 2 of 2 residents (R11, R34), reviewed for medications left at the bedside.Findings include - R34's Medical Diagnosis page (print date of 3/11/26) documented the following diagnoses: morbid obesity, major depression, generalized anxiety, female stress incontinence. A review of R34's last quarterly Minimum Data Set (MDS) dated [DATE] indicated resident was cognitively intact, moderate level of depression, and required dependent with bathing / showering and toileting hygiene. During observation and screening of R34, on 3/9/26 at 1:26 p.m., it was noted R34 had a bottle oy Nystatin powder (a prescription antifungal medication used primarily to treat Candida infections (yeast infections) of the mouth (thrush), skin, and esophagus by disrupting fungal cell membranes) on a table next to her bed. The bottle was noted to have had a prescription label, now removed with only a strip of yellow colored label left. R34 stated she uses it for the rashes she get between the folds of her skin. During further observations on 3/10/26 at 10:46 a.m. the bottle was missing from resident's bedside table, but on 3/11/26 at 8:22 a.m. the bottle of Nystatin powder was again observed in R34's room. A review of R34's electronic medical record, documented a medication Self-Administration Safety Screen (SAM) - V 3 (dated 4/29/24) had been completed. However, R34's was only approved for the following: cough drops, Arnuity Ellipta Inhalation Aerosol Powder (reduces airway inflammation to improve breathing, with a typical dosage of one inhalation once daily), Albuterol Sulfate Nebulization Solution (a prescription bronchodilator used in a nebulizer machine to treat asthma and COPD) and Flunisolide Nasal Solution (a prescription corticosteroid spray used to treat seasonal or perennial allergy symptoms). In review of R34's Care Plan last revised 2/20/26, documented the following: I am at risk for alteration in skin integrity related to: risk for skin fold intertrigo - morbid obesity, altered gait and decreased mobility . AND Resident wished to self administer inhalers after staff set up. A review of R34's current Physician Orders, the physician wrote: Ok to self administer inhalers after staff set up (dated 1/26/26), where as the prior order, which was still listed May administer all medication after nurse has prepared, including oral, inhalers and topical medications (dated 3/25/24). Although, with the current Physician's Orders did include R34 being able to self-administer her Nystatin Powder with the order for topical medications, R34's SAM assessment lacked identification of Nystatin being listed in the assessment. During interview on 3/10/26 at 3:24 p.m., trained medication assistant (TMA)-A stated R34 is only allowed to self-administer her inhalers. When asked about the bottle of Nystatin powder in resident's room, TMA-A stated she can have 'sticky fingers' after taking a shower, when to powder is applied. (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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's director of nursing (DON) approached during this interview and confirmed R34 had only been assessed for cough drops and her inhalers. During a further interview on 3/10/26 at 3:30 p.m., DON had just returned with the bottle which only had the yellow part of the pharmacy label attached. DON stated not only did her current order not allow topical medication, with the pharmacy lable missing, was the bottle really hers. DON stated when she asked R34 where the bottle of Nystatin came from, R34 stated a nurse gave it to her 3 days ago. DON stated no resident unless assessed should be administering any medication, for their safety. I R11 Findings include: R11's admission Minimum Data Set (MDS) dated [DATE], identified R11 cognition was intact and diagnoses, which included gastroesophageal reflux disease (GRD), depression, and anxiety. R11 required moderate assistance with activities of daily living (ADLs) and transferring. R11's care plan dated 12/16/25, identified R11 needed assistance with ADLs related to decreased mobility and uses antidepressant, antipsychotic, and anticonvulsant medications. Care plan lacked information regarding the ability to leave medications at the bedside. R11's order summary report dated 2/5/26 lacked information regarding an order for self-administration of medications. R11's order summary report for the month of March lacked orders regarding a self-administration of medications. R11's medical chart lacked evidence of a self-administered medication assessment. (SAM). During an observation on 3/9/26 at 4:29 p.m., R11 was lying in bed with a blanket, eyes closed. A medication cup with medications was on the side table. No nursing staff were in R11's room or outside the room. During an observation on 3/9/26 at 4:49 p.m., R11 was lying in bed with a blanket and eyes closed. The medication cup continued to be on the side table next to the bed. No nursing staff were in R11 room or outside the room. During an interview on 3/9/26 at 4:37 p.m., registered nurse (RN)-A verified she gave R11 medications but did not watch her take her medications. RN-A was unable to locate a SAM for R11. During an observation and interview on 3/11/26 at 8:34 a.m., R11 was lying in bed with a medication cup with medications in the cup next to the bed. Trained medication aid (TMA)-A was located in another hallway and was notified of resident who had medications next to her bed. TMA-A said R11 was awake and had the medication cup in her hand when she left the room for an emergency across the hallway. TMA-A went to R11 room and woke up R11. TMA-A handed R11 the medication cup and watched R11 take her medications. TMA-A verified R11 did not have a SAM completed or an order to self-administer medications. TMA-A verified the normal practice was to watch residents take their (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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications for safety. During an interview on 3/9/26 at 4:49 p.m., director of nursing (DON)-A verified R11 did not have a SAM completed. DON-A expectation would be to perform a SAM to ensure the resident was capable of taking medications correctly and safely. During a follow-up interview on 3/11/26 at 8:41 a.m., DON confirmed a self-administration medication assessment had not been completed for R11. During an interview on 3/11/26 at 12:30 p.m., pharmacist consultant (PC) verified medications were not to be left in a resident's room without an assessment done and an order from the primary care provider to ensure a resident is able to administer medications safely. A policy titled medication self Administration, revised on 2/12/24, identified: the resident shall have a screen completed by a licensed nurse to determine factors that impact the self administration of medications. The ability to self-administer medications will indicated, able to self-administer medications independently, able to self-administer medications with supervision, cueing, and/or set-up, not able to self-administer medications safely. Residents who have been deemed appropriate to self-administer medications independently or with supervision/, cueing and/or after setup, shall have a physician's order to do so. The self-administration of medications will be care planned with interventions specific to the individual resident. Medications to be self-administered shall be secured in a locked are in the resident's room or stored in the medication cart for provision to the resident to self-administer.

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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to assess for restraints for 2 of 2 residents (R29 and R47) reviewed for use of a seatbelt.R29's quarterly minimum data set (MDS) dated [DATE], indicated R29 was cognitively intact, R29 was dependent on staff for activities of daily living. MDS section P indicated R29 had no wheelchair restraint in use. R29 had diagnoses that included diabetes, hypertension, history of transient ischemic attack (TIA- mini stroke), and hemiplegia (loss of voluntary movement) and hemiparesis (weakness) following cerebral infarct (stoke). R29's care plan dated 2/21/26, indicated R29 was able to safely use power wheelchair with interventions that included provide verbal cues and reminders when approaching elevator and use seat belt. A therapy recommendation to nursing dated 2/19/26, stated assist R29 to get into her power wheelchair use seat belt, tilt power chair back slightly elevate legs/feet pedals. However, review of R29's electronic medical record (EMR) failed to indicate a restraint assessment was completed to ensure seat belt was not considered a restraint for R29, in addition, R29's EMR lacked a physician order for seat belt use when in power wheelchair. On 3/9/26, at 1:25 p.m., R29 was observed in power wheelchair with seat belt fastened. R29 stated she has it on when in the power wheelchair. R29 was observed with seat belt fastened when in wheelchair on 3/10/26, at 11:51 a.m.; 3/10/26, at 2:02 p.m.; 3/11/26, at 7:29 a.m. and 3/11/26, at 10:16 a.m. When interviewed on 3/11/26, at 10:17 a.m. nursing assistant (NA)-B stated R29 required assistance to grab the seat belt when putting on but R29 was able to fasten and release the seat belt. When interviewed on 3/11/26 at 10:30 a.m., registered nurse (RN)-B stated the expectation was to obtain a physician order for seat belt use in wheelchairs. RN-B reviewed R29's EMR lacked evidence of an order for a seatbelt. RN-B stated she did not complete the assessments, that would have been the director of nursing (DON). When interviewed on 3/11/26, at 10:52 a.m. DON stated when a resident utilized a seat belt in the wheelchair the expectation was there would be an order from the physician and a restraint assessment to ensure the resident was able to apply and remove the seat belt independently to ensure it would not be considered a restraint. DON reviewed R29's EMR stated there was no physician order, no documentation regarding an assessment was completed. DON stated the therapy recommendation to use the seatbelt in the power wheelchair should have triggered the assessment to completed and the physician order to be obtained. R47's quarterly MDS dated [DATE], indicated R47 was cognitively intact and was dependent on staff for ADLs. R47's diagnoses included hemiplegia and hemiparesis following cerebral infarct, cerebral palsy (movement and posture disorder affects muscle tone, coordination and balance), epilepsy, spondylosis (age related degeneration of spine), and osteoarthritis. Review of R47's EMR failed to indicate a restraint assessment was completed to ensure seat belt was not considered a restraint for R47, in addition, R47's EMR lacked a physician order for seat belt use when in power wheelchair. R47's care plan did not address seat belt use when in power wheelchair. When interviewed on 3/10/26, at 3:20 p.m. NA-A stated R47 used a seat belt when in the power wheelchair, R47 was able to remove it independently but had difficulty applying the seat belt due to limited use of one arm. When interviewed on 3/10/26, at 3:23 p.m. trained medication assistant (TMA)-A stated R47 was unable to apply the seat belt, had use of one hand but R47 was able to remove the seat belt independently. When interviewed on 3/11/26 at 10:52 a.m., DON stated when a resident utilized a seat belt in the wheelchair the expectation was there would be an order from the physician and a restraint assessment to ensure the resident was able to apply and remove the seat belt independently to ensure it would not be considered a restraint. DON reviewed R47's EMR stated there was no physician order, no documentation regarding an assessment was completed. DON stated the therapy recommendation to use the seat belt in the power wheelchair should have triggered the assessment to completed and the physician order to be obtained. Facility restraint policy was requested; however, none was received.

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	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Lodge	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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview and document review, the facility failed to ensure the required nurse staffing information was posted daily. This deficient practice had the potential to affect all residents who resided in the facility and/or any visitors who may have wished to view the information.Findings include: During observation on 3/9/25 at 11:30 upon entry of the survey, the staff posting for Friday March 6th was observed in the facility. During observation on 3/9/26 at 1:00 P.M., the staff posting for Friday March 6th was observed in the facility. During interview with Administrator on 03/09/2026 3:49 P.M. confirmed that staff list posted in the facility was wrong date. Administrator confirmed that posted list should be updated but that the person who posted it daily was gone out for the day. She confirmed that she should have updated the staffing A facility policy titled Staff Posting revised 10/19/23 indicated the facility shall post daily, for each shift, the actual hours and total number of hours worked by licensed and unlicensed nursing staff who are directly responsible for resident care on each shift in the facility. At the beginning of each shift, the facility will verify that the hours are posted in a clear and readable format: the name of the facility, current date, facility census for nursing home residents, facility specific shifts for the 24-hour period, total number of licensed nursing staff worked per shift, total number of unlicensed nursing staff worked per shift, actual time worked for the specific categories of nursing staff, including split shifts.