

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER McIntosh Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Northeast Riverside Avenue McIntosh, MN 56556	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>42075</p> <p>Based on observation, interview and document review, the facility failed to report an outbreak of nausea, vomiting and/or diarrhea for 6 of 6 residents (R38, R9, R36, R13, R35, R33) to the Minnesota Department of Health (MDH). This had the potential to affect all residents residing in the facility.</p> <p>Findings include:</p> <p>The facility provided undated and untitled symptom tracker identified the following:</p> <ul style="list-style-type: none">- 1/23/25, R38 developed symptoms of upset stomach and emesis and was immediately placed on contact precautions and attempted to keep the resident in her room. R38 was tested and negative for Influenza A and B, RSV, and COVID-19 (respiratory panel).- 1/25/25, R9 developed upset stomach, diarrhea and low grade temperature. R9 was immediately placed on contact precautions, tested and was negative for respiratory panel.- 1/25/25, R36 developed upset stomach, diarrhea and low grade temperature. R36 was immediately placed on contact precautions, tested and was negative for respiratory panel.- 1/26/25, R13 developed emesis, loose stools and low grade temperature. R13 was immediately placed on contact precautions, tested and was negative for respiratory panel.- 1/26/25, R33 developed dry heaves, vomiting and diarrhea. R33 was immediately placed on contact precautions, had a negative COVID-19 test and respiratory panel was pending.- 1/26/25, R35 developed symptoms of emesis and low grade fever. R35 was immediately placed on contact precautions, however, did not have a respiratory panel because she displayed the same symptoms of the other residents and they were negative <p>On 1/27/25 at 3:36 p.m., the director of nursing (DON) stated there were several residents that developed symptoms of gastrointestinal (GI) illness over the weekend and were placed on contact precautions. The DON stated the facility follows MDH guidance for reporting communicable diseases. There were no staff that had developed symptoms. The DON further stated she had not reported the outbreak to MDH because she thought it was a simple GI illness because symptoms were resolving or resolved, and because the illness was in the community and was just the stomach flu.</p> <p>(continued on next page)</p>		

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
--------------------------------------------------------------------------	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER McIntosh Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Northeast Riverside Avenue McIntosh, MN 56556	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>The facility Communicable Disease Reporting policy dated 8/26/24, identified communicable diseases shall be reported to the MDH and referred to the form Diseases Reportable to the MDH.</p> <p>The 2024-2025 MDH Norovirus Information for Long Term Care Facilities identified, individual cases of norovirus infection are not reportable in Minnesota. However, possible outbreaks of multiple cases with norovirus-like symptoms must be reported. They can be reported to the health department by phone or email.</p>		