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

Printed: 02/22/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245359 NAME OF PROVIDER OR SUPPLIER Pine Haven Care Center Inc For information on the nursing home's plan to correct this deficiency, please continuous plants are continuous plants.		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 210 Northwest 3rd Street Pine Island, MN 55963 tact 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 0806 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some				

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 245359

If continuation sheet Page 1 of 3

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

Printed: 02/22/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 245359	A. Building B. Wing	05/20/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Pine Haven Care Center Inc		210 Northwest 3rd Street Pine Island, MN 55963		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG		UMMARY STATEMENT OF DEFICIENCIES Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0806 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-5/18/22, at 2:11 p.m. indicated epi approximately 1:25 p.m. due to pro On 5/19/22, at 11:39 a.m. R3 was included a dessert cake. R3 stated R3 stated he had to use his EpiPer hospital via ambulance. On 5/19/22, at 1:16 p.m. C-B and Chad an allergic reaction on 5/18/22 produce the recipe book. On 5/19/22, at 1:20 p.m. C-A was ingredients on the ticket, it was the book. C-A stated the prep cook dis dessert onto R3's tray without know showed a list of the allergens used wheat, and milk as allergens. On 5/19/22, at 2:02 p.m. C-D was ingredients on the tickets have reside C-D stated meal tickets have reside C-D stated when she was done with bite of the dessert and knew immere ating it, but he had already eaten should not have to look through the on 5/19/22, at 2:30 p.m. the DON's contained the peanut allergen. The immediately. The DON's stated R3 investigation to move forward without on 5/19/22, at 2:56 p.m. the admin administrator stated staff told him Finitially told the administrator the rehimself and knows the ingredients used a [NAME] Brothers computer	connephrine (EpiPen) had been given and was ineffective. 911 was called at rogression of anaphylaxis. Interviewed and stated on 5/18/22, he was served his lunch which do he ate some of the dessert, and it turned out to have peanut butter in it. en, but it didn't relieve his symptoms, and he was eventually sent to the control of the desserts were made from scratch, and she would control of the menute dietary aide's (DA) responsibility to look at the ingredients in the recipe shed up the desserts each day. C-A stated a dietary aide dished up the evening it contained peanut butter. C-A provided a copy of the recipe which do in making the candy bar cheesecake and listed peanuts, soy, gluten, which dietary aide styped in red. C-D stated she delivered the meal tray to R3. The lunch meal service, she went to eat lunch. C-D stated she took a ediately there was peanut butter in it. C-D stated she ran to stop R3 from it; nurses and aides were already there. C-D stated she felt dietary staffing the cookbook for allergens in a food, the food should be labeled. It stated whoever dished up the cheesecake candy dessert didn't know it the DON stated staff knew of R3's severe allergy and called 911 was her son, and she was trying to remain neutral and allow the		
	automatically remove foods with all allergen is served. R3's meal ticket dated 5/18/22, for	ted the [NAME] Brothers computer systems from R3's meal ticket, or any of the noon meal, included [NAME] Bar C	ther residents meal ticket when an	
	will check trays for correct diets be	uts, all nuts. y revised on 4/2007, directed the Food fore the food carts are transported to the orrect diet before serving the resident.		
	(continued on next page)			

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

Printed: 02/22/2025 Form Approved OMB No. 0938-0391

			10.0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2022	
NAME OF PROVIDER OR SUPPLIER Pine Haven Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Northwest 3rd Street Pine Island, MN 55963		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0806 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The facility implemented corrective action to remove the IJ on 5/20/22, when all resident allergies were reviewed by the DON and administrator, staff were educated on food allergies and intolerance, the facility updated their tray identification policy, the facility updated the [NAME] Brother system to ensure foods containing allergens were removed from the residents food labels, menus, and meal tickets. Food allergy audits were completed and will continue daily for 10 days, weekly for four weeks, and then monthly thereafter. This was verified through interview and document review.			