



00531 J.L.

*Protecting, Maintaining and Improving the Health of Minnesotans*

August 27, 2008

Mr. Jon Skillingstad, Administrator  
Minnesota Veterans Home - Fergus Falls  
1821 North Park  
Fergus Falls, Minnesota 56537

Re: Enclosed Reinspection Results - Project Number SL00531013

Dear Mr. Skillingstad:

On August 12, 2008 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on March 26, 2008, with orders received by you on April 11, 2008. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Peggy Durham-Lien".

Peggy Durham-Lien, Unit Supervisor  
Licensing and Certification Program  
Division of Compliance Monitoring  
Telephone: (218)332-5140 Fax: (218)332-5196

Enclosure(s)

cc: Original - Facility  
Licensing and Certification File

00531r108.rtf

CB

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 00531	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 8/12/2008
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<b>Name of Facility</b> MN VETERANS HOME FERGUS FALLS	<b>Street Address, City, State, Zip Code</b> 1821 NORTH PARK FERGUS FALLS, MN 56537
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>20540</u>	Correction Completed 04/25/2008	ID Prefix <u>20545</u>	Correction Completed 04/25/2008	ID Prefix <u>20560</u>	Correction Completed 04/25/2008
Reg. # <u>MN Rule 4658.0400 Subp.</u>		Reg. # <u>MN Rule 4658.0400 Subp.</u>		Reg. # <u>MN Rule 4658.0405 Subp.</u>	
LSC _____		LSC _____		LSC _____	
ID Prefix <u>21330</u>	Correction Completed 04/25/2008	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # <u>MN Rule 4658.0725 Subp.</u>		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By State Agency	Reviewed By <u>PLIMAH</u>	Date: <u>8-27-08</u>	Signature of Surveyor: <u>18653</u>	Date: <u>8-12-08</u>
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 3/26/2008

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO