



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 23, 2026

Administrator

Ostrander Care and Rehab

305 Minnesota Street

Ostrander, MN 55961

RE: CCN: 245464

Cycle Start Date: April 15, 2026

Dear Administrator:

On April 15, 2026, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.

- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Jennifer Kolsrud Brown, RN, Regional Operations Supervisor
Rochester District Office
Health Regulation Division
Minnesota Department of Health
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: jennifer.kolsrud@state.mn.us
Office: (507) 206-2727

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued, and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by **July 15, 2026** (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by **October 15, 2026** (six months after the identification of noncompliance), your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

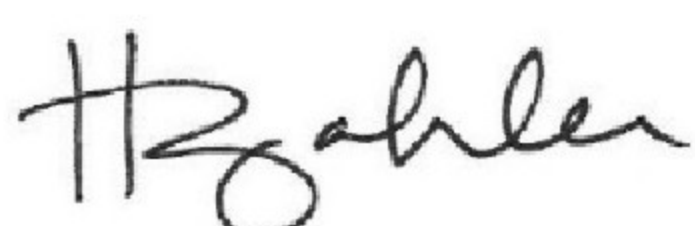
A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

Travis Z. Ahrens
State Fire Safety Supervisor
Health Care & Correctional Facilities
MN Department of Public Safety-Fire Marshal Division
445 Minnesota St., Suite 145
St. Paul, MN 55101
Email: travis.ahrens@state.mn.us
Web: www.sfm.dps.mn.gov
Cell: 1-507-308-4189

Feel free to contact me if you have questions.

Sincerely,



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division

Minnesota Department of Health

625 Robert Street North

P.O. Box 64975

St. Paul, MN 55164-0899

Office: 651-201-4384 | Email: holly.zahler@state.mn.us



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April 23, 2026

Administrator

Ostrander Care and Rehab

305 Minnesota Street

Ostrander, MN 55961

Re: Event ID: 1F35E4-H1

Dear Administrator:

The above facility survey was completed on April 15, 2026, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

Office: 651-201-4384

Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245464	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 04/14/2026
NAME OF PROVIDER OR SUPPLIER Ostrander Care And Rehab			STREET ADDRESS, CITY, STATE, ZIP CODE 305 MINNESOTA STREET , OSTRANDER, Minnesota, 55961	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000 Bldg. 01	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY</p> <p>An annual Life Safety Code survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division on 04/14/2026. At the time of this survey, OSTRANDER CARE AND REHAB found NOT in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2012 edition of National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 Existing Health Care and the 2012 edition of NFPA 99, Health Care Facilities Code.</p> <p>THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF COMPLIANCE.</p> <p>UPON RECEIPT OF AN ACCEPTABLE POC, AN ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.</p> <p>PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES (K-TAGS) TO:</p> <p>If PARTICIPATING IN THE E-POC PROCESS, a paper copy of the plan of correction is not required.</p> <p>Healthcare Fire Inspections State Fire Marshal Division 445 Minnesota St., Suite 145</p>	K0000		05/01/2026

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 reverse for further 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
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245464</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING</p>	<p>(X3) DATE SURVEY COMPLETED 04/14/2026</p>	
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<p>K0000 Bldg. 01</p>	<p>Continued from page 1 St. Paul, MN 55101-5145, OR</p> <p>By email to: FM.HC.Inspections@state.mn.us</p> <p>THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:</p> <p>A detailed description of the corrective action taken or planned to correct the deficiency.</p> <p>Address the measures that will be put in place to ensure the deficiency does not reoccur.</p> <p>Indicate how the facility plans to monitor future performance to ensure solutions are sustained.</p> <p>Identify who is responsible for the corrective actions and monitoring of compliance.</p> <p>The actual or proposed date for completion of the remedy.</p> <p>OSTRANDER CARE AND REHAB is a 1 story building with Penthouse and partial basement.</p> <p>OSTRANDER CARE AND REHAB was constructed in 1968 and was determined to be of Type II (222) construction.</p> <p>The facility is fully protected throughout by an automatic sprinkler system and has a fire alarm system with smoke detection in corridors and spaces open to the corridors that is monitored for automatic fire department notification.</p> <p>The facility has a capacity of 25 beds and had a census of 22 at the time of the survey.</p> <p>There is a 2-hour fire-rated separation between the nursing home and assisted living facility.</p>	<p>K0000</p>		<p>05/01/2026</p>

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K0000 Bldg. 01	Continued from page 2	K0000		05/01/2026
K0918 SS = F Bldg. 01	<p>The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:</p> <p>Electrical Systems - Essential Electric System</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, documentation review and staff interview, the facility failed to maintain the on-site emergency generator system per NFPA 99 (2012 edition), Health Care Facilities Code, section 6.4.1.1, 6.4.4.1, 6.4.4.1.3, and NFPA 110 (2010 edition), Standard for Emergency and Standby Power Systems, section, 5.6.4.5. These deficient findings could have a widespread impact on the residents within the facility.</p>	K0918	<p>K918 Electrical System</p> <p>The Generator Battery was replaced immediately upon noting the battery was older than the recommended date provided by the fire marshal. Interstate Power Systems stated they were scheduled to replace the battery at the next service date.</p> <p>Documentation was updated to note that the new battery is due to be replaced no later than April of 2028. It was also placed as a reminder on the Outlook calendar to be replaced.</p> <p>Results of findings will be presented at the quarterly QAPI meeting to discuss findings and determine further monitoring.</p> <p>The Maintenance director or designee is responsible for compliance.</p> <p>Date of Compliance: 4/24/26</p>	04/24/2026

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K0918 SS = F Bldg. 01	Continued from page 3 Findings include: On 04/14/2026 between 10:30 AM and 12:30 PM, it was revealed by a review of available documentation and visual observation that emergency generator battery was dated 07/2023. An interview with the Maintenance Director verified this deficient finding at the time of discovery.	K0918		04/24/2026
K0712 SS = E Bldg. 01	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: Based on a review of available documentation and staff interview, the facility failed to conduct fire drills per NFPA 101 (2012 edition), Life Safety Code, sections 19.7.1, 4.7.4 These deficient findings could have a patterned impact on the residents within the facility. Findings include: On 04/14/2026 between 10:30 AM and 12:30 PM, it was revealed by review of available documentation, that documentation presented for review identified lack of randomness in date and time-stamps. An interview with the Maintenance Director verified this deficient finding at the time of discovery.	K0712	K712 Fire Drills It is the policy of Ostrander Care & Rehab to ensure that fire drills are maintained per the NFPA Life Safety Code standards. The Maintenance Director reviewed the yearly schedule for fire drills to ensure that there was not a pattern created for timing of drills and that all drills are random. She will ensure that all drills are separated by a time period of 2 hours. The Maintenance Director and the Administrator reviewed for compliance. The Maintenance Director or designee will complete monthly audits to ensure compliance. Result of audits will be presented at the quarterly QAPI meeting to discuss findings and determine further auditing and frequency of audits. The Maintenance Director or designee is responsible for compliance. Date of Compliance: 4/24/26	04/24/2026

Minnesota Department of Health

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 4/13/26-4/16/26, a standard licensing survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Nursing Home Licensure. NO licensing orders were issued.</p> <p>The following complaints were reviewed: H54641236 (2798361).</p> <p>Minnesota Department of Health is documenting the</p>	20000		04/23/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Office of Primary Care and Health Systems Management

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E0000	Initial Comments On 4/13/26-4/15/26, a survey for compliance with CFR §483.73, Appendix Z, Emergency Preparedness Requirements was conducted during a standard recertification survey. The facility was IN compliance. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	E0000		04/23/2026
F0000	INITIAL COMMENTS On 4/13/26-4/15/26, a standard recertification survey was conducted at your facility. A complaint investigation was also conducted. Your facility was NOT in compliance with §42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H54641236C (2798361). NO deficiencies were cited. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate substantial compliance with the regulations has been attained.	F0000		05/01/2026
F0582 SS = D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must--	F0582	F582 Medicaid/Medicare Coverage/Liability Notice It is the policy of the facility to provide the required liability and appeal right notices within the required time frame for beneficiary protection notification.	05/01/2026

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 reverse for further 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.

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NAME OF PROVIDER OR SUPPLIER Ostrander Care And Rehab			STREET ADDRESS, CITY, STATE, ZIP CODE 305 MINNESOTA STREET , OSTRANDER, Minnesota, 55961	
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F0582 SS = D	<p>Continued from page 1</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p>	F0582	<p>Continued from page 1</p> <p>Resident #30 no longer resides at the facility.</p> <p>Residents preparing for discharge from Medicare Part A have the potential to be affected by this practice.</p> <p>The DON was in-serviced by the Administrator on the regulation and how to properly complete an ABN on 4/24/26. The policy was updated and reviewed. All discharges from skilled care will be reviewed at the weekly Medicare meeting to ensure ABN's are provided in a timely fashion. Those who require an ABN will have a completed ABN by the DON or designee within 48 hours prior to discharge from skilled care. All residents or responsible parties will be contacted by the DON about discharge and a note will be placed in PCC that a discussion was held in regards to discharge plans and discussion of the ABN decision. The notice will be mailed as needed for signature after verbal acknowledgement is obtained by phone. Copies of the completed unsigned ABN will be scanned into PCC until the original copy is received with signatures and then the completed copy with signature will be scanned into PCC. Weekly audits X 4 weeks by the Administrator then monthly audits X 3 months to monitor compliance. Results of audits will be reviewed at the QAPI Meeting.</p> <p>The DON or designee will be responsible for discharge notices.</p> <p>The Administrator and/or designee will review notices to ensure compliance.</p>	05/01/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245464	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Ostrander Care And Rehab			STREET ADDRESS, CITY, STATE, ZIP CODE 305 MINNESOTA STREET , OSTRANDER, Minnesota, 55961	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0582 SS = D	<p>Continued from page 2</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure the Notice of Medicare Non-Coverage (NOMNC CMS-10123) and the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN CMS10055) were provided to 1 of 3 residents (R30) reviewed for beneficiary notification.</p> <p>Findings Include:</p> <p>R30 was admitted on 11/5/2025, Medicare part A identified as primary payer, Medicare part A skilled services ended on 12/19/2025, and private pay started on 12/20/2025. Record review indicated R30's son as care and financial power of attorney (POA).</p> <p>R30's last day of Medicare part A skilled services was on 12/19/2025. The Notice of Medicare Non-Coverage (NOMNC CMS-10123) provided by facility for review was not signed or dated by the resident or representative. An undated nor signed handwritten note on page 2, under the "Additional Information" title stated " spoke with family member (FM)-A, sister. Family does not want to appeal". The facility director of nursing, (DON) confirmed, the unsigned and undated handwritten note was hers.</p> <p>Based on a phone interview on 04/15/2026 9:26 a.m., FM-A stated had visited more often than other family members but was not POA. FM -A did not recall any specific conversation with the facility DON in reference to the possibility of appeal and stated, "we were just told therapy was going to stop."</p> <p>Facility was unable to provide a signed copy of the CMS-10055 Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) for review. During an interview with on 04/15/2026 10:08 a.m., DON stated, had not presented R30's family a copy of the CMS-10055 Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) for review and signature.</p> <p>A facility policy titled "Ostrander care and Rehab Administration policy Rates and Charges/Medicare Policy" reviewed on 2/2025 states,1. OCR must inform the resident or the resident agent/guardian before any changes in charges for services not</p>	F0582		05/01/2026

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F0582 SS = D	Continued from page 3 covered under Medicare or Medicaid or by nursing home per diem rate. 5. Residents admitted under Medicare A will be informed within 48 hours of the need for denial of benefits pending change. 7. The Medicare denial will be explained to the resident or their responsible person and the reason of denial prior to obtaining the signature on the form.	F0582		05/01/2026

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E0000	Initial Comments On 4/13/26-4/15/26, a survey for compliance with CFR §483.73, Appendix Z, Emergency Preparedness Requirements was conducted during a standard recertification survey. The facility was IN compliance. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	E0000		04/23/2026
F0000	INITIAL COMMENTS On 4/13/26-4/15/26, a standard recertification survey was conducted at your facility. A complaint investigation was also conducted. Your facility was NOT in compliance with §42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H54641236C (2798361). NO deficiencies were cited. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate substantial compliance with the regulations has been attained.	F0000		05/01/2026
F0582 SS = D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must--	F0582	F582 Medicaid/Medicare Coverage/Liability Notice It is the policy of the facility to provide the required liability and appeal right notices within the required time frame for beneficiary protection notification.	05/01/2026

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 reverse for further 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
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F0582 SS = D	Continued from page 3 covered under Medicare or Medicaid or by nursing home per diem rate. 5. Residents admitted under Medicare A will be informed within 48 hours of the need for denial of benefits pending change. 7. The Medicare denial will be explained to the resident or their responsible person and the reason of denial prior to obtaining the signature on the form.	F0582		05/01/2026

Minnesota Department of Health

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 4/13/26-4/16/26, a standard licensing survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Nursing Home Licensure. NO licensing orders were issued.</p> <p>The following complaints were reviewed: H54641236 (2798361).</p> <p>Minnesota Department of Health is documenting the</p>	20000		04/23/2026

Office of Primary Care and Health Systems Management

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F0582 SS = D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must--	F0582	F582 Medicaid/Medicare Coverage/Liability Notice It is the policy of the facility to provide the required liability and appeal right notices within the required time frame for beneficiary protection notification.	05/01/2026

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 reverse for further 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.

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F0582 SS = D	<p>Continued from page 1</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p>	F0582	<p>Continued from page 1</p> <p>Resident #30 no longer resides at the facility.</p> <p>Residents preparing for discharge from Medicare Part A have the potential to be affected by this practice.</p> <p>The DON was in-serviced by the Administrator on the regulation and how to properly complete an ABN on 4/24/26. The policy was updated and reviewed. All discharges from skilled care will be reviewed at the weekly Medicare meeting to ensure ABN's are provided in a timely fashion. Those who require an ABN will have a completed ABN by the DON or designee within 48 hours prior to discharge from skilled care. All residents or responsible parties will be contacted by the DON about discharge and a note will be placed in PCC that a discussion was held in regards to discharge plans and discussion of the ABN decision. The notice will be mailed as needed for signature after verbal acknowledgement is obtained by phone. Copies of the completed unsigned ABN will be scanned into PCC until the original copy is received with signatures and then the completed copy with signature will be scanned into PCC. Weekly audits X 4 weeks by the Administrator then monthly audits X 3 months to monitor compliance. Results of audits will be reviewed at the QAPI Meeting.</p> <p>The DON or designee will be responsible for discharge notices.</p> <p>The Administrator and/or designee will review notices to ensure compliance.</p>	05/01/2026

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NAME OF PROVIDER OR SUPPLIER Ostrander Care And Rehab			STREET ADDRESS, CITY, STATE, ZIP CODE 305 MINNESOTA STREET , OSTRANDER, Minnesota, 55961	
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F0582 SS = D	<p>Continued from page 2</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure the Notice of Medicare Non-Coverage (NOMNC CMS-10123) and the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN CMS10055) were provided to 1 of 3 residents (R30) reviewed for beneficiary notification.</p> <p>Findings Include:</p> <p>R30 was admitted on 11/5/2025, Medicare part A identified as primary payer, Medicare part A skilled services ended on 12/19/2025, and private pay started on 12/20/2025. Record review indicated R30's son as care and financial power of attorney (POA).</p> <p>R30's last day of Medicare part A skilled services was on 12/19/2025. The Notice of Medicare Non-Coverage (NOMNC CMS-10123) provided by facility for review was not signed or dated by the resident or representative. An undated nor signed handwritten note on page 2, under the "Additional Information" title stated " spoke with family member (FM)-A, sister. Family does not want to appeal". The facility director of nursing, (DON) confirmed, the unsigned and undated handwritten note was hers.</p> <p>Based on a phone interview on 04/15/2026 9:26 a.m., FM-A stated had visited more often than other family members but was not POA. FM -A did not recall any specific conversation with the facility DON in reference to the possibility of appeal and stated, "we were just told therapy was going to stop."</p> <p>Facility was unable to provide a signed copy of the CMS-10055 Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) for review. During an interview with on 04/15/2026 10:08 a.m., DON stated, had not presented R30's family a copy of the CMS-10055 Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) for review and signature.</p> <p>A facility policy titled "Ostrander care and Rehab Administration policy Rates and Charges/Medicare Policy" reviewed on 2/2025 states,1. OCR must inform the resident or the resident agent/guardian before any changes in charges for services not</p>	F0582		05/01/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245464	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Ostrander Care And Rehab			STREET ADDRESS, CITY, STATE, ZIP CODE 305 MINNESOTA STREET , OSTRANDER, Minnesota, 55961	
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F0582 SS = D	Continued from page 3 covered under Medicare or Medicaid or by nursing home per diem rate. 5. Residents admitted under Medicare A will be informed within 48 hours of the need for denial of benefits pending change. 7. The Medicare denial will be explained to the resident or their responsible person and the reason of denial prior to obtaining the signature on the form.	F0582		05/01/2026



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
June 2, 2026

Administrator
Ostrander Care and Rehab
305 Minnesota Street
Ostrander, MN 55961

RE: CCN: 245464
Cycle Start Date: April 15, 2026

Dear Administrator:

On May 18, 2026, the Minnesota Departments of Health and Public Safety, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore, no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us