



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 24, 2026

Licensee  
Saint Elizabeth Hospital  
1200 Grant Boulevard West  
Wabasha, MN 55981

RE: Project Number(s) SL20255016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 2, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

### **IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

**0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - \$500.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

**CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

**REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating

factor.

To submit a hearing request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor

State Evaluation Team

Email: [jodi.johnson@state.mn.us](mailto:jodi.johnson@state.mn.us)

Telephone: 507-344-2730 Fax: 1-866-890-9290

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>20255 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | (X3) DATE SURVEY COMPLETED<br><br>09/02/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>SAINT ELIZABETH HOSPITAL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1200 GRANT BOULEVARD WEST<br>WABASHA, MN 55981                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                              |
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| 0 000                                                        | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL20255016-0</p> <p>On August 31, 2026, through September 2, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 34 residents; 14 receiving services under the Assisted Living Facility license.</p> | 0 000                                                           | <p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p> |                          |                                              |
| 0 630<br>SS=D                                                | 144G.42 Subd. 6 (b) Compliance with requirements for reporting ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 630                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                              |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                     |
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| 0 630                                                               | <p>Continued From page 1</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of three residents (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 was admitted on February 20, 2026, with diagnoses that included atrial fibrillation (irregular and fast heart rhythm).</p> <p>On September 1, 2026, at 8:15 a.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R3.</p> | 0 630                                                                  |                                                                                                                          |  |                                                     |

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| 0 630                                                               | <p>Continued From page 2</p> <p>R3's service plan dated February 20, 2026, indicated R3 received services to include RN case management, medication setup, home health aide and laundry.</p> <p>R3's record lacked an IAPP to include the following required content:<br/>-individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults<br/>-the person's risk of abusing other vulnerable adults<br/>-statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults</p> <p>On September 2, 2026, at 9:55 a.m., clinical nurse supervisor (CNS)-B stated R3's record lacked an IAPP to include the required content as noted above.</p> <p>The licensee's Individual Abuse Prevention Plans policy dated May 27, 2026, indicated an IAPP was developed for each resident. The IAPP will include:<br/>1. Individualized review or assessment of the resident's susceptibility to be abused by another individual, including other vulnerable adults;<br/>2. the residents' risk of abusing other vulnerable adults;<br/>3. Specific measures to minimize the risk of abuse to that person and other vulnerable adults; and<br/>4. measure(s) to minimize the risk of self-abuse, if applicable.<br/>Abuse prevention plans will be completed by day 14 of an initial assessment. Abuse prevention plans will be reviewed every 90 days and revised as needed.</p> | 0 630                                                                  |                                                                                                                          |  |                                                     |

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| 0 630                                                               | Continued From page 3<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 630                                                                  |                                                                                                                          |  |                                                     |
| 0 730<br>SS=D                                                       | 144G.43 Subd. 3 Contents of resident record<br><br>Contents of a resident record include the following for each resident:<br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(10) documentation of incidents involving the resident and actions taken in response to the | 0 730                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 730                                                               | <p>Continued From page 4</p> <p>needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to include the required content in a discharge summary for two of two discharged residents (R3 and R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3<br/>R3 was admitted on August 14, 2025, and discharged on February 9, 2026.</p> <p>R3's record lacked a discharge summary to</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 730                                                               | <p>Continued From page 5</p> <p>include the following required content:</p> <ul style="list-style-type: none"><li>-a summary of the resident's stay that includes diagnoses, course of illnesses, allergies, treatments and therapies and pertinent lab, radiology, and consultation results;</li><li>-a final summary of the resident's status from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, that includes the resident status, including baseline and current mental, behavioral, and functional status;</li><li>-a reconciliation of all predischARGE medications with the resident's post discharge prescribed and over-the-counter medications; and</li><li>-a post discharge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post discharge plan must indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post discharge medical and nonmedical services the resident will need.</li></ul> <p>On September 1, 2026, at 10:15 a.m., clinical nurse supervisor (CNS)-B stated R3's record lacked a discharge summary to include the required content as listed above.</p> <p>R4<br/>R4 was admitted on June 18, 2024, and discharged on June 25, 2026.</p> <p>R4's record contained an Agency Transfer Summary dated June 29, 2026.</p> <p>R4's record lacked a discharge summary to include the following required content:</p> <ul style="list-style-type: none"><li>-a summary of the resident's stay that includes course of illnesses, allergies, pertinent lab,</li></ul> | 0 730                                                                  |                                                                                                                          |  |                                                     |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>20255</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/02/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                     |
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| 0 730                                                               | <p>Continued From page 6</p> <p>radiology, and consultation results;<br/>-a final summary of the resident's status from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, that includes the resident status, including baseline and current mental, behavioral, and functional status;<br/>-a post discharge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post discharge plan must indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post discharge medical and nonmedical services the resident will need.</p> <p>On September 2, 2026, at 9:00 a.m., registered nurse manger (RNM)-C stated the licensee used the Agency Transfer Summary as the discharged summary. RNM-C reviewed R4's transfer summary and stated the missing content was because some areas were not filled in by the nurse.</p> <p>The licensee's Discharge Process policy dated January 20, 2026, indicated upon discharge, the resident will be given a written notification of discharge. The original copy of the notice will be retained in the resident's chart, and resident will receive copy of discharge. This will include:</p> <ul style="list-style-type: none"><li>a. Resident name</li><li>b. Reason for discharge</li><li>c. Effective date of discharge</li><li>d. Notice of the resident's right to file a complaint with the department</li><li>e. Departments' toll free home health telephone number, address, and telephone number of the state's complain department.</li></ul> | 0 730                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 730                                                               | Continued From page 7<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 730                                                                                           |                                                                                                                          |  |                                                        |
| 0 810<br>SS=F                                                       | 144G.45 Subd. 2 (b-f) Fire protection and<br>physical environment<br><br>(b) Each assisted living facility shall develop and<br>maintain fire safety and evacuation plans. The<br>plans shall include but are not limited to:<br>(1) location and number of resident sleeping<br>rooms;<br>(2) staff actions to be taken in the event of a fire<br>or similar emergency;<br>(3) fire protection procedures necessary for<br>residents; and<br>(4) procedures for resident movement,<br>evacuation, or relocation during a fire or similar<br>emergency including the identification of unique<br>or unusual resident needs for movement or<br>evacuation.<br>(c) Staff of assisted living facilities shall receive<br>training on the fire safety and evacuation plans<br>upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be<br>readily available at all times within the facility.<br>(e) Residents who are capable of assisting in<br>their own evacuation shall be trained on the<br>proper actions to take in the event of a fire to<br>include movement, evacuation, or relocation. The<br>training shall be made available to residents at<br>least once per year.<br>(f) Evacuation drills are required for staff twice<br>per year per shift with at least one evacuation drill<br>every other month. Evacuation of the residents is<br>not required. Fire alarm system activation is not<br>required to initiate the evacuation drill. | 0 810                                                                                           |                                                                                                                          |  |                                                        |

Minnesota Department of Health

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| 0 810                                                               | <p>Continued From page 8</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 31, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p> | 0 810                                                                                           |                                                                                                                          |  |                                                     |
| 0 950<br>SS=C                                                       | <p>144G.50 Subd. 3 Designation of representative</p> <p>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 950                                                                                           |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 950                                                               | <p>Continued From page 9</p> <p>notice on a document separate from the contract:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the licensee provided the required notice for right to a designated representative with the required verbiage on a document separate from the contract for three of three residents (R1, R2, and R3).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive</p> | 0 950                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 950                                                               | <p>Continued From page 10</p> <p>or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted on June 29, 2016, with diagnoses that included diabetes.</p> <p>R1's record contained a Designated Representative document dated August 3, 2021; however, the page lacked the required verbiage.</p> <p>R1's record lacked evidence in writing of providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>R2<br/>R2 was admitted on April 15, 2025, with diagnoses that included seizures.</p> <p>R2's record contained a Designated Representative document dated April 15, 2025; however, the page lacked the required verbiage.</p> <p>R2's record lacked evidence in writing of providing on a document separate from the</p> | 0 950                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 950                                                               | <p>Continued From page 11</p> <p>contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>R3<br/>R3 was admitted on February 20, 2026, with diagnoses that included atrial fibrillation (irregular and fast hearth rhythm).</p> <p>R3's record contained a Designated Representative document dated August 14, 2025; however, the page lacked the required verbiage.</p> <p>R3's record lacked evidence in writing of providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>On September 2, 2026, at 9:05 a.m., licensed</p> | 0 950                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 950                                                               | Continued From page 12<br><br>assisted living director (LALD)-A reviewed R1, R2, and R3's record and stated the designated representative document did not include the required designated representative verbiage. LALD-A further stated the same designation of representative document was used for all residents.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 950                                                                  |                                                                                                                          |  |                                                     |
| 01060<br>SS=D                                                       | 144G.52 Subd. 9 Emergency relocation<br><br>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.<br>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:<br>(1) the reason for the relocation;<br>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;<br>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;<br>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and<br>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section | 01060                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01060                                                               | <p>Continued From page 13</p> <p>144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> | 01060                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                     |
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| 01060                                                               | <p>Continued From page 14</p> <p>R3 was admitted on August 14, 2025, with diagnoses that included atrial fibrillation (irregular and fast heart rhythm).</p> <p>R3's Hospital discharge summary dated February 1, 2026, indicated R3 was admitted to the hospital for sepsis and urinary tract infection (UTI) on January 29, 2026. R3 discharged from the hospital to a transitional care unit (TCU) for rehab on February 1, 2026.</p> <p>R3's discharge summary dated February 20, 2026, indicated R3 was discharged from the TCU and returned to the licensee on February 20, 2026, 22 days later.</p> <p>R3's record lacked a written notice that contains, at a minimum:</p> <ul style="list-style-type: none"><li>- the reason for the relocation;</li><li>- the name and contact information for the location to which the resident has been relocated and any new service provider;</li><li>- contact information for the Office of Ombudsman for Long-Term Care;</li><li>- if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known;</li><li>- a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</li></ul> <p>In addition, R3's record lacked notification to the Office of Ombudsman for Long-Term Care the resident had been relocated and had not returned to the facility within four days.</p> | 01060                                                                  |                                                                                                                          |  |                                                     |

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| 01060                                                               | Continued From page 15<br><br>On September 2, 2026, at 10:21 a.m., licensed assisted living director (LALD)-A reviewed R3's record and stated it lacked evidence a written notice related to R3's emergency relocations had been completed and provided, and further lacked notification to the Office of Ombudsman for Long-Term Care that the resident had been relocated and had not returned to the facility within four days. LALD-A stated the licensee was aware of this requirement, and it must have been an oversight that it was not completed for R3.<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECT: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                | 01060                                                                  |                                                                                                                          |  |                                                     |
| 01530<br>SS=D                                                       | 144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De-<br><br>(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements:<br>(1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;<br>(2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness | 01530                                                                  |                                                                                                                          |  |                                                     |

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| 01530                                                               | <p>Continued From page 16</p> <p>and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure one of three employees (clinical nurse supervisor (CNS)-B) received the required amount of dementia care training in the required time frame.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> | 01530                                                                                           |                                                                                                                          |  |                                                     |

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| 01530                                                               | Continued From page 17<br><br>The findings include:<br><br>The licensee provided services under an Assisted Living license.<br><br>CNS-B was hired on August 25, 2025, to provide direct care and services to the facility's residents.<br><br>CNS-B's employee record contained evidence the employee received four hours of dementia care training, and not the required eight hours of training within 160 working hours of the employment start date.<br><br>On September 2, 2026, at 9:50 a.m., licensed assisted living director (LALD)-A stated CNS-B's record lacked the required amount of training in dementia care.<br><br>The licensee's Dementia/Alzheimer's Training policy dated July 20, 2026, dementia training for direct care staff and their managers is to be done on an annual (calendar year) and on an as needed basis.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 01530                                                                                           |                                                                                                                          |  |                                                     |
| 01620<br>SS=F                                                       | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.<br>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01620                                                                                           |                                                                                                                          |  |                                                     |

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| 01620                                                               | <p>Continued From page 18</p> <p>resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a</p> | 01620                                                                  |                                                                                                                          |  |                                                     |

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| 01620                                                               | <p>Continued From page 19</p> <p>prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) had completed and/or documented a comprehensive assessment to include required areas of assessment per Assisted Living Facilities: Minnesota Rules Chapter 4659, for three of three residents (R1, R2 and R3). Further, the licensee failed to ensure the RN conducted timely ongoing nursing assessments for one of three residents (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>COMPREHENSIVE ASSESSMENT CONTENT<br/>On September 1, 2026, at 11:19 a.m., registered nurse manager (RNM)-C stated a start of care (SOC) assessment was completed upon admission which was documented in the electronic health record. (EHR). RNM-C stated the Uniform Assessment Checklist document was a paper document that the RN completed as the 14-day assessment. RNM-C stated the licensee's EHR system did not have an assessment that fit the 14-day assessment requirements which is</p> | 01620                                                                  |                                                                                                                          |  |                                                     |

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| 01620                                                               | <p>Continued From page 20</p> <p>why the paper document was used. RNM-C stated the RN Re-Certification assessment was completed every 60 days in the resident's EHR.</p> <p>On September 2, 2026, at 9:14 a.m., the surveyor reviewed the SOC assessment, Uniform Assessment Checklist document (used as the 14-day assessment and the RN Re-certification assessment with RNM-C and clinical nurse supervisor (CNS)-B and compared the licensee's assessments to the Minnesota Rules Chapter 4659 and noted the comprehensive assessments did not include all required areas.</p> <p>ONGOING NURSING ASSESSMENT<br/>R3 was admitted on February 20, 2026, with diagnoses that included atrial fibrillation (irregular and fast heart rhythm).</p> <p>On September 1, 2026, at 8:15 a.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R3.</p> <p>R3's service plan dated February 20, 2026, indicated R3 received services to include RN case management, medication setup, home health aide and laundry.</p> <p>R2's ongoing nursing assessments dated February 20, 2026, April 17, 2026, June 16, 2026, and August 17, 2026, were reviewed. The April 17, 2026, assessment was completed 56 days after the date of the previous assessment, thus exceeding 14 calendar days.</p> <p>On September 1, 2026, at 11: 23 a.m., CNS-B stated R3's record lacked a 14-day assessment.</p> <p>The licensee's Resident Pre-admission Assessment and Monitoring Process- Nursing</p> | 01620                                                                  |                                                                                                                          |  |                                                     |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>20255</b>                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/02/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b> |                                                                                                                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01620                                                               | Continued From page 21<br><br>policy dated May 27, 2026, indicated the following:<br>-The RN will complete a resident reassessment no more than 14 calendar days after initiation of services, and, if needed, finalize the service agreement.<br>-When the 14-day assessment is completed, this will include:<br>1. The resident's medication management services, the resident's medications, and the completion of a medication management plan if the facility provides services related to the resident's medications;<br>2. The resident's treatments, if any, and completion of the resident's treatment and therapy management plan if the organization provides services related to the resident's treatments;<br>3. communication of any new problems or concerns to the resident's physician or health care provider<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01620                                                                                           |                                                                                                                          |  |                                                     |
| 01640<br>SS=E                                                       | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.<br>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The                                                                                                                                                                                                                                                                                                                                                                                                 | 01640                                                                                           |                                                                                                                          |  |                                                     |

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| 01640                                                               | <p>Continued From page 22</p> <p>facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure a written service plan was signed and revised to reflect the current services provided for three of three residents (R1, R2, and R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted on June 29, 2016, with diagnoses that included diabetes.</p> <p>On September 1, 2026, at 6:23 a.m., the surveyor</p> | 01640                                                                  |                                                                                                                          |  |                                                     |

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| 01640                                                               | <p>Continued From page 23</p> <p>observed unlicensed personnel (ULP)-F apply Nystatin powder under R1's left breast, abdomen and groin folds.</p> <p>R1's service plan dated September 29, 2025, indicated R1 received services to include registered nurse (RN) case management, weekly medication setup, home care aide and laundry.</p> <p>R1's aide visit note dated August 1, 2026, through September 2, 2026, included the following daily service:<br/>-Hygiene: Skin care, has hx (history) of recurrent rashes under breast and pannus/groin areas. Wash gently with soap/water; rinse and pat dry. Apply creams, or antifungal drying powders per resident preference.</p> <p>R1's service plan did not include medication administration (Nystatin powder).</p> <p>R2<br/>R2 was admitted on April 15, 2025, with diagnoses that included seizures.</p> <p>On September 1, 2026, at 6:16 a.m., the surveyor observed ULP-F remove R2's Trilogy inhaler, prepare it and give it to R2 who self-administered it. ULP-F then removed one vial of nebulizer solution and set it up in R2's nebulizer machine for him to self-administer later.</p> <p>R2's service plan dated April 22, 2026, indicated R2 received services to include RN case management, weekly medication setup, weekly home care aide (shower and lotion) and laundry.</p> <p>R2's MAR dated August 2026, indicated the ULP administered the following medications:<br/>-Trilogy Ellipta 200-62.5-25 micrograms (mcg);</p> | 01640                                                                                           |                                                                                                                          |  |                                                     |

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| 01640                                                               | <p>Continued From page 24</p> <p>inhale one puff into mouth/lungs daily (asthma)<br/>-Ventolin 2.5 milligram (mg)/3 milliliter (ml);<br/>nebulize one vial into lungs four times daily<br/>(asthma)<br/>-Latanoprost 0.003% eye drops; instill one drop<br/>into left eye every evening (macular<br/>degeneration)</p> <p>R2's service plan did not include medication<br/>administration.</p> <p>R3<br/>R3 was admitted on February 20, 2026, with<br/>diagnoses that included atrial fibrillation (irregular<br/>and fast heart rhythm).</p> <p>On September 1, 2026, at 6:01 a.m., the surveyor<br/>observed ULP-F empty R3's overnight catheter<br/>bag, clean the catheter bag and apply a leg<br/>catheter bag.</p> <p>On September 1, 2026, at 8:15 a.m., the surveyor<br/>observed ULP-F administer medications to R3.</p> <p>R3's service plan dated February 20, 2026,<br/>indicated R3 received services to include RN<br/>case management, medication setup, home<br/>health aide and laundry.</p> <p>R3's MAR dated August 2026, indicated the ULP<br/>administered the following medications:<br/>-diltiazem 120 mg; take one capsule by mouth<br/>daily (blood pressure)<br/>-pantoprazole 40 mg; take one tablet by mouth<br/>daily (acid reflux)<br/>-Therapeutic multivitamin; take one tablet by<br/>mouth daily (supplement)<br/>-Eliquis 2.5 mg; take one tablet by mouth twice<br/>daily (blood thinner)<br/>-Tylenol 325 mg; take two tablets by mouth twice</p> | 01640                                                                  |                                                                                                                          |  |                                                     |

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| 01640                                                               | <p>Continued From page 25</p> <p>daily (pain)<br/>-polyethylene glycol powder 17 grams; 17 grams in four to six ounces of fluid once daily<br/>(constipation)<br/>-triamcinolone 0.1% topical cream; apply thin film three times a day needed for skin rash<br/>-levothyroxine 125 mcg; take one tablet by mouth daily (thyroid)</p> <p>R3's service plan did not include medication administration and catheter care.</p> <p>On September 2, 2026, at 9:24 a.m., licensed assisted living director (LALD)-A, clinical nurse supervisor (CNS)-B and registered nurse manager (RNM)-C reviewed R1, R2 and R3's service plans and stated they did not include the services provided as listed above.</p> <p>The licensee's Service Agreement policy dated January 20, 2026, indicated a service agreement would be provided to all clients upon admission, prior to care being provided, and upon any changes in the care being provided. It also indicated the service agreement would be signed by the client or financially responsible party.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01640                                                                  |                                                                                                                          |  |                                                     |
| 01650<br>SS=F                                                       | <p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:<br/>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 01650                                                                  |                                                                                                                          |  |                                                     |

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| 01650                                                               | <p>Continued From page 26</p> <p>assessment and resident preferences;<br/>(2) the identification of staff or categories of staff who will provide the services;<br/>(3) the schedule and methods of monitoring assessments of the resident;<br/>(4) the schedule and methods of monitoring staff providing services; and<br/>(5) a contingency plan that includes:<br/>(i) the action to be taken if the scheduled service cannot be provided;<br/>(ii) information and a method to contact the facility;<br/>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br/>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the service plan included all required content for three of three residents (R1, R2, and R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> | 01650                                                                  |                                                                                                                          |  |                                                     |

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| 01650                                                               | <p>Continued From page 27</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted on June 29, 2016, with diagnoses that included diabetes.</p> <p>R1's service plan dated September 29, 2025, indicated R1 received services to include registered nurse (RN) case management, medication set up, home care aide and laundry.</p> <p>R1's service plan lacked the following content:</p> <ul style="list-style-type: none"><li>- the schedule and methods of monitoring assessment of the resident;</li><li>- the schedule and methods of monitoring the staff providing services; and</li><li>- a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; and the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</li></ul> <p>R2<br/>R2 was admitted on April 15, 2025, with diagnoses that included seizures.</p> <p>R2's service plan dated April 22, 2026, indicated R2 received services to include RN case management, medication setup, home care aide and laundry.</p> <p>R2's service plan lacked the following content:</p> <ul style="list-style-type: none"><li>- the schedule and methods of monitoring assessment of the resident;</li><li>- the schedule and methods of monitoring the staff providing services; and</li><li>- a contingency plan that includes: the action to</li></ul> | 01650                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01650                                                               | <p>Continued From page 28</p> <p>be taken if the scheduled service cannot be provided; and the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>R3<br/>R3 was admitted on February 20, 2026, with diagnoses that included atrial fibrillation (irregular and fast hearth rhythm).</p> <p>R3's service plan dated February 20, 2026, indicated R3 received services to include RN case management, medication setup, home health aide and laundry.</p> <p>R3's service plan lacked the following content:</p> <ul style="list-style-type: none"><li>- the schedule and methods of monitoring assessment of the resident;</li><li>- the schedule and methods of monitoring the staff providing services; and</li><li>- a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; and the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</li></ul> <p>On September 2, 2026, at 9:25 a.m., licensed assisted living director (LALD)-A and registered nurse manager (RNM)-C reviewed R1, R2, and R3's service plans. LALD-A stated the service plans did not include the required content as listed above. LALD-A further stated the same service plan was used for all residents.</p> <p>The licensee's Service Agreement policy dated January 20, 2026, indicated the following:</p> | 01650                                                                  |                                                                                                                          |  |                                                     |

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| 01650                                                               | <p>Continued From page 29</p> <ul style="list-style-type: none"><li>-the RN would present and explain the service agreement to the client/family upon admission and in advance of care being provided;</li><li>-the client/family would be advised, in advance care, of:<ul style="list-style-type: none"><li>-the disciplines that would furnish care;</li><li>-the type and frequency of visits/services proposed to be furnished;</li><li>-the fees for services;</li><li>-the extent to which payment for services may be expected from Medicare, Medicaid, any other federally funded or aided program, or private insurance known to the agency;</li><li>-the charges for series that would not be covered by Medicare or other third party payer;</li><li>-the charges the individual may have to pay;</li><li>-a plan for contingency action in Minnesota;</li></ul></li><li>and<ul style="list-style-type: none"><li>-the extent to which the agency can release health information, including OASIS state of privacy rights.</li></ul></li><li>-the contingency plan would include in Minnesota:<ul style="list-style-type: none"><li>-essential services: licensee would make arrangements to complete service through a contract with another provider or other reasonable means;</li><li>-non-essential services: licensee would notify client to reschedule the appointment or arrange for a reasonable alternative.</li></ul></li><li>-the service agreement would be signed by the client or financially responsible party.</li><li>-the client would be advised orally and in writing of any changes in type or frequency of services or fee schedule.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01650                                                                  |                                                                                                                          |  |                                                     |

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| 01700                                                               | Continued From page 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01700                                                                                           |                                                                                                                          |  |                                                     |
| 01700<br>SS=F                                                       | <p><b>144G.71 Subd. 2 Provision of medication management services</b></p> <p>(a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment to include all required content for one of one resident (R3) prior to providing medication management services.</p> | 01700                                                                                           |                                                                                                                          |  |                                                     |

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| 01700                                                               | <p>Continued From page 31</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R3 was admitted on February 20, 2026, with diagnoses that included atrial fibrillation (irregular and fast heart rhythm).</p> <p>On September 1, 2026, at 8:15 a.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R3 from a pre-filled medication planner that was sitting on R3's counter.</p> <p>R3's service plan dated February 20, 2026, indicated R3 received services to include RN case management, medication setup, home health aide and laundry.</p> <p>R3's MAR dated August 2026, indicated the ULP administered the following medications:<br/>-diltiazem 120 milligrams (mg); take one capsule by mouth daily (blood pressure)<br/>-pantoprazole 40 mg; take one tablet by mouth daily (acid reflux)<br/>-Therapeutic multivitamin; take one tablet by mouth daily (supplement)<br/>-Eliquis 2.5 mg; take one tablet by mouth twice daily (blood thinner)<br/>-Tylenol 325 mg; take two tablets by mouth twice daily (pain)<br/>-polyethylene glycol powder 17 grams; 17 grams</p> | 01700                                                                  |                                                                                                                          |  |                                                     |

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| 01700                                                               | <p>Continued From page 32</p> <p>in four to six ounces of fluid once daily (constipation)<br/>-triamcinolone 0.1% topical cream; apply thin film three times a day needed for skin rash<br/>-levothyroxine 125 micrograms (mcg); take one tablet by mouth daily (thyroid)</p> <p>R3's medication care plan dated February 20, 2026, included the following:<br/>-Medications-remind patient (resident) to take medications<br/>-RN and licensed practical nurse (LPN) assess current medications including-new/changed medications, side effects, and interactions<br/>-LPN pre-pour/set-up medications<br/>-Resident will verbalize understanding/demonstrate compliance and independence of medication regimen and s/s (signs/symptoms) adverse reactions to report<br/>-Resident will demonstrate medication compliance with use of pill reminder</p> <p>R3's record lacked evidence the RN conducted a face-to-face review of all medications R1 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R3's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.</p> <p>On September 2, 2026, at 9:34 a.m., registered nurse manager (RNM)-C stated the licensee faxed each resident's primary care provider (PCP) a current list of medications that included medication interactions for the PCP to review. RNM-C stated each resident had a medication</p> | 01700                                                                  |                                                                                                                          |  |                                                     |

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| 01700                                                               | <p>Continued From page 33</p> <p>care plan that she thought included the medication assessment required content. However, upon review of the medication care plan, it did not include documentation that the RN conducted a face-to-face review of all medications R3 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues, interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. RNM-C stated the same assessments and care plan format was used for all residents.</p> <p>The licensee's Medication Management Services policy dated January 20, 2026, indicated the RN was responsible for the implementation of our agency's medication management policies and procedures, with the assistance, if appropriate, of a consulting pharmacist. Based on the nursing assessment, the RN would develop an individualized medication management plan for each client receiving any type of medication management services, consistent with current practice standards and guidelines, and will develop specific procedures for medication management services that staff would provide.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01700                                                                  |                                                                                                                          |  |                                                     |
| 01710<br>SS=F                                                       | <p>144G.71 Subd. 3 Individualized medication monitoring and reas</p> <p>A registered nurse, advanced practice registered</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01710                                                                  |                                                                                                                          |  |                                                     |

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| 01710                                                               | <p>Continued From page 34</p> <p>nurse, or qualified staff delegated the task by a registered nurse must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment which included the required content for two of two residents (R1 and R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted on June 29, 2016, with diagnoses that included diabetes.</p> <p>On September 1, 2026, at 6:23 a.m., the surveyor observed unlicensed personnel (ULP)-F apply Nystatin powder under R1's left breast, abdomen and groin folds.</p> <p>R1's service plan dated September 29, 2025, indicated R1 received services to include</p> | 01710                                                                  |                                                                                                                          |  |                                                     |

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| 01710                                                               | <p>Continued From page 35</p> <p>medication setup. R1's service plan did not include medication administration.</p> <p>R1's nurse setup medication administration record (MAR) dated August 2026, included the following medications:</p> <ul style="list-style-type: none"><li>-levothyroxine 200 micrograms (mcg); take one tablet by mouth daily (thyroid)</li><li>-rybelsus 14 milligrams (mg); take one tablet by mouth daily (diabetes)</li><li>-aspirin 81 mg; take one tablet by mouth daily (supplement)</li><li>-Imdur 60 mg; take one tablet by mouth daily (heart failure)</li><li>-Valsartan 320 mg; take one tablet by mouth daily (cholesterol)</li><li>-torsemide 20 mg; take two tablets by mouth twice daily (diuretic)</li><li>-Vitamin B12 1,000 micrograms (mcg); take one tablet by mouth daily (supplement)</li><li>-Vitamin B6 50 mcg; take one tablet twice weekly on Mondays and Fridays (supplement)</li><li>-Vitamin D 1,000 units; take two tablets by mouth daily (supplement)</li><li>-Nifedipine 90 mg; take one tablet by mouth daily (blood pressure)</li><li>-Neurontin 300 mg; take two capsules by mouth twice a day (pain)</li><li>-Metformin 1,000 mg; take one tablet by mouth twice a day (diabetes)</li><li>-Vitamin C 250 mg; take one-half tablet by mouth twice a day (supplement)</li><li>-ferrous gluconate 324 mg; take one tablet by mouth twice a day (supplement)</li><li>-Calcium with Vitamin D 600/200 mg; take on tablet by mouth twice a day (supplement)</li><li>-sertraline 100 mg; take one and one-half tablets by mouth daily (anxiety/depression)</li><li>-montelukast sodium 10 mg; take one tablet by mouth daily (asthma)</li></ul> | 01710                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                     |
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| 01710                                                               | <p>Continued From page 36</p> <p>-omeprazole 40 mg; take one capsule by mouth daily (gastric reflux)<br/>-Melatonin 3 mg; take one tablet by mouth daily (insomnia)<br/>-potassium chloride 20 milliequivalent (meq); take one tablet by mouth once a day (supplement)<br/>-hydralazine 10 mg; take one tablet by mouth three times daily (blood pressure)<br/>-Tramadol 50 mg; take one-half tablet by mouth three times a day with meals and one tablet at night (pain)<br/>-Tylenol arthritis 650 mg; take one tablet by mouth four times a day (pain)<br/>-fluconazole 150 mg; take one tablet by mouth once a week (infection)<br/>-Lantus Solostar 100 units/milliliter (ml); Inject 38 units once a day (diabetes)<br/>-Humalog Kwik pen 100 units/ml; Inject 4 units once a day before breakfast (diabetes)<br/>-Nasonex 50 mcg; instill two sprays in each nostril daily (allergies/asthma)</p> <p>R1's medication care plan dated April 17, 2021, included the following:<br/>-RN and LPN assess current medications including-new/changed medications, side effects and interactions<br/>-LPN pre-pour-set-up medications<br/>-Patient/caregiver will demonstrate medication compliance with use of pill reminder<br/>-{Resident Name} will take her medications as ordered</p> <p>R1's record lacked evidence the RN conducted a face-to-face review of all medications R1 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R1's record did not identify interventions needed in the management of medications to</p> | 01710                                                                  |                                                                                                                          |  |                                                     |

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| 01710                                                               | <p>Continued From page 37</p> <p>prevent diversion of medications by the resident or others who may have access to the medications.</p> <p>R2<br/>R2 was admitted on April 15, 2025, with diagnoses that included seizures.</p> <p>On September 1, 2026, at 6:16 a.m., the surveyor observed ULP-F remove R2's Trilogy inhaler, prepare it and give it to R2 who self-administered it. ULP-F then removed one vial of nebulizer solution and set it up in R2's nebulizer machine for him to self-administer later. The surveyor noted a weekly medication planner at R2's side table. ULP-F stated R2 self-administered his oral medications after the nurse set them up each week.</p> <p>R2's service plan dated April 22, 2026, indicated R2 received services to include weekly medication setup. R2's service plan did not include medication administration.</p> <p>R2's MAR dated August 2026, indicated the ULP administered the following medications:<br/>-Trilogy Ellipta 200-62.5-25 micrograms (mcg); inhale one puff into mouth/lungs daily (asthma)<br/>-Ventolin 2.5 milligram (mg)/3 milliliter (ml); nebulize one vial into lungs four times daily (asthma)<br/>-Latanoprost 0.003% eye drops; instill one drop into left eye every evening (macular degeneration)</p> <p>R2's medication care plan dated April 15, 2025, included the following:<br/>-Pre-pour/set-up medications<br/>-Teach patient/caregiver regarding medications and medication management</p> | 01710                                                                  |                                                                                                                          |  |                                                     |

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| 01710                                                               | <p>Continued From page 38</p> <p>-Patient/caregiver will demonstrate medication compliance with use of pill reminder</p> <p>R2's record lacked evidence the RN conducted a face-to-face review of all medications R1 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R2's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.</p> <p>On September 2, 2026, at 9:34 a.m., registered nurse manager (RNM)-C stated the licensee faxed each resident's primary care provider (PCP) a current list of medications that included medication interactions for the PCP to review. RNM-C stated each resident had a medication care plan that she thought included the medication assessment required content. However, upon review of the medication care plan, it did not include documentation that the RN conducted a face-to-face review of all medications R1 and R2 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues, interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. RNM-C stated the same assessments and care plan format was used for all residents.</p> <p>The licensee's Medication Management Services policy dated January 20, 2026, indicated the RN was responsible for the implementation of our agency's medication management policies and</p> | 01710                                                                  |                                                                                                                          |  |                                                     |

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| 01710                                                               | Continued From page 39<br><br>procedures, with the assistance, if appropriate, of a consulting pharmacist. Based on the nursing assessment, the RN would develop an individualized medication management plan for each client receiving any type of medication management services, consistent with current practice standards and guidelines, and will develop specific procedures for medication management services that staff would provide.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01710                                                                                           |                                                                                                                          |  |                                                     |
| 01730<br>SS=E                                                       | 144G.71 Subd. 5 Individualized medication management plan<br><br>(a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that | 01730                                                                                           |                                                                                                                          |  |                                                     |

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| 01730                                                               | <p>Continued From page 40</p> <p>medication refills are ordered on a timely basis;<br/>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br/>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br/>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.<br/>(b) The medication management record must be current and updated when there are any changes.<br/>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for three of three residents (R1, R2, and R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not</p> | 01730                                                                                           |                                                                                                                          |  |                                                     |

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| 01730                                                               | <p>Continued From page 41</p> <p>found to be pervasive).</p> <p>The findings include:</p> <p>R1</p> <p>R1 was admitted on June 29, 2016, with diagnoses that included diabetes.</p> <p>On September 1, 2026, at 6:23 a.m., the surveyor observed unlicensed personnel (ULP)-F apply Nystatin powder under R1's left breast, abdomen and groin folds.</p> <p>R1's service plan dated September 29, 2025, indicated R1 received services to include medication setup. R1's service plan did not include medication administration.</p> <p>R1's nurse setup medication administration record (MAR) dated August 2026, included the following medications:</p> <ul style="list-style-type: none"><li>-levothyroxine 200 micrograms (mcg); take one tablet by mouth daily (thyroid)</li><li>-rybelsus 14 milligrams (mg); take one tablet by mouth daily (diabetes)</li><li>-aspirin 81 mg; take one tablet by mouth daily (supplement)</li><li>-Imdur 60 mg; take one tablet by mouth daily (heart failure)</li><li>-Valsartan 320 mg; take one tablet by mouth daily (cholesterol)</li><li>-torsemide 20 mg; take two tablets by mouth twice daily (diuretic)</li><li>-Vitamin B12 1,000 mcg; take one tablet by mouth daily (supplement)</li><li>-Vitamin B6 50 mcg; take one tablet twice weekly on Mondays and Fridays (supplement)</li><li>-Vitamin D 1,000 units; take two tablets by mouth daily (supplement)</li><li>-Nifedipine 90 mg; take one tablet by mouth daily</li></ul> | 01730                                                                                           |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>SAINT ELIZABETH HOSPITAL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1200 GRANT BOULEVARD WEST<br>WABASHA, MN 55981                                  |                          |                                              |
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| 01730                                                        | Continued From page 42<br><br>(blood pressure)<br>-Neurontin 300 mg; take two capsules by mouth twice a day (pain)<br>-Metformin 1,000 mg; take one tablet by mouth twice a day (diabetes)<br>-Vitamin C 250 mg; take one-half tablet by mouth twice a day (supplement)<br>-ferrous gluconate 324 mg; take one tablet by mouth twice a day (supplement)<br>-Calcium with Vitamin D 600/200 mg; take on tablet by mouth twice a day (supplement)<br>-sertraline 100 mg; take one and one-half tablets by mouth daily (anxiety/depression)<br>-montelukast sodium 10 mg; take one tablet by mouth daily (asthma)<br>-omeprazole 40 mg; take one capsule by mouth daily (gastric reflux)<br>-Melatonin 3 mg; take one tablet by mouth daily (insomnia)<br>-potassium chloride 20 milliequivalent (meq); take one tablet by mouth once a day (supplement)<br>-hydralazine 10 mg; take one tablet by mouth three times daily (blood pressure)<br>-Tramadol 50 mg; take one-half tablet by mouth three times a day with meals and one tablet at night (pain)<br>-Tylenol arthritis 650 mg; take one tablet by mouth four times a day (pain)<br>-fluconazole 150 mg; take one tablet by mouth once a week (infection)<br>-Lantus Solostar 100 units/milliliter (ml); Inject 38 units once a day (diabetes)<br>-Humalog Kwik pen 100 units/ml; Inject 4 units once a day before breakfast (diabetes)<br>-Nasonex 50 mcg; instill two sprays in each nostril daily (allergies/asthma)<br><br>R1's individualized medication management plan dated December 16, 2024, did not include medication administration of Nystatin powder. | 01730                                                           |                                                                                                                          |                          |                                              |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                     |
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| 01730                                                               | <p>Continued From page 43</p> <p>R2<br/>R2 was admitted on April 15, 2025, with diagnoses that included seizures.</p> <p>On September 1, 2026, at 6:16 a.m., the surveyor observed ULP-F remove R2's Trilogy inhaler, prepare it and give it to R2 who self-administered it. ULP-F then removed one vial of nebulizer solution and set it up in R2's nebulizer machine for him to self-administer later. The surveyor noted a weekly medication planner at R2's side table. ULP-F stated R2 self-administered his oral medications after the nurse set them up each week.</p> <p>R2's service plan dated April 22, 2026, indicated R2 received services to include weekly medication setup. R2's service plan did not include medication administration.</p> <p>R2's MAR dated August 2026, indicated the ULP administered the following medications:<br/>-Trilogy Ellipta 200-62.5-25 mcg; inhale one puff into mouth/lungs daily (asthma)<br/>-Ventolin 2.5 mg/3 ml; nebulize one vial into lungs four times daily (asthma)<br/>-Latanoprost 0.003% eye drops; instill one drop into left eye every evening (macular degeneration)</p> <p>R2's individual medication management plan dated April 22, 2026, indicated the following:<br/>-R2 would administer own oral medications after setup in weekly planner, do own inhalers, eye drops and nasal sprays.<br/>-Medications stored in locked box</p> <p>R2's medication management plan did not include medication administration, and did not</p> | 01730                                                                  |                                                                                                                          |  |                                                     |

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| 01730                                                               | <p>Continued From page 44</p> <p>include self-storage of oral medications in R2's room.</p> <p>R3<br/>R3 was admitted on February 20, 2026, with diagnoses that included atrial fibrillation (irregular and fast heart rhythm).</p> <p>On September 1, 2026, at 8:15 a.m., the surveyor observed ULP-F administer medications to R3 from a pre-filled medication planner that was sitting on R3's counter.</p> <p>R3's service plan dated February 20, 2026, indicated R3 received services to include RN case management, medication setup, home health aide and laundry.</p> <p>R3's MAR dated August 2026, indicated the ULP administered the following medications:<br/>-diltiazem 120 mg; take one capsule by mouth daily (blood pressure)<br/>-pantoprazole 40 mg; take one tablet by mouth daily (acid reflux)<br/>-Therapeutic multivitamin; take one tablet by mouth daily (supplement)<br/>-Eliquis 2.5 mg; take one tablet by mouth twice daily (blood thinner)<br/>-Tylenol 325 mg; take two tablets by mouth twice daily (pain)<br/>-polyethylene glycol powder 17 grams; 17 grams in four to six ounces of fluid once daily (constipation)<br/>-triamcinolone 0.1% topical cream; apply thin film three times a day needed for skin rash<br/>-levothyroxine 125 mcg; take one tablet by mouth daily (thyroid)</p> <p>R3's individualized medication management plan dated February 20, 2026, lacked the following</p> | 01730                                                                  |                                                                                                                          |  |                                                     |

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| 01730                                                               | <p>Continued From page 45</p> <p>required content:<br/>- description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions</p> <p>On September 2, 2026, at 9:35 a.m., clinical nurse supervisor (CNS)-B and registered nurse manager (RNM)-C reviewed R1, R2, and R3's medication management plans and stated they did not include the required content as noted above.</p> <p>The licensee's Development of the Individualized Medication Management Plan and Individualized Medication Record policy dated January 20, 2026, indicated each individualized medication management plan would include the following:<br/>-identification of the medication management services to be provided by the agency;<br/>-description of how medications management by the agency would be stored, based on the client's needs, risk of diversion and consistent with the manufacturer's directions;<br/>-identification of any specific client instructions regarding medications the agency would administer;<br/>-identification of the person responsible for monitoring medication supplies and ensuring refills were ordered on a timely basis;<br/>-identification of the staff who are responsible for the medication management tasks, including tasks delegated to unlicensed staff;<br/>-procedure for staff to notify the registered nurse when there was a problem with any medication management services;<br/>-any client-specific requirements relating to documentation of medication administration, verification that all medications are administered as prescribed and monitoring of medication use</p> | 01730                                                                                           |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b> |                                                                                                                          |  |                                                        |
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| 01730                                                               | Continued From page 46<br><br>to prevent possible complications or adverse<br>reactions.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01730                                                                                           |                                                                                                                          |  |                                                        |
| 01760<br>SS=D                                                       | <b>144G.71 Subd. 8 Documentation of<br/>administration of medication</b><br><br>Each medication administered by the assisted<br>living facility staff must be documented in the<br>resident's record. The documentation must<br>include the signature and title of the person who<br>administered the medication. The documentation<br>must include the medication name, dosage, date<br>and time administered, and method and route of<br>administration. The staff must document the<br>reason why medication administration was not<br>completed as prescribed and document any<br>follow-up procedures that were provided to meet<br>the resident's needs when medication was not<br>administered as prescribed and in compliance<br>with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation, interview, and record<br>review, the licensee failed to ensure medication<br>administration was documented accurately for<br>two of two residents (R1 and R3).<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to<br>cause serious injury, impairment, or death) and<br>was issued at an isolated scope (when one or a | 01760                                                                                           |                                                                                                                          |  |                                                        |

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| 01760                                                               | <p>Continued From page 47</p> <p>limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted on June 29, 2016, with diagnoses that included diabetes.</p> <p>R1's service plan dated September 29, 2025, indicated R1 received services to include registered nurse (RN) case management, weekly medication setup, home care aide and laundry.</p> <p>R1's aide visit note dated August 1, 2026, through September 2, 2026, included the following daily service:<br/>-Hygiene: Skin care, has hx (history) of recurrent rashes under breast and pannus/groin areas. Wash gently with soap/water; rinse and pat dry. Apply creams, or antifungal drying powders per resident preference.</p> <p>On September 1, 2026, at 6:23 a.m., the surveyor observed unlicensed personnel (ULP)-F apply Nystatin powder under R1's left breast, abdomen and groin folds. ULP-F did not reference R1's medication administration record (MAR) prior to applying the Nystatin powder and did not document that she applied the Nystatin powder to R1's left breast, abdomen and groin.</p> <p>On September 2, 2026, at 9:38 a.m., clinical nurse supervisor (CNS)-B stated R1 self-administered her medications and did not have a MAR for the ULP to document the Nystatin powder. CNS-B stated the ULP would document the cleaning and application of Nystatin powder in a aide visit note; however, the aide visit</p> | 01760                                                                  |                                                                                                                          |  |                                                     |

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| 01760                                                        | <p>Continued From page 48</p> <p>note did not include specific prescriber orders for the Nystatin powder.</p> <p>R3<br/>R3 was admitted on February 20, 2026, with diagnoses that included atrial fibrillation (irregular and fast heart rhythm).</p> <p>R3's service plan dated February 20, 2026, indicated R3 received services to include RN case management, medication setup, home health aide and laundry.</p> <p>R3's MAR dated August 2026, included the following:<br/>-levothyroxine 112 micrograms (mcg); one tablet by mouth daily<br/>-the entry had an "X" written on the entry along with a note that stated, "DC, dose change, last page".<br/>-the ULP documented that this medication and dose was administered to R3 for the entire month of August<br/>-levothyroxine 125 mcg; one tablet by mouth daily<br/>-the areas to document the administration of this medication was left blank for the entire month of August</p> <p>On September 2, 2026, at 9:40 a.m., CNS-B stated R3's levothyroxine 112 mcg dose was discontinued and was prescribed the new levothyroxine dose of 125 mcg; however, the ULP continued to document that the 112 mcg dose was administered instead of the new 125 mcg dose.</p> <p>The licensee's Documentation of Medication Services on the MAR policy dated January 20, 2026, indicated staff will administer the medication according to the instructions on the</p> | 01760                                                           |                                                                                                                          |                          |                                              |

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| 01760                                                               | Continued From page 49<br><br>MAR.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01760                                                                                           |                                                                                                                          |  |                                                        |
| 01790<br>SS=F                                                       | 144G.71 Subd. 10 Medication management for<br>residents who will<br><br>(2) for unplanned time away, when the pharmacy<br>is not able to provide the medications, a licensed<br>nurse or unlicensed personnel shall provide<br>medications in amounts and dosages needed for<br>the length of the anticipated absence, not to<br>exceed seven calendar days;<br>(3) the resident must be provided written<br>information on medications, including any special<br>instructions for administering or handling the<br>medications, including controlled substances; and<br>(4) the medications must be placed in a<br>medication container or containers appropriate to<br>the provider's medication system and must be<br>labeled with the resident's name and the dates<br>and times that the medications are scheduled.<br>(b) For unplanned time away when the licensed<br>nurse is not available, the registered nurse may<br>delegate this task to unlicensed personnel if:<br>(1) the registered nurse has trained the<br>unlicensed staff and determined the unlicensed<br>staff is competent to follow the procedures for<br>giving medications to residents; and<br>(2) the registered nurse has developed written<br>procedures for the unlicensed personnel,<br>including any special instructions or procedures<br>regarding controlled substances that are<br>prescribed for the resident. The procedures must<br>address:<br>(i) the type of container or containers to be used | 01790                                                                                           |                                                                                                                          |  |                                                        |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b> |                                                                                                                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01790                                                               | <p>Continued From page 50</p> <p>for the medications appropriate to the provider's medication system;<br/>(ii) how the container or containers must be labeled;<br/>(iii) written information about the medications to be provided;<br/>(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;<br/>(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;<br/>(vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and<br/>(vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed training and competencies for two of two unlicensed personnel (ULP-F, ULP-G) providing medications to residents for unplanned time away from home when the licensed nurse was not available.</p> <p>This practice resulted in a level two violation (a</p> | 01790                                                                                           |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                     |
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| 01790                                                               | <p>Continued From page 51</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-F<br/>ULP-F was hired on May 19, 1998, to provide direct care and services to the facility's residents.</p> <p>ULP-F's employee record lacked documentation of training and competencies for providing medications to residents with unplanned time away when the RN was not available.</p> <p>ULP-G<br/>ULP-G was hired on August 31, 2022, to provide direct care and services to the facility's residents.</p> <p>ULP-G's employee record lacked documentation of training and competencies for providing medications to residents with unplanned time away when the RN was not available.</p> <p>On September 2, 2026, at 9:46 a.m., licensed assisted living director (LALD)-A stated ULP-F and ULP-G's records did not contain training and competency documents for providing medications to residents with unplanned time away when the RN was not available. Registered nurse manager (RNM)-C stated the ULP were not trained or competency tested for providing medications to residents with unplanned time away.</p> <p>The licensee's Medications for A Client Who Will</p> | 01790                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                     |
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| 01790                                                               | <p>Continued From page 52</p> <p>Be Away From Home When Medications Are Scheduled policy dated January 20, 2026, indicated the RN could delegate this task to unlicensed staff if:</p> <ul style="list-style-type: none"><li>-the RN had trained and competency tested the unlicensed staff on procedures to follow when giving medications to clients who will be away from home when medications are scheduled.</li><li>-the RN had written procedures for unlicensed staff to follow</li><li>-the client would be away from home no more than 120 hours</li></ul> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>                                                                                                                                                                                                                                                                              | 01790                                                                  |                                                                                                                          |  |                                                     |
| 01940<br>SS=D                                                       | <p><b>144G.72 Subd. 3 Individualized treatment or therapy managemen</b></p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <ul style="list-style-type: none"><li>(1) a statement of the type of services that will be provided;</li><li>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</li><li>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</li><li>(4) procedures for notifying a registered nurse or</li></ul> | 01940                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                     |
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| 01940                                                               | <p>Continued From page 53</p> <p>appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to include a written statement of a treatment service on the resident's service plan for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted on June 29, 2016, with diagnoses that included diabetes.</p> <p>On September 1, 2026, at 6:23 a.m., the surveyor observed unlicensed personnel (ULP)-F apply thrombo-embolic deterrent (TED) stockings</p> | 01940                                                                  |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b> |                                                                                                                          |  |                                                     |
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| 01940                                                               | <p>Continued From page 54</p> <p>(stockings that improve blood circulation and prevent blood clots) to R1's lower legs.</p> <p>R1's service plan dated September 29, 2025, indicated R1 received services to include registered nurse (RN) case management, weekly medication setup, home care aide and laundry.</p> <p>R1's medication administration record (MAR) dated August 2026, included the following:<br/>-TED Stockings in a.m. (morning) and remove at night.</p> <p>R1's service plan did not include TED stockings and medication administration (nystatin powder).</p> <p>On September 2, 2026, at 9:24 a.m., licensed assisted living director (LALD)-A, clinical nurse supervisor (CNS)-B and registered nurse manager (RNM)-C reviewed R1's service plan and stated it did not include TED stockings.</p> <p>The licensee's Service Agreement policy dated January 20, 2026, indicated a service agreement would be provided to all clients upon admission, prior to care being provided, and upon any changes in the care being provided. It also indicated the service agreement would be signed by the client or financially responsible party.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01940                                                                                           |                                                                                                                          |  |                                                     |
| 02320<br>SS=D                                                       | <p>144G.91 Subd. 4 (b) Appropriate care and services</p> <p>(b) Residents have the right to receive health</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 02320                                                                                           |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b>                          |  |                                                        |
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| 02320                                                               | <p>Continued From page 55</p> <p>care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure nurse delegated procedures were followed by two of two unlicensed personnel (ULP-E and ULP-F) observed during medication administration.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-E<br/>ULP-E was hired on October 24, 2016, to provide direct care and services to the residents.</p> <p>On August 31, 2026, at 10:29 a.m., the surveyor observed ULP-E open R2's locked medication box, remove one vial of Ventolin nebulizer solution, open the vial and pour it into R2's nebulizer. ULP-E asked R2 if he was going to take his nebulizer now or later. R2 stated he would take it after he was done in the bathroom. ULP-E then documented medication administration in R2's MAR. ULP-E did not</p> | 02320                                                                     |                                                                                                                          |  |                                                        |

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| 02320                                                               | <p>Continued From page 56</p> <p>complete the six rights of medication administration (right person, right medicine, right route, right dose, right time) by checking R2's medication administration record (MAR) prior to administering the Ventolin nebulizer to R2.</p> <p>ULP-F<br/>ULP-F was hired on May 19, 1998, to provide direct care and services to the residents.</p> <p>On September 1, 2026, at 6:16 a.m., the surveyor observed ULP-F open R2's locked medication box, remove one Trilogy Ellipta inhaler, prepare it and give it to R2 who self-administered it. ULP-F then removed one vial of Ventolin nebulizer solution and set it up in R2's nebulizer machine for him to self-administer later. ULP-F then documented medication administration of the inhaler and nebulizer in R2's MAR. ULP-F did not complete the six rights of medication administration (right person, right medicine, right route, right dose, right time) by checking R2's MAR prior to administering R2's medications.</p> <p>On September 1, 2026, at 6:23 a.m., the surveyor observed ULP-F apply Nystatin powder under R1's left breast, abdomen and groin folds. ULP-F did not complete the six rights of medication administration (right person, right medicine, right route, right dose, right time) by checking R1's MAR prior to administering the Nystatin powder to R1.</p> <p>On September 1, 2026, at 8:15 a.m., the surveyor observed ULP-F open R3's prefilled medication box that was sitting on R3's counter, pour the medications into a medication cup and administer them to R3. ULP-F then documented the medication administration in R3's MAR. ULP-F did not complete the six rights of medication</p> | 02320                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>20255                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br>09/02/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>SAINT ELIZABETH HOSPITAL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1200 GRANT BOULEVARD WEST<br>WABASHA, MN 55981 |                                                                                                                          |  |                                              |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                     |
| 02320                                                        | <p>Continued From page 57</p> <p>administration (right person, right medicine, right route, right dose, right time) by checking R3's MAR prior to administering R3's medications.</p> <p>On September 2, 2026, at 9:46 a.m., clinical nurse supervisor (CNS)-B stated she expected the ULP to reference the resident's MAR and follow the medication rights every time they administered medications.</p> <p>The licensee's Administration of Medication by Unlicensed Personnel Policy dated December 22, 2025, indicated ULP that will provide assistance with medication administration will be trained and competency tested by the RN on the following:</p> <ul style="list-style-type: none"><li>a. The complete procedures for checking the client's medication administration record and medication profile;</li><li>b. Infection control precautions that must be followed when administering medications;</li><li>c. Preparation of the medication for the client when necessary;</li><li>d. Administration of medication to the client (or assistance with self-administration);</li><li>e. Documentation, after assistance with self-administration of medications or medication administration, consistent with our agency's procedures or documenting the MAR, and</li><li>f. The procedure for staff to notify the RN of any medications or dietary supplements that are being used by the client and that are not included in the assessment for medication management services.</li></ul> <p>Medications always need to be administered according to the "6 Rights"</p> <ul style="list-style-type: none"><li>a. Right person</li><li>b. Right medication</li><li>c. Right time</li><li>d. Right route</li><li>e. Right dose</li></ul> | 02320                                                                                   |                                                                                                                          |  |                                              |

Minnesota Department of Health

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|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>20255</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/02/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAINT ELIZABETH HOSPITAL</b> |                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1200 GRANT BOULEVARD WEST<br/>WABASHA, MN 55981</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                       | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 02320                                                               | <p>Continued From page 58</p> <p>f. Right chart/record to document that the medication was taken</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 02320                                                                                           |                                                                                                                          |  |                                                        |



Rochester District Office  
Minnesota Department of Health  
3425 40th Avenue NW, Suite 115  
Rochester, MN 55901  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

ST ELIZABETH HOSPITAL  
1200 GRANT BOULEVARD WEST  
Wabasha, MN 55981  
Wabasha County  
Parcel:  
  
Phone:

### License Info

License: HFID 20255  
  
Risk:  
License:  
Expires on:  
CFPM:  
CFPM #: ; Exp:

### Inspection Info

Report Number: F8074261092  
Inspection Type: Full - Single  
Date: 9/1/2026 Time: 11:17:09 AM  
Duration: minutes  
Announced Inspection:  
Total Priority 1 Orders: 0  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery:

No orders were issued for this inspection report.

## Food & Beverage General Comment

All food comes from hospital/nursing home kitchen. There is no serving kitchen present since kitchen is directly across from dining room.

**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the Rochester District Office inspection report number F8074261092 from 9/1/2026**

Establishment Representative

Andrea Kieffer,  
Public Health Sanitarian 3  
507-206-2721  
andrea.kieffer@state.mn.us

## Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                                    |                        |
|--------------------------------------------------------------------|------------------------|
| <b>Project No:</b> SL20255016                                      | <b>Date:</b> 8/31/2026 |
| <b>Facility Name:</b> St. Elizabeth Hospital                       |                        |
| <b>Facility Address:</b> 1200 Fifth Grant Blvd., Wabasha, MN 55981 |                        |

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☒ **TAG IDENTIFICATION: 0810**

**SCOPE/ SEVERITY:** Level 2; Widespread

**TIME PERIOD OF CORRECTION:** Twenty One (21) days

- 
1. *Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. [Minn. Stat. 144G.45 subd.2]*

*Comments: The licensee failed to provide unique resident needs for evacuation. No procedures were provided to the surveyor that included procedures for resident evacuation that identified unique resident needs. No information was located in the FSEP including this information during survey and no further documentation was provided.*

2. *Employees of assisted living facilities shall receive training on the fire safety and evacuation plans (FSEP) upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]*

*Comments: The licensee failed to provide record of employee training on fire safety and evacuation policies. No record of employee trainings on the FSEP was provided to the surveyor. Staff should receive training on hire and at least twice a year thereafter.*

3. *Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. [Minn. Stat. 144G.45 subd.2]*

*Comments: The licensee failed to provide record of resident training on fire safety and evacuation policies. No record of resident trainings on the FSEP was provided to the surveyor. Trainings should be provided for residents at least once per year.*