Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 23, 2025

Administrator
River Valley Health And Rehabilitation Center
200 South Dekalb Street
Redwood Falls, MN 56283

RE: CCN: 245237
Cycle Start Date: May 13, 2025

Dear Administrator:

On May 13, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

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

DEPARTMENT CONTACT

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

Lisa Krebs, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by August 13, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by November 13, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

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

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

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May 23, 2025

Administrator
River Valley Health And Rehabilitation Center
200 South Dekalb Street
Redwood Falls, MN 56283

Re: State Nursing Home Licensing Orders
Event ID: 62VV11

Dear Administrator:

The above facility was surveyed on May 13, 2025 through May 13, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Lisa Krebs, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245237	A. BUILDING _____ B. WING _____	C 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER VALLEY HEALTH AND REHABILITATION CENTER LLC	200 SOUTH DEKALB STREET REDWOOD FALLS, MN 56283

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 5/13/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H52374507C (MN00112931), with a deficiency cited at F727. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 727 SS=F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 1919(b)(4)(C);1919(b)(4)(C)(i);1819(b)(4)(C);1819(b)(4)(C)(i);483.35(c)(1)-(3) Social Security Act §1919 [42 U.S.C. 1396r] §1919(b)(4)(C) Required nursing care; facility waivers.- §1919(b)(4)(C)(i) General requirements.-With respect to nursing facility services provided on or after October 1, 1990, a nursing facility- (II) except as provided in clause (ii), must use the services of a registered professional nurse for at least 8 consecutive hours a day, 7 days a week.	F 727		6/13/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/28/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 727	Continued From page 1 Social Security Act §1819 [42 U.S.C. 1395i-3] §1819(b)(4)(C) REQUIRED NURSING CARE.-§1819(b)(4)(C)(i) IN GENERAL.-Except as provided in clause (ii), a skilled nursing facility … must use the services of a registered professional nurse at least 8 consecutive hours a day, 7 days a week. §483.35(c)(3) Except when waived under paragraph (f) or (g) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(c)(4) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure a registered nurse (RN) was on duty a minimum of eight consecutive hours per day for four of 30 days reviewed for RN coverage. This had the potential to affect all 35 residents residing at the facility. Findings include: Review of the nursing staff schedules from 4/13/25-5/13/25, identified there was no RN that worked for a minimum of eight hours per day. During an interview on 5/13/25 at 12:35 p.m., scheduling coordinator (SC)-A stated the facility was supposed to have an RN scheduled eight hours per day. It had been difficult lately, but she tried her best to fill the gaps utilizing facility staff, corporate agency staff, and outside staffing agencies. There had been gaps with RN coverage on the weekends recently. SC-A	F 727	Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations. Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate	

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F 727	Continued From page 2 reviewed the schedules and identified there was no RN coverage for the facility on 4/27/25 (Sunday), 5/4/25 (Sunday), 5/10/25 (Saturday), and 5/11/25 (Sunday). SC-A stated the facility currently only had two RN's in-house, and had to rely on outside sources to fill the gaps in coverage, and sometimes the facility was only able to find licensed practical nurses (LPN)s that could fill the shifts. The gaps in coverage had occurred when the RN's who were scheduled called off for the shifts, and SC-A was unable to find a replacement. During an interview on 5/13/25 at 2:27 p.m., interim director of nursing (DON) stated the facility attempts to fill open RN shifts in-house, but if that is not feasible, the facility would reach out to the corporate agency staff and outside agencies with the open shifts. If there was not an RN available to work, he would cover the eight-hour gap. Weekends tended to be the hardest to find an RN to work the required eight-hour shifts. DON verified 4/27/25, 5/4/25, 5/10/25, and 5/11/25 had no RN coverage for eight hours each day. During an interview on 5/13/25 at 2:55 p.m., administrator acknowledged the facility had no RN coverage for eight hours each day on 4/27/25, 5/4/25, 5/10/25, and 5/11/25. It was his second day at the facility, and he had not been informed of the gaps in coverage. Moving forward, he would make sure the facility had an RN available eight consecutive hours each day. An email dated 5/13/25 at 4:06 p.m., identified the facility did not have a policy regarding RN coverage and followed the state guideline of eight hours of RN consecutive coverage and did not	F 727	submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facilitys credible allegation of compliance F727 s/s F -The process for satisfying this requirement has been reviewed and revised as needed to ensure RN coverage is reviewed daily to ensure there is at minimum 8 hours of RN Coverage each day. -All residents in the facility have the potential to be affected if this requirement is not met. -Director of Nursing will provide RN coverage 8 hours a day, 5 days a week. Outside agency RNs will continue to be utilized to attempt to fulfill the daily RN coverage requirement. An RN is always available by phone for questions. Facility will continue to actively recruit and hire RNs. Facility offers sign on bonuses offered for RNs, referral and retention bonuses for current staff. Corporate recruiter is actively looking for RNs. -The facility will continue to employee and have on-site one full-time RN (DON, RN Manager, and/or RN designee) 35-40 hours per week, who will also be available by phone for emergencies and/or other calls from the facility. The facility and Medical Director agree that a waiver of this requirement will not affect the health and safety of those we serve, and the facility only serves a resident population who do not require the services of an RN	

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F 727	Continued From page 3 have a staff mandate policy.	F 727	for a 48-hour period. -A waiver has been submitted to MDH for the 8-hour RN requirement. -Waiver letter is as follows: I am writing this letter to request a waiver regarding federal regulation F727 for River Valley Health and Rehabilitation in Redwood Falls, MN. We currently have several registered nurse (RN) positions open and are actively recruiting them. Unfortunately, being in a small, rural facility, RNs tend to be difficult to recruit. We are close to several other nursing homes, a clinic, mental health support facility and hospital that also actively recruits RNs, making recruitment even more difficult. Our facility currently lacks RNs as a whole. We currently have three RN nurse leader positions open, including an RN Manager, Director of Nursing and MDS Coordinator. We are also seeking several full-time RNs for our floor nurse positions. We have found it to be difficult to fulfill our 8 hours of RN coverage, 7 days a week, most notably on the weekends. Over the last year we have received 5 qualified RN applications, of which 4 were eligible for review. We hired 3 of those candidates at our facility, and all 3 have since left for other employment opportunities. We currently have several efforts in place to recruit RNs such as sign-on bonuses, retention bonuses for current staff, staff referral bonuses, and tuition reimbursement for our LPNs looking to further their nursing credentials. RN job postings can be found online on Facebook, Indeed, LinkedIn, Glassdoor, MN Works, Care Providers, Apploi, and	

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F 727	Continued From page 4	F 727	the Monarch Healthcare Management website. Please see the current RN job posting attached to this letter. Weekly retention and recruitment meetings have been started with the Administrator, Director of Nurse and Leader Recruitment, Talent Acquisition Specialist, Regional Director of Operations, Regional Nurse Consultant and Regional Director of Business Development. Bi-weekly meetings have been initiated with the Monarch Healthcare Management Executive Team. River Valley Health and Rehabilitation utilizes a number of different supplemental nursing agencies including: EShift, Shift Key, Clipboard, Divine, Healthcare Associates, Bryant Mills, Clockwise, Gift Staffing, HADDBM, Harmony, Neema, Reliable Care and Staffing, RTW staffing, Straightcare, and Caring Clinical Partners. In addition, Monarch employes RNs through their own float pool. RN coverage is utilized through these agencies and pools when available, although due to the facility's location it can be difficult to find RNs through these methods as well. Knowing that it will become even more difficult for us to fulfill our 8 hours per day of RN coverage, we do, and will continue to, consider the acuity of our current residents as well as those who we review for admission if our request is approved. The health and safety of our residents is our top priority. The facilities Medical Director is aware of the RN staffing challenge, as well as the rounding physicians. Residents and/or resident	

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F 727	Continued From page 5	F 727	families, along with appropriate state agencies will be notified of the RN waiver once approved. We will continue to employee and have on-site one full-time RN (DON, RN Manager, and/or RN designee) 35-40 hours per week, who will also be available by phone for emergencies and/or other calls from the facility. The facility and Medical Director agree that a waiver of this requirement will not affect the health and safety of those we serve, and the facility only serves a resident population who do not require the services of an RN for a 48-hour period. With the support of our Interim Director of Nursing, Interim RN Manager, Corporate Nurse Leader, Regional Nurse Consultant, and outside agency floor RNs, we will continue to put forth every effort to have an RN in the building for at least 8 hours a day, 7 days a week, and ensure we always have an RN on call. We are requesting this waiver to be granted until we can employ 7 full-time RNs (Director of Nursing, MDS Coordinator, RN Nurse Manager, and 4 floor RNs to cover each weekend and weekday shifts). -Director of Nursing, Administrator, and Scheduler have all been educated on this requirement. -Director of Nursing or designee is responsible party. -Corrective action will be completed on or before 6/13/25.	

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	00063	A. BUILDING: _____ B. WING _____	C 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER VALLEY HEALTH AND REHABILITATION	200 SOUTH DEKALB STREET REDWOOD FALLS, MN 56283

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 5/13/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and	2 000		

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RIVER VALLEY HEALTH AND REHABILITATION	200 SOUTH DEKALB STREET REDWOOD FALLS, MN 56283

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2 000	Continued From page 1 identify the date when they will be completed. The following complaints were reviewed:H52374507C (MN00112931) with a licensing order issued at 0810. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of	2 000		

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	00063	A. BUILDING: _____ B. WING _____	C 05/13/2025

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2 000	Continued From page 2 state form. 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.	2 000		
2 810	MN Rule 4658.0510 Subp. 3 Nursing Personnel; On-site coverage Subp. 3. On-site coverage. A nurse must be employed so that on-site nursing coverage is provided eight hours per day, seven days per week. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure a registered nurse (RN) was on duty a minimum of eight consecutive hours per day for four of 30 days reviewed for RN coverage. This had the potential to affect all 35 residents residing at the facility. Findings include: Review of the nursing staff schedules from 4/13/25-5/13/25, identified there was no RN that worked for a minimum of eight hours per day. During an interview on 5/13/25 at 12:35 p.m., scheduling coordinator (SC)-A stated the facility was supposed to have an RN scheduled eight hours per day. It had been difficult lately, but she tried her best to fill the gaps utilizing facility staff, corporate agency staff, and outside staffing agencies. There had been gaps with RN	2 810	Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations. Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements	6/13/25

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2 810	Continued From page 3 coverage on the weekends recently. SC-A reviewed the schedules and identified there was no RN coverage for the facility on 4/27/25 (Sunday), 5/4/25 (Sunday), 5/10/25 (Saturday), and 5/11/25 (Sunday). SC-A stated the facility currently only had two RN's in-house, and had to rely on outside sources to fill the gaps in coverage, and sometimes the facility was only able to find licensed practical nurses (LPN)s that could fill the shifts. The gaps in coverage had occurred when the RN's who were scheduled called off for the shifts, and SC-A was unable to find a replacement. During an interview on 5/13/25 at 2:27 p.m., interim director of nursing (DON) stated the facility attempts to fill open RN shifts in-house, but if that is not feasible, the facility would reach out to the corporate agency staff and outside agencies with the open shifts. If there was not an RN available to work, he would cover the eight-hour gap. Weekends tended to be the hardest to find an RN to work the required eight-hour shifts. DON verified 4/27/25, 5/4/25, 5/10/25, and 5/11/25 had no RN coverage for eight hours each day. During an interview on 5/13/25 at 2:55 p.m., administrator acknowledged the facility had no RN coverage for eight hours each day on 4/27/25, 5/4/25, 5/10/25, and 5/11/25. It was his second day at the facility, and he had not been informed of the gaps in coverage. Moving forward, he would make sure the facility had an RN available eight consecutive hours each day. An email dated 5/13/25 at 4:06 p.m., identified the facility did not have a policy regarding RN coverage and followed the state guideline of eight hours of RN consecutive coverage and did not	2 810	under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facilitys credible allegation of compliance F727 s/s F -The process for satisfying this requirement has been reviewed and revised as needed to ensure RN coverage is reviewed daily to ensure there is at minimum 8 hours of RN Coverage each day. -All residents in the facility have the potential to be affected if this requirement is not met. -Director of Nursing will provide RN coverage 8 hours a day, 5 days a week. Outside agency RNs will continue to be utilized to attempt to fulfill the daily RN coverage requirement. An RN is always available by phone for questions. Facility will continue to actively recruit and hire RNs. Facility offers sign on bonuses offered for RNs, referral and retention bonuses for current staff. Corporate recruiter is actively looking for RNs. -The facility will continue to employee and have on-site one full-time RN (DON, RN Manager, and/or RN designee) 35-40 hours per week, who will also be available by phone for emergencies and/or other calls from the facility. The facility and Medical Director agree that a waiver of this requirement will not affect the health and safety of those we serve, and the facility only serves a resident population who do not require the services of an RN	

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2 810	Continued From page 4 have a staff mandate policy. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could develop and/or review or revise policies and procedures to ensure nursing coverage is provided 8 hours per day, 7 days per week. The DON or designee could educate staff regarding these polices, and perform measurable audit of staff schedules for compliance. The DON or designee should take the results of those audits to the QAPI committee for review to determine compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 810	for a 48-hour period. -A waiver has been submitted to MDH for the 8-hour RN requirement. -Waiver letter is as follows: I am writing this letter to request a waiver regarding federal regulation F727 for River Valley Health and Rehabilitation in Redwood Falls, MN. We currently have several registered nurse (RN) positions open and are actively recruiting them. Unfortunately, being in a small, rural facility, RNs tend to be difficult to recruit. We are close to several other nursing homes, a clinic, mental health support facility and hospital that also actively recruits RNs, making recruitment even more difficult. Our facility currently lacks RNs as a whole. We currently have three RN nurse leader positions open, including an RN Manager, Director of Nursing and MDS Coordinator. We are also seeking several full-time RNs for our floor nurse positions. We have found it to be difficult to fulfill our 8 hours of RN coverage, 7 days a week, most notably on the weekends. Over the last year we have received 5 qualified RN applications, of which 4 were eligible for review. We hired 3 of those candidates at our facility, and all 3 have since left for other employment opportunities. We currently have several efforts in place to recruit RNs such as sign-on bonuses, retention bonuses for current staff, staff referral bonuses, and tuition reimbursement for our LPNs looking to further their nursing credentials. RN job postings can be found online on Facebook, Indeed, LinkedIn, Glassdoor, MN Works, Care Providers, Apploi, and the Monarch Healthcare Management	

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2 810	Continued From page 5	2 810	website. Please see the current RN job posting attached to this letter. Weekly retention and recruitment meetings have been started with the Administrator, Director of Nurse and Leader Recruitment, Talent Acquisition Specialist, Regional Director of Operations, Regional Nurse Consultant and Regional Director of Business Development. Bi-weekly meetings have been initiated with the Monarch Healthcare Management Executive Team. River Valley Health and Rehabilitation utilizes a number of different supplemental nursing agencies including: EShift, Shift Key, Clipboard, Divine, Healthcare Associates, Bryant Mills, Clockwise, Gift Staffing, HADDBM, Harmony, Neema, Reliable Care and Staffing, RTW staffing, Straightcare, and Caring Clinical Partners. In addition, Monarch employes RNs through their own float pool. RN coverage is utilized through these agencies and pools when available, although due to the facility's location it can be difficult to find RNs through these methods as well. Knowing that it will become even more difficult for us to fulfill our 8 hours per day of RN coverage, we do, and will continue to, consider the acuity of our current residents as well as those who we review for admission if our request is approved. The health and safety of our residents is our top priority. The facilities Medical Director is aware of the RN staffing challenge, as well as the rounding physicians. Residents and/or resident families, along with appropriate state agencies will be notified of the RN waiver once approved. We will continue to	

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2 810	Continued From page 6	2 810	employee and have on-site one full-time RN (DON, RN Manager, and/or RN designee) 35-40 hours per week, who will also be available by phone for emergencies and/or other calls from the facility. The facility and Medical Director agree that a waiver of this requirement will not affect the health and safety of those we serve, and the facility only serves a resident population who do not require the services of an RN for a 48-hour period. With the support of our Interim Director of Nursing, Interim RN Manager, Corporate Nurse Leader, Regional Nurse Consultant, and outside agency floor RNs, we will continue to put forth every effort to have an RN in the building for at least 8 hours a day, 7 days a week, and ensure we always have an RN on call. We are requesting this waiver to be granted until we can employ 7 full-time RNs (Director of Nursing, MDS Coordinator, RN Nurse Manager, and 4 floor RNs to cover each weekend and weekday shifts). -Director of Nursing, Administrator, and Scheduler have all been educated on this requirement. -Director of Nursing or designee is responsible party. -Corrective action will be completed on or before 6/13/25.	