



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 4, 2026

Administrator  
LAKE WINONA MANOR  
865 MANKATO AVENUE  
WINONA, MN 55987

RE: CCN:245240

Cycle Start Date: July 17, 2026

Dear Administrator:

On July 17, 2026, 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 **October 17, 2026** (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by **January 17, 2027** (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](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,



Holly Zahler, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
625 Robert Street North  
P.O. Box 64975  
St. Paul, MN 55164-0899  
Office: 651-201-4384 | Email: [holly.zahler@state.mn.us](mailto:holly.zahler@state.mn.us)



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August 4, 2026

Administrator  
LAKE WINONA MANOR  
865 MANKATO AVENUE  
WINONA, MN 55987

Re: State Nursing Home Licensing Orders

Event ID: 285781-H1

Dear Administrator:

The above facility survey was completed on July 17, 2026, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted 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](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.

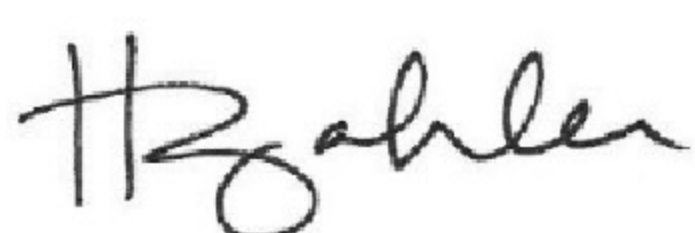
THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

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](mailto: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.



Holly Zahler, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health

Office: 651-201-4384

Email: [holly.zahler@state.mn.us](mailto:holly.zahler@state.mn.us)

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>245240 |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br>07/17/2026 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>LAKE WINONA MANOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>865 MANKATO AVENUE , WINONA, Minnesota, 55987 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                            |
| (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<br>APPROPRIATE DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | (X5)<br>COMPLETION<br>DATE |
| F0000                                                 | INITIAL COMMENTS<br><br>On 7/16/26 and 7/17/26, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with §42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.<br><br>The following complaint was reviewed:<br>H52403301C (3092205) with deficiencies cited at F676 and F727.<br><br>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.<br><br>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. |                                                                  |  | F0000                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | 08/12/2026                 |
| F0727<br>SS = F                                       | RN 8 Hrs/7 days/Wk, Full Time DON<br><br>CFR(s): §483.35(b)(1)-(3)<br><br>§483.35(b) Registered Nurse<br><br>§483.35(b)(1)Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.<br><br>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.<br><br>§483.35(b)(3) The director of nursing may serve as a                                                                                                                                                                                                                                                                                                                   |                                                                  |  | F0727                                                                                      | The LWM Nursing Staff Guidelines was revised by 8/11/26 related to both Charge Nurse and Director of Nursing Roles. A policy was created to define Delegation of Director of Nursing Duties during absence created on 8/6/26. All nursing staff will be educated on the new policy and updates by 8/12/26 or by the next worked shift. All nursing staff, the scheduler and the Assistant Administrator will be educated on the revisions/new policy by 8/12/26. The Administrator will audit 5 daily schedules each week to ensure compliance for 8 weeks. Results of audits will be brought to the QA/QI Committee for further action. |                                              | 08/12/2026                 |

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

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

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| NAME OF PROVIDER OR SUPPLIER<br><br>LAKE WINONA MANOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>865 MANKATO AVENUE , WINONA, Minnesota, 55987 |                                                                                                                          |                                              |                            |
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| F0727<br>SS = F                                       | <p>Continued from page 1</p> <p>charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to maintain and clearly define a full-time director of nursing (DON). This practice had the potential to affect all 66 residents who resided at the facility.</p> <p>Findings include:</p> <p>The facility Change of Director of Nursing form dated 5/1/26, indicated the administrator, who was also an RN, was the previous DON and designated RN-B as the new interim DON.</p> <p>The interim DONs time card dated Friday, 7/10/26 to Sunday, 7/19/26, indicated the interim DON worked eight hours on Monday, Wednesday, and Thursday for a total of 24 hours in one week.</p> <p>During an interview on 7/17/26 at 1:59 p.m., registered nurse (RN)-A stated the administrator was not present at the facility this week, and the interim DON worked part-time. RN-A stated she was the nurse manager and was not filling in as an interim DON.</p> <p>During an interview on 7/17/26 at 4:18 p.m., the assistant administrator stated the interim DON was on a leave of absence and started to work part-time on 7/13/26 on Mondays, Wednesdays, and Thursdays. The assistant administrator stated RN-A was present in the facility and available for clinical questions.</p> <p>During email correspondence on 7/20/26, the assistant administrator indicated the interim DON's leave started on 5/18/26. The assistant administrator indicated the full-time DON role was covered by the full-time nurse manager, part-time interim DON, herself as a full-time LNHA (licensed nursing home administrator) assistant administrator, and the full-time RN/LNHA administrator.</p> <p>During an interview on 7/17/26 at 4:23 p.m., the administrator acknowledged the interim DON worked a few days a week.</p> <p>The facility did not provide education or documentation for RN-A to cover the interim DON role.</p> <p>The Facility Assessment Tool dated 6/19/26,</p> |                                                                  |  | F0727                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

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| F0727<br>SS = F                                       | <p>Continued from page 2</p> <p>identified a Staffing Plan which included a “Total Number Needed or Average or Range” of staff positions. The section “Administrator/Assistant” and “Administrator/Marketing”, identified one administrator, one interim DON, 1 assistant administrator, and one clinical administrative assistant. The section “Other nursing personnel (e.g., those with administrative duties)”, identified one nurse manager.</p> <p>The facility Role Summary for Title: Nurse Manager dated 10/20/23, identified the nurse manager oversaw staff on all shifts and made recommendations and lent support to the “Director”.</p> <p>The facility Role Summary for Title: Director of Nursing dated 4/2026, identified “Required Work Schedule: Typically works standard business hours. Monday through Friday 8 a.m. – 4:30 p.m. Must be flexible for occasional meetings outside of standard business hours...” The role summary indicated the DON supervised the nurse manager.</p> <p>The facility Role Summary for Title: Administrator of Senior dated 10/21/19, indicated the role was the designated administrator of the facility and worked collaboratively with the DON.</p> |                                                                  | F0727               |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 08/12/2026                                   |  |
| F0676<br>SS = D                                       | <p>Activities Daily Living (ADLs)/Mntn Abilities</p> <p>CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)</p> <p>§483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living.</p> <p>The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p>                                                                                                                                                                                                                                                 |                                                                  | F0676               | <p>On 8/11/26 LWM Meal Service Standard work was revised to include identification of residents needing assistance. All nursing, dietary, therapy and Therapeutic Recreation staff will be educated on the standard work by 8/12/26 or prior to their next shift. The Assistant Administrator or designee will audit 8 meals x 4 weeks for compliance. Results of the audits will be reviewed by the QA/QI meeting for further action.</p> |  | 08/12/2026                                   |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>LAKE WINONA MANOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>865 MANKATO AVENUE , WINONA, Minnesota, 55987 |                                                                                                                          |                                              |                            |
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| F0676<br>SS = D                                       | <p>Continued from page 3</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including</p> <p>(i) Speech,</p> <p>(ii) Language,</p> <p>(iii) Other functional communication systems.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance and/or cueing with activities of daily living (ADLs), such as eating, for 2 of 2 residents (R3, R4) observed at a designated table for residents who need staff assistance with meals.</p> <p>Findings include:</p> <p>R3’s significant change in status Minimum Data Set (MDS) dated 7/2/26, identified R3 had severe cognitive impairment, delusions, no behaviors or rejection of care. R3 was dependent on staff assistance for eating and diagnoses included non-Alzheimer's dementia and anxiety.</p> <p>R3’s activities of daily living care plan dated 7/2/26, identified R3 had a self-care deficit and decreased ADL participation. A care plan intervention dated 9/30/25, directed staff to supervise and encourage R3 to take bites and drink. R3’s dementia care plan dated 7/2/26, identified an intervention dated 10/1/25 to provide R3 with cues and supervision to eat and drink. R3’s nutritional care plan dated 7/2/26, indicated R3 was a high nutritional risk related to dementia with risk for chewing/swallowing difficulties and poor oral intake. The care plan directed staff to assist R3 during mealtimes.</p> <p>R4’s Face Sheet dated 7/17/26, indicated R4</p> |                                                                     |  | F0676                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>LAKE WINONA MANOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>865 MANKATO AVENUE , WINONA, Minnesota, 55987 |                                                                                                                          |                                              |                            |
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| F0676<br>SS = D                                       | <p>Continued from page 4</p> <p>admitted 7/15/26 with diagnoses which included dementia with other behavioral disturbance, lactose intolerance, major depressive disorder, anxiety disorder, prediabetes, chronic kidney disease, and low back pain.</p> <p>R4's ADL care plan dated 7/15/26, indicated R4 had a self-care deficit and decreased ADL participation. A care plan intervention dated 7/15/26, directed staff to cut up R4's food, supervise R4 in the dining room at meals, and cue and give spoon to R4 as needed.</p> <p>During observation on 7/16/26 from 12:43 p.m. to 1:10 p.m., R3 and R4 sat in their wheelchairs at a table with their lunch in front of them and were not eating. Two kitchen staff were present in the room, and trained medication assistant (TMA)-A was intermittently present at the medication cart stationed right outside the dining room. At 12:45 p.m., nursing assistant (NA)-A and another unidentified male staff entered the dining room, looked around, and left. At 12:48 p.m., R3 picked up her chicken on a bone and started to eat. R4 continued to stare and not eat. NA-A and NA-C interacted with residents at the table in conversation and did not provide meal assistance for R3 or R4. R4 had two uncut chicken legs and a serving of potatoes on her plate which appeared to have no bites taken. NA-B entered the dining room, spoke to a resident at a different table, removed the resident's tray, provided a drink, and walked out of dining room. At 12:55 p.m., R3 spilled her water which went across the table and dripped off the table near R4's shoes. Surveyor notified NA-B, and NA-B picked up water and wheeled R3 out of dining room at 12:56 p.m. R3 had eaten her dessert, one of two chicken legs, and drank one glass. At 12:59 p.m., NA-A walked by the dining room and looked in and left. NA-B brought a resident into the dining room and left. At 1:09 p.m., R4 stood up from her wheelchair and NA-B entered the dining room to assist R4 to sit back into wheelchair. At 1:10 p.m., unidentified female staff came and removed R4 from dining area. One out of two cups of R4's liquid was empty, and R4's two chicken legs and potatoes appeared untouched. R4 had eaten approximately 25 percent of small soup bowl.</p> <p>During interview on 7/16/26 at 1:28 p.m., NA-A stated he knew what residents required supervision or assistance with eating based on the care plan and the nurse. NA-A stated R3 was a new resident and was unsure what kind of assistance she needed. NA-A stated he would check if resident's mouth hurt, if confused, or if hands not working well if he</p> |                                                                  |  | F0676                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

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| F0676<br>SS = D                                       | <p>Continued from page 5<br/>noticed a resident was not eating.</p> <p>During interview on 7/16/26 at 2:56 p.m., NA-B stated R3 and R4 sat at a table designated for residents who required assistance to eat. NA-B stated R4 did not see well and assisted R4 if she needed help and was not eating by herself. NA-B stated lunch was “crazy” today and indicated the facility lacked staff to assist at lunch.</p> <p>During follow-up interview on 7/17/26 at 11:24 a.m., NA-B stated residents’ care plans were printed out and available for staff to view in a binder. The care plan printed 5/25/26, indicated R3 needed supervision and cues to eat dated 10/1/25. NA-B stated supervision meant staff were supposed to be in the dining room and could sit down at the table if staff had time. The TMA was usually near the dining room. NA-B stated R3 needed more assistance with eating compared to before. R4’s care plan indicated R4 needed supervision and cues to eat and her food cut up. NA-B acknowledged R4’s chicken legs were not cut up on 7/16/26, and the dietary aides were supposed to cut up resident food.</p> <p>During interview on 7/17/26 at 11:09 a.m., NA-C verified no staff sat at the lunch table on 7/16/26 to assist R3 and R4 with eating assistance. NA-C stated she assisted residents at the designated table if the residents were not eating. NA-C stated R4 needed encouragement rather than assistance to eat, and R3 could not see well so staff usually handed food to R3.</p> <p>During interview on 7/17/26 at 12:16 p.m., licensed practical nurse (LPN)-A stated residents’ care plans were viewable in a binder or online. LPN-A stated staff were supposed to sit with R3 during meals and hand her food. LPN-A stated R4 sat at the table who required assistance with meals and expected staff to sit near R4 to see what assistance R4 needed.</p> <p>During interview on 7/17/26 at 12:45 p.m., dietary aide (DA)-A stated she followed “color code” sheets to serve food to residents. The sheets listed residents’ diets and any special dietary related requirements. DA-A stated kitchen staff and nurses were supposed to sign the color code sheet, but nursing often did not initial. DA-A reviewed instructions for R4, and the color code sheet did not indicate to cut up R4’s food.</p> <p>During interview on 7/17/26 at 1:59 p.m., registered nurse (RN)-A, who was also the nurse manager, expected staff to sit by R3 throughout meals and assist as needed. RN-A stated R3 had dementia and</p> |                                                                  |  | F0676                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

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| F0676<br>SS = D                                       | <p>Continued from page 6</p> <p>a slow decline with ADLs. RN-A stated R4 was a new resident and gathered information from R4's family member about what kind of assistance R4 needed with meals. RN-A acknowledged the care plan directed staff to cut up R4's food. RN-A stated supervision meant to watch R4 to see if R4 fed herself. RN-A stated R3 and R4 sat at the meal table for residents who required staff assistance. RN-A expected the care plan book to have current care plans, and staff viewed current care plans through their online medical record system. RN-A stated the table should be served when a staff member was available to sit at the table and assist the residents.</p> <p>During interview on 7/17/26 at 4:23 p.m., the administrator, who was also an RN, expected staff to follow the care plan for eating assistance. The administrator stated residents who sat at the table designated for meal assistance meant staff were to provide hand over hand assistance, supervision, and actively feed residents or keep residents eating.</p> <p>The facility Feeding procedure dated 9/20/18, directed staff to review resident specific diet directives on the dietary sheets, and the staff who served a resident, who needed more help than serving the tray, was responsible to sit with the resident.</p> |                                                                     |  | F0676                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

Minnesota Department of Health

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| 20000                                                 | <div>Initial Comments</div> <div>*****ATTENTION*****</div> <div>NH LICENSING CORRECTION ORDER</div> <div>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.</div> <div>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.</div> <div>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.</div> <div>INITIAL COMMENTS:</div> <div>On 7/16/26 and 7/17/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</div> <div>The following complaints were reviewed: H52403301C (3092205) with a licensing</div> |                                                    |  | 20000                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| 20000                                                 | <p>Continued from page 1<br/>order issued at 20720 and 20915.</p> <p>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.</p> <p>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 <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>. 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 state form.</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> |                                                    | 20000               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 08/12/2026                                   |  |
| 20720                                                 | <p>Director of Nursing Services; full time</p> <p>CFR(s): MN Rule 4658.0500 Subp. 2</p> <p>Subp. 2. Requirement of full-time employment. A director of nursing services must be employed full time, no less than 35 hours per week, and be assigned full time to the nursing</p> <p>services of the nursing home.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | 20720               | <p>The LWM Nursing Staff Guidelines was revised by 8/11/26 related to both Charge Nurse and Director of Nursing Roles. A policy was created to define Delegation of Director of Nursing Duties during absence created on 8/6/26. All nursing staff will be educated on the new policy and updates by 8/12/26 or by the next worked shift. All nursing staff, the scheduler and the Assistant Administrator will be educated on the revisions/new policy by 8/12/26. The Administrator will audit 5 daily schedules each</p> |  | 08/12/2026                                   |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>LAKE WINONA MANOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>865 MANKATO AVENUE , WINONA, Minnesota, 55987 |                                                                                                                                                         |                                              |                            |
| (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<br>APPROPRIATE DEFICIENCY)                                |                                              | (X5)<br>COMPLETION<br>DATE |
| 20720                                                 | <p>Continued from page 2</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to maintain and clearly define a full-time director of nursing (DON). This practice had the potential to affect all 66 residents who resided at the facility.</p> <p>Findings include:</p> <p>The facility Change of Director of Nursing form dated 5/1/26, indicated the administrator, who was also an RN, was the previous DON and designated RN-B as the new interim DON.</p> <p>The interim DONs timecard dated Friday, 7/10/26 to Sunday, 7/19/26, indicated the interim DON worked eight hours on Monday, Wednesday, and Thursday for a total of 24 hours in one week.</p> <p>During an interview on 7/17/26 at 1:59 p.m., registered nurse (RN)-A stated the administrator was not present at the facility this week, and the interim DON worked part-time. RN-A stated she was the nurse manager and was not filling in as an interim DON.</p> <p>During an interview on 7/17/26 at 4:18 p.m., the assistant administrator stated the interim DON was on a leave of absence and started to work part-time on 7/13/26 on Mondays, Wednesdays, and Thursdays. The assistant administrator stated RN-A was present in the facility and available for clinical questions.</p> <p>During email correspondence on 7/20/26, the assistant administrator indicated the interim DON's leave started on 5/18/26. The assistant administrator indicated the full-time DON role was covered by the full-time nurse manager, part-time interim DON, herself as a full-time LNHA (licensed nursing home administrator) assistant administrator, and the full-time RN/LNHA administrator.</p> <p>During an interview on 7/17/26 at 4:23 p.m., the administrator acknowledged the interim DON worked a few days a week.</p> <p>The facility did not provide education or documentation for RN-A to cover the interim DON role.</p> <p>The Facility Assessment Tool dated 6/19/26, identified a Staffing Plan which included a “Total</p> |                                                    |  | 20720                                                                                      | <p>Continued from page 2</p> <p>week to ensure compliance for 8 weeks. Results of audits will be brought to the QA/QI Committee for further action.</p> |                                              | 08/12/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>LAKE WINONA MANOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>865 MANKATO AVENUE , WINONA, Minnesota, 55987 |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                            |
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| 20720                                                 | <p>Continued from page 3</p> <p>Number Needed or Average or Range” of staff positions. The section “Administrator/Assistant” and “Administrator/Marketing”, identified one administrator, one interim DON, 1 assistant administrator, and one clinical administrative assistant. The section “Other nursing personnel (e.g., those with administrative duties)”, identified one nurse manager.</p> <p>The facility Role Summary for Title: Nurse Manager dated 10/20/23, identified the nurse manager oversaw staff on all shifts and made recommendations and lent support to the “Director”.</p> <p>The facility Role Summary for Title: Director of Nursing dated 4/2026, identified “Required Work Schedule: Typically works standard business hours. Monday through Friday 8 a.m. – 4:30 p.m. Must be flexible for occasional meetings outside of standard business hours...” The role summary indicated the DON supervised the nurse manager.</p> <p>The facility Role Summary for Title: Administrator of Senior dated 10/21/19, indicated the role was the designated administrator of the facility and worked collaboratively with the DON.</p> <p>SUGGESTED METHOD OF CORRECTION: The facility could develop policies and procedures to ensure full-time director of nursing coverage is provided. The facility could educate staff regarding these polices, and audit director of nursing coverage. The facility could take the results of these audits to the QAPI committee for review to determine compliance or the need for further monitoring.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> |                                                    |  | 20720                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | 08/12/2026                 |
| 20915                                                 | <p>Rehab - ADLs</p> <p>CFR(s): MN Rule 4658.0525 Subp. 6 A</p> <p>Subp. 6. Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that:</p> <p>A. a resident is given the appropriate treatments and services to maintain or improve abilities in activities of daily living unless deterioration is a normal or characteristic part of the resident's condition. For purposes of this part, activities of daily living includes the resident's ability to:</p> <p>(1) bathe, dress, and groom;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |  | 20915                                                                                      | <p>On 8/11/26 LWM Meal Service Standard work was revised to include identification of residents needing assistance. All nursing, dietary, therapy and Therapeutic Recreation staff will be educated on the standard work by 8/12/26 or prior to their next shift. The Assistant Administrator or designee will audit 8 meals x 4 weeks for compliance. Results of the audits will be reviewed by the QA/QI meeting for further action.</p> |                                              | 08/12/2026                 |

Minnesota Department of Health

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| 20915                                                 | <p>Continued from page 4</p> <p>(2) transfer and ambulate;</p> <p>(3) use the toilet;</p> <p>(4) eat; and</p> <p>(5) use speech, language, or other functional communication systems; and</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance and/or cueing with activities of daily living (ADLs), such as eating, for 2 of 2 residents (R3, R4) observed at a designated table for residents who need staff assistance with meals.</p> <p>Findings include:</p> <p>R3's significant change in status Minimum Data Set (MDS) dated 7/2/26, identified R3 had severe cognitive impairment, delusions, no behaviors or rejection of care. R3 was dependent on staff assistance for eating and diagnoses included non-Alzheimer's dementia and anxiety.</p> <p>R3's activities of daily living care plan dated 7/2/26, identified R3 had a self-care deficit and decreased ADL participation. A care plan intervention dated 9/30/25, directed staff to supervise and encourage R3 to take bites and drink. R3's dementia care plan dated 7/2/26, identified an intervention dated 10/1/25 to provide R3 with cues and supervision to eat and drink. R3's nutritional care plan dated 7/2/26, indicated R3 was a high nutritional risk related to dementia with risk for chewing/swallowing difficulties and poor oral intake. The care plan directed staff to assist R3 during mealtimes.</p> <p>R4's Face Sheet dated 7/17/26, indicated R4 admitted 7/15/26 with diagnoses which included dementia with other behavioral disturbance, lactose intolerance, major depressive disorder, anxiety disorder, prediabetes, chronic kidney disease, and low back pain.</p> <p>R4's ADL care plan dated 7/15/26, indicated R4 had a self-care deficit and decreased ADL participation. A care plan intervention dated 7/15/26, directed staff to cut up R4's food, supervise R4 in the dining room at meals, and cue and give spoon to R4 as needed.</p> |                                                    |  | 20915                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

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| 20915                                                 | <p>Continued from page 5</p> <p>During observation on 7/16/26 from 12:43 p.m. to 1:10 p.m., R3 and R4 sat in their wheelchairs at a table with their lunch in front of them and were not eating. Two kitchen staff were present in the room, and trained medication assistant (TMA)-A was intermittently present at the medication cart stationed right outside the dining room. At 12:45 p.m., nursing assistant (NA)-A and another unidentified male staff entered the dining room, looked around, and left. At 12:48 p.m., R3 picked up her chicken on a bone and started to eat. R4 continued to stare and not eat. NA-A and NA-C interacted with residents at the table in conversation and did not provide meal assistance for R3 or R4. R4 had two uncut chicken legs and a serving of potatoes on her plate which appeared to have no bites taken. NA-B entered the dining room, spoke to a resident at a different table, removed the resident's tray, provided a drink, and walked out of dining room. At 12:55 p.m., R3 spilled her water which went across the table and dripped off the table near R4's shoes. Surveyor notified NA-B, and NA-B picked up water and wheeled R3 out of dining room at 12:56 p.m. R3 had eaten her dessert, one of two chicken legs, and drank one glass. At 12:59 p.m., NA-A walked by the dining room and looked in and left. NA-B brought a resident into the dining room and left. At 1:09 p.m., R4 stood up from her wheelchair and NA-B entered the dining room to assist R4 to sit back into wheelchair. At 1:10 p.m., unidentified female staff came and removed R4 from dining area. One out of two cups of R4's liquid was empty, and R4's two chicken legs and potatoes appeared untouched. R4 had eaten approximately 25 percent of small soup bowl.</p> <p>During interview on 7/16/26 at 1:28 p.m., NA-A stated he knew what residents required supervision or assistance with eating based on the care plan and the nurse. NA-A stated R3 was a new resident and was unsure what kind of assistance she needed. NA-A stated he would check if resident's mouth hurt, if confused, or if hands not working well if he noticed a resident was not eating.</p> <p>During interview on 7/16/26 at 2:56 p.m., NA-B stated R3 and R4 sat at a table designated for residents who required assistance to eat. NA-B stated R4 did not see well and assisted R4 if she needed help and was not eating by herself. NA-B stated lunch was "crazy" today and indicated the facility lacked staff to assist at lunch.</p> <p>During follow-up interview on 7/17/26 at 11:24 a.m., NA-B stated residents' care plans were printed out and available for staff to view in a binder. The care</p> |                                                    |  | 20915                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

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| 20915                                                 | <p>Continued from page 6</p> <p>plan printed 5/25/26, indicated R3 needed supervision and cues to eat dated 10/1/25. NA-B stated supervision meant staff were supposed to be in the dining room and could sit down at the table if staff had time. The TMA was usually near the dining room. NA-B stated R3 needed more assistance with eating compared to before. R4's care plan indicated R4 needed supervision and cues to eat and her food cut up. NA-B acknowledged R4's chicken legs were not cut up on 7/16/26, and the dietary aides were supposed to cut up resident food.</p> <p>During interview on 7/17/26 at 11:09 a.m., NA-C verified no staff sat at the lunch table on 7/16/26 to assist R3 and R4 with eating assistance. NA-C stated she assisted residents at the designated table if the residents were not eating. NA-C stated R4 needed encouragement rather than assistance to eat, and R3 could not see well so staff usually handed food to R3.</p> <p>During interview on 7/17/26 at 12:16 p.m., licensed practical nurse (LPN)-A stated residents' care plans were viewable in a binder or online. LPN-A stated staff were supposed to sit with R3 during meals and hand her food. LPN-A stated R4 sat at the table who required assistance with meals and expected staff to sit near R4 to see what assistance R4 needed.</p> <p>During interview on 7/17/26 at 12:45 p.m., dietary aide (DA)-A stated she followed "color code" sheets to serve food to residents. The sheets listed residents' diets and any special dietary related requirements. DA-A stated kitchen staff and nurses were supposed to sign the color code sheet, but nursing often did not initial. DA-A reviewed instructions for R4, and the color code sheet did not indicate to cut up R4's food.</p> <p>During interview on 7/17/26 at 1:59 p.m., registered nurse (RN)-A, who was also the nurse manager, expected staff to sit by R3 throughout meals and assist as needed. RN-A stated R3 had dementia and a slow decline with ADLs. RN-A stated R4 was a new resident and gathered information from R4's family member about what kind of assistance R4 needed with meals. RN-A acknowledged the care plan directed staff to cut up R4's food. RN-A stated supervision meant to watch R4 to see if R4 fed herself. RN-A stated R3 and R4 sat at the meal table for residents who required staff assistance. RN-A expected the care plan book to have current care plans, and staff viewed current care plans through their online medical record system. RN-A stated the table should be served when a staff member was available to sit at the table and assist the residents.</p> |                                                    |  | 20915                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

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| 20915                                                 | <p>Continued from page 7</p> <p>During interview on 7/17/26 at 4:23 p.m., the administrator, who was also an RN, expected staff to follow the care plan for eating assistance. The administrator stated residents who sat at the table designated for meal assistance meant staff were to provide hand over hand assistance, supervision, and actively feed residents or keep residents eating.</p> <p>The facility Feeding procedure dated 9/20/18, directed staff to review resident specific diet directives on the dietary sheets, and the staff who served a resident, who needed more help than serving the tray, was responsible to sit with the resident.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing and/or designee could educate responsible staff to provide care to residents requiring assistance from facility staff, based on residents' comprehensively assessed needs. The DON or designee could conduct audits of resident cares to ensure their eating assistance needs are met consistently. The results of those audits should be taken to QAPI to determine compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p> |                                                    |  | 20915                                                                                      |                                                                                                                          |                                              | 08/12/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>LAKE WINONA MANOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>865 MANKATO AVENUE , WINONA, Minnesota, 55987 |                                                                                                                          |                                              |                            |
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| F0000                                                 | INITIAL COMMENTS<br><br>On 7/29/26 , 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.<br><br>The following complaints were reviewed H52403460C / MN3017175 with a deficiencies issued at F689<br><br>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.<br><br>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. |                                                                  |  | F0000                                                                                      |                                                                                                                          |                                              |                            |
| F0656<br>SS = D                                       | Develop/Implement Comprehensive Care Plan<br><br>CFR(s): 483.21(b)(1)(3)<br><br>§483.21(b) Comprehensive Care Plans<br><br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br><br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and                                                                                    |                                                                  |  | F0656                                                                                      |                                                                                                                          |                                              |                            |

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

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>LAKE WINONA MANOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>865 MANKATO AVENUE , WINONA, Minnesota, 55987 |                                                                                                                          |                                              |                            |
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| F0656<br>SS = D                                       | <p>Continued from page 1</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv)In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to reassess the resident's elopement risk and revise the comprehensive person-centered care plan to reflect interventions following an elopement episode for 1 of 1 residents reviewed for elopement risk.</p> <p>Findings include:</p> <p>R1's significant change Minimum Data Set (MDS) dated 6/9/26 indicated R1 had Brief Inventory of Mental Status (BIMS) score of 3 indicating severe cognitive impairment. R1 had wandered and assessed that her wandering placed her at significant risk of getting to potentially dangerous places (stairs, outside the facility). R1's pertinent diagnoses were heart failure and non-Alzheimer's dementia.</p> |                                                                     |  | F0656                                                                                      |                                                                                                                          |                                              |                            |

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| F0656<br>SS = D                                       | <p>Continued from page 2</p> <p>R1's target behaviors assessment dated 7/17/26 indicated R1 had behaviors observed. She had been hitting, pinching, running her wheelchair into staff and trying to leave the building multiples times through the elevator when staff walked away, she got into the elevator and was going up and down over and over in the elevator before the nurse had to intervein. R1's potential indicators of psychosis included hallucinations (perceptual experiences in the absence of real external sensory stimulation). R1 had no verbal behavioral symptoms, no rejection of evaluation of care. The interventions attempted were R1 was redirected, offered snacks, showed her to her room, and told the resident she was sleeping at the facility that night.</p> <p>R1's event report dated 7/21/26 indicated R1 eloped at 8:00 p.m. on 7/21/26. R1 was found quickly with no injuries she was found in someone's vehicle in the parking lot. R1 had successful and unsuccessful elopements in the past. She had been packing belongings, repeatedly opening doors/setting off alarms of secured doors, resisting redirection from staff, verbalizing statements about leaving and wandering with no intentional purpose or attempting to open doors. There were no changes with her mental status. Possible contributing factors were anxiety disorder and dementia. R1 had no new recent events of trauma, new diagnoses, or other stressors. She had recently started Seroquel (medication to decrease agitation) 12.5 milligram (mg) in the a.m. and 50 mg in the p.m. R1's interventions in place were a chair seat pad alarm, a door alarm band, and a motion detector. R1's event report lacked any documentation under the titles of:</p> <p>describe any measures taken</p> <p>outcomes of interventions</p> <p>notification guidelines</p> <p>vital signs</p> <p>orders</p> <p>A facilities list of R1's most recent observation assessments dated 5/27/26 – 7/29/26 did not indicate that an assessment was completed after R1's elopement episode on 7/21/26.</p> <p>R1's care plan dated 9/23/21 with a last reviewed date of 6/3/26 indicated R1 was identified as a wander related to dementia manifested by long periods of being lost with directions. Her goal was to have no elopement episodes in the next quarter.</p> |                                                                  |  | F0656                                                                                      |                                                                                                                          |                                              |                            |

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| F0656<br>SS = D                                       | <p>Continued from page 3<br/>Her intervention approaches were:</p> <p>Due to historical events including elopement, smoking, and leaving the facility with significant other R1 was not to leave the facility with anyone but Guardian or facility staff 8/11/22.</p> <p>Wander guard on left wrist. Check placement every shift, and function once daily 6/19/23.</p> <p>Half hour visual checks 6/1/25.</p> <p>Offer ear plugs if she was upset regarding noise 8/24/25.</p> <p>Motion alarm, in place above her door to alarm when entering or exiting her room 11/10/25.</p> <p>No new care plan interventions were added following her elopement episode on 7/21/26.</p> <p>Upon observation and interview on 7/29/26 at 10:15 a.m. R1 was seated in her room on her bed, she was not yet dressed. She had a WanderGuard bracelet on her left wrist. She stated the bracelet was an “old time watch.” She did not recall leaving the facility and getting into a car. She stated she was renting a room at the facility until her home was remodeled and then would be leaving. She had a door alarm in place over her door which did sound when she was wheeled out of her room by staff.</p> <p>Upon interview on 7/29/26 at 2:09 p.m. registered nurse (RN)-A, the nurse manager stated R1 had been an elopement risk for years and the facility had kept her safe. She reviewed R1's event documentation and agreed it was not complete however the information could be found in her progress notes or on her care plan. R1 already had multiple interventions in place that had kept her safe on her care plan. (RN)-A was not certain if a new assessment was completed or the care plan had been updated following this incident. She stated assessment information was noted on the event report indicating R1 had no injuries. (RN)-A reviewed R1's records and did not produce a completed assessment after the incident or an updated care plan.</p> <p>Upon interview on 7/29/26 at 2:42 p.m. the Assistant Administrator stated that there would not be a need to update her care plan because R1 was not injured during the elopement.</p> <p>Upon interview on 7/29/26 at 2:55 p.m. the Administrator stated since R1 had not gotten off the</p> |                                                                     |  | F0656                                                                                      |                                                                                                                          |                                              |                            |

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| F0656<br>SS = D                                       | Continued from page 4<br>campus property that it was not a true elopement<br>and she was not harmed therefore an updated care<br>plan was not warranted.<br><br>A policy regarding care planning was requested,<br>however none was provided. |                                                                     |  | F0656                                                                                      |                                                                                                                          |                                              |                            |