



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 5, 2026

Administrator
Lake Winona Manor
865 MANKATO AVENUE
WINONA, MN 55987

RE: CCN: 245240
Cycle Start Date: December 18, 2025

Dear Administrator:

On December 18, 2025, a survey was completed at your facility by the Minnesota Department(s) of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G).

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS location.

- **Civil money penalty, (42 CFR 488.430 through 488.444).**

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$13,343; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

The CMS location may notify you of their determination regarding any imposed remedies.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "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

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

Sincerely,



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



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Administrator
Lake Winona Manor
865 MANKATO AVENUE
WINONA, MN 55987

Re: Event ID: 1DEA2E-H1

Dear Administrator:

The above facility survey was completed on December 18, 2025, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 12/18/2025 |
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| NAME OF PROVIDER OR SUPPLIER Lake Winona Manor | | | STREET ADDRESS, CITY, STATE, ZIP CODE 865 MANKATO AVENUE , WINONA, Minnesota, 55987 | |
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| F0000 | INITIAL COMMENTS On 12/17/25, and 12/18/25, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was reviewed: H52407764C (2668473), and a deficiency was issued at F689 at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents. | F0000 | | |
| F0689 SS = G | Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to follow the turning and repositioning care plan requiring assist of two staff for 1 of 3 residents (R1) which resulted in actual harm when R1 fell off the bed sustaining a right tibia and fibula fracture, and a distal end of left femur fracture. The facility had put corrective measures in place on 11/13/25, prior to the start of the survey, therefore, | F0689 | "Past Noncompliance - no plan of correction required" | |

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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| F0689 SS = G | Continued from page 1 was issued at past non-compliance Findings include: R1's face sheet dated 12/17/25, identified diagnoses of multiple sclerosis (disease that causes numbness, weakness, trouble walking, vision issues, etc.), fracture of upper end of right tibia (fracture just below the knee), fracture of lower end of left femur (lower part of thigh bone), and anxiety. R1's quarterly Minimum Data Set (MDS) dated 9/18/25, identified R1 was able to understand and make self-understood to others, had no cognitive deficits, no behaviors, impairments on both sides of upper and lower extremities, dependent on staff for all activities of daily living (ADL), had a urinary catheter, was incontinent of bowels, and had almost constant mild pain. R1's care plan dated 11/16/22, included interventions informed staff R1 required assist of two with mobility and repositioning. The care plan also directed staff to ensure a pillow is under each leg lengthwise to relieve pressure on heels; use a gentle touch to reposition; prefers to roll on right side; Cross left foot over right to assist and use soaker pad to roll from side to side versus pushing on hips and arms. For toileting, R1 required full assistance, prefer not to use the toilet and alert staff when brief needs changed. The facility reported Nursing Home Incident Report (NHIR) dated 11/13/25, indicated on 11/12/25 at 9:00 p.m., nursing assistant (NA)-A was providing cares to R1 in her room. NA-A rolled R1 onto her side when R1's leg slid over the edge and NA-A repositioned R1's leg. R1's leg started to slip again and due to weight and immobility from multiple sclerosis, R1 slid and rolled out of bed. NA-A caught R1 and attempted to slow down R1's upper portion of body and lay down on the floor protecting R1's head. R1's care plan identified bed mobility and repositioning required assist of two people. R1's care plan on 11/12/25 was revised to include R1 should be a two assist for all peri cares as well as with any turning or positioning that goes along with it due to progression of multiple sclerosis and difficulty supporting herself using the side rail. R1's progress note dated 11/13/25, identified R1 returned to facility around 12:30 a.m., after emergency department visit. Right tibia/fibula fracture and right lower extremity is in a soft cast/ace wrapped. The progress note and/or record did not include details for which R1 was transferred to the hospital. R1's Emergency Department/Urgent Care-Provider note dated 11/13/25, indicated R1 presented to the ED following a fall. X-rays revealed R1 had a right nondisplaced fracture of the proximal tibia and also impacted fracture of the right fibular neck. A splint was placed from proximal thigh down to the foot overlaid with ace wraps. R1 was transferred back to the facility. R1's care plan | F0689 | | |

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| F0689 SS = G | Continued from page 2 interventions dated 11/13/25 included assess affected area every shift for skin temperature, peripheral pulses, edema, circulation, motion, sensation. Maintain body in functional alignment and prescribed position: no bending or range of motion/stretch. Monitor color, warmth, movement, sensation, pain, and interventions utilized, ensure soft cast is always in place aside from cleansing of the leg. R1's progress note dated 11/15/25 at 3:30 p.m., identified R1 offered complaints of left leg/knee pain. NA that worked with R1 also indicated during repositioning/cares, the left knee area appeared to become more disfigured and was extremely painful. The area appeared to be edematous just above the knee. R1 was transferred to emergency department. R1's Emergency Department note dated 11/15/25, identified R1 returned to the emergency department for increased left leg pain after fall in the last week that broke right leg. Diagnosis of fracture of distal end of left femur. R1's progress note dated 11/15/25 at 9:33 p.m., identified R1 returned from emergency department with a left distal femur fracture and immobilizer on left leg. R1's Event Report dated 11/18/25, identified R1 fell on 11/12/25 at 9:30 p.m., R1 was lying in bed on left side facing door while NA-A performed personal cares on the opposite side of the bed. R1's bilateral lower extremities slipped from the bed on the opposite side of NA-A. NA-A reached across the bed and pulled R1's bilateral lower extremities back on the bed. R1's bilateral lower extremities slipped again, and NA-A was unable to pull them back onto the bed. NA-A reached across the bed and held onto R1's torso and slowly lowered R1's upper body to the floor to prevent R1 from hitting head. R1 was laying on her back on the floor at the side of the bed with bilateral lower extremities towards the head of the bed and head and upper body at the foot of the bed. R1 had abnormal alignment and extreme pain with touch to right lower extremity. Immediate intervention was for R1 to be two assist for all peri cares as well as with any turning or positioning that goes along with it due to progression of multiple sclerosis and difficulty supporting herself using the side rail. R1's physician visit note dated 11/20/25, identified R1 was seen following a fall that resulted in a right leg fracture confirmed by emergency department imaging. Continued pain led to a second emergency visit two day later, where a left femur fracture was identified, resulting in bilateral leg fractures. R1's orthopedic visit note dated 12/3/25, identified left distal femur fracture and right distal tibia fracture from 11/12/25. R1 is non-weight bearing on left and right lower extremities. R1's care plan dated 12/8/25 included the intervention that informed and directed staff for proper positioning of lower legs | F0689 | | |

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| F0689 SS = G | Continued from page 3 the goal is to keep lower legs straight, use a pillow under both legs allowing the ankle and foot to dangle off to prevent pressure. Measure that it is off load with air space, use rolled up blankets/towels as shown in pictures in room and plan of care to keep legs, ankle, and feet straight. R1's physician visit note dated 12/10/25, identified R1 fell out of bed on 11/12/25, while getting ready for bed. R1 experienced an impacted left fibular neck fracture along with a nondisplaced transverse fracture of the proximal tibular metaphysis. Also, transverse fracture involving the proximal right tibia and slightly impacted fracture involving the proximal neck of the right fibula. About three days after the fall, R1 continued pain and swelling, further x-rays revealed a distal spiral fracture of the left femur. Currently has a cast placed on the right lower extremity below the knee to the foot and a soft leg immobilizer/splint on the left lower extremity from mid-thigh to ankle. R1 makes little if not any movements apart from turning head to look, generally unable to move body. During an observation and interview on 12/17/25 at 2:16 p.m., R1 was lying in bed. R1 explained when she fell out of bed on 11/12/25, the bed was in the highest position "six feet off the ground"; "the kid" did not wait for help and "did not have [me] in the middle of the bed and just went ahead and rolled me". When she fell, she ended up with her head where her feet should be and feet where her head would be on the floor. Two different bones were broken on her right leg and the main bone on the left side was broken too. R1 stated prior to the fall she had no control of leg movements, and the second staff person was to make sure her legs were going where they were supposed to go. During a phone interview on 12/17/25 at 3:41 p.m., NA-A stated on 11/12/25, he had not worked with R1 much but was doing nightly routine cares with R1 that required her to roll to one side. NA-A rolled R1 to her side and noticed R1's legs started to slip off the bed. NA-A put R1's legs back onto the bed to a position where he thought they would not slip again, and then they slipped again. "They slipped so fast" and NA-A threw himself over the bed to keep R1 from hitting the ground hard. NA-A did not have enough strength to hold her up so he held onto R1's upper body so her head would not hit the ground. NA-A stated he was basically on the bed at that point and R1's legs went down first and everything else after that. R1 hit her legs on the floor but NA-A did not see if the legs were bent, mainly focused on not having her head hit the ground. NA-A stated R1 had feeling in her legs but was unable to move them, they were just dead weight and R1 did not have abdominal control. NA-A stated R1 was one assist with turning prior to the fall, and after the fall R1's care plan was updated to two assist. During an | F0689 | | |

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| F0689 SS = G | Continued from page 4 interview on 12/18/25 at 10:27 a.m., registered nurse manager (RNM)-A stated at the time of the fall, R1's care plan identified R1 was assist of one with toileting, and assist of two with turning, repositioning, and bed mobility. With care plan changes, RNM-A updates the nurses and nursing assistants through written communication in the care plan books, computer, and through verbal report. During an interview on 12/17/25 at 2:10 p.m., NA-B stated R1 did not have any trunk control. If R1 lost control, there would be no way to stop her from falling when she was rolled in bed. NA-B would not turn R1 without a second person present prior to the fall or after the fall. The second person braces R1, R1 has no motor control, only able to move head and hands. During an interview on 12/17/25 at 2:54 p.m., NA-C stated R1 did not use her hands or arms, only to press the call light. NA-C had been surprised when she heard R1 had fallen from bed with only one person assisting because she was always supposed to have two people. During an interview on 12/18/25 at 1:28 p.m., Administrator stated after review of the record it looked confusing with R1 on how many people would be required. Administrator stated with R1's size she could not anticipate anyone to turn R1 alone, and it would not be good body mechanics. The lifting policy states that if a person was going to exert more than 30 pounds, they were to get another person's assistance or use a lift. The deficient practice was issued at Past Non-compliance (PNC) after the following corrective actions were implemented on 11/13/25, and verified the facility took the following actions, prior to the start of the survey. -R1's care plan was revised and clarified on 11/12/25 to include R1 was assist of two staff for turning, repositioning, and toileting cares. -Staff were provided with education on 11/13/25 with the modifications to R1's care plan and NA-A was provided with education prior to returning to work. The facility Care Plans and Care Conference policy revised 9/2024, identified the comprehensive care plan will be updated to reflect any changes/updates since admission. | F0689 | | |

Minnesota State Department of Health

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| 20000 | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 12/17/25, and 12/18/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during the survey: H52407764C (2668473). No orders were issued.</p> | 20000 | | |

Office of Primary Care and Health Systems Management

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| 20000 | Continued from page 1 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents. | 20000 | | |