



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 18, 2026

Administrator
WEST WIND VILLAGE
1001 SCOTTS AVENUE
MORRIS, MN 56267

RE: CCN: 245262

Cycle Start Date: August 5, 2026

Dear Administrator:

On August 5, 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 **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.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective August 5, 2026. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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 Operations Supervisor RR
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,

A handwritten signature in cursive script that reads "Sarah Lane".

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us



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Administrator
WEST WIND VILLAGE
1001 SCOTTS AVENUE
MORRIS, MN 56267

Re: Event ID: 2F56A7

Dear Administrator:

The above facility survey was completed on August 5, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900

Saint Paul, MN 55164-0900

Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245262		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/05/2026	
NAME OF PROVIDER OR SUPPLIER WEST WIND VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SCOTTS AVENUE , MORRIS, Minnesota, 56267			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	INITIAL COMMENTS On 8/4/26, and 8/5/26, 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: H52623529C (3110973), and a deficiency was issued at F689 at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, harm 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 document review, the facility failed to ensure a standing mechanical lift was maintained in a safe operating condition according to manufacturer's guidelines for 1 of 1 resident (R1) reviewed for accidents. The facility's failure resulted in actual harm when R1 fell from the lift and suffered a femur fracture. The facility implemented corrective measures on 7/24/26 prior to the start of the survey; therefore, the deficient practice was cited as past noncompliance.			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.

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

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F0689 SS = G	Continued from page 1 Findings include R1’s face sheet included diagnoses of fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing, phantom limb syndrome with pain, morbid obesity, acquired absence of left leg above knee, and muscle weakness. R1’s quarterly Minimum Data Set (MDS) dated 7/9/26, indicated R1 did not have cognitive impairment and no vision or hearing impairments. R1 was dependent on staff for lower body dressing and required substantial assistance from staff for transfers. R1 had not had any falls since admission. R1’s care plan dated 10/23/24, informed staff R1 required a mechanical standing lift with assistance from two staff for transfers in/out of bed with a large/extra-large sling. R1’s Nursing Home Incident Report (NHIR) dated 7/24/26, identified on 7/24/26, around 1:25 p.m., R1 was transferred via the mechanical standing lift and two-person assist. During the transfer the sling loop came out of the safety clamp, R1 slid back onto the chair and to the floor. R1’s Emergency Department (ED) note dated 7/24/26, indicated R1 was evaluated for significant right lower extremity pain following a fall from the lift. The facility had reported R1 was in a standing lift device, the device failed, and R1 was slowly lowered to the floor, however R1 reported both the left and right straps on the device gave out, causing her to fall to the floor. Both accounts were consistent with mechanical fall involving failure of the assist device. X-ray of right femur obtained and comminuted (broken into multiple fragments) displaced (not aligned in normal position) fracture of the proximal femur just below the greater trochanter (front) and lesser trochanter (back) fragment is displaced. R1 was admitted to the hospital. The facility’s Mechanical Lift Inventory dated 7/25/26, identified the EZ Way sit-to-stand mechanical lift with serial number 220807 which was purchased 8/6/2012 and used to transfer R1 was taken out of service. R1’s hospital discharge summary dated 7/29/26, identified R1 had a right hip fracture surgically repaired on 7/24/26. R1 discharged with weight bearing as tolerated for transfers, bedbound and would need to use the mechanical lift for transfers.			F0689			

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F0689 SS = G	Continued from page 2 During an observation and interview on 8/4/26, at 12:50 p.m., R1 was in bed. R1 recalled the fall incident from the lift, stating, “The lift is not safe. That specific one, on one side it has metal and the other rubber to hold the straps in place.” R1 explained she was being lifted out of the recliner when “the thing let go, the rubber one and I started to fall.” When she fell, her hip “shattered in three different places.” During an interview on 8/4/26, at 1:33 p.m., NA-B stated she could not recall the date of R1’s fall incident from the lift but remembered the incident occurred around 2:00 p.m. NA-B stated the commode was placed next to the recliner, and she and NA-C brought the standing mechanical lift into R1’s room and placed the harness, “butt strap,” and leg strap around R1. NA-B described the lift as having two harness connection points, with a “black Styrofoam piece” serving as the safety piece on the left harness connection point and a metal safety piece on the right harness connection point. NA-B attached the harness to the right side of the lift, while NA-C attached the harness to the left side. NA-B explained, “We started to scoot back” away from the recliner when R1 asked to be raised higher in the lift. During the transfer, the harness detached from the “black Styrofoam piece” at the left harness connection point. R1 fell back onto the recliner and then slid from the recliner onto the floor. NA-B recalled, “It was so quick.” During a follow-up interview on 8/5/26, at 11:05 a.m., NA-B stated she remembered both safety pieces (rubber stopper and metal clip) were in place before she and NA-C began R1’s transfer on 7/24/26. However, the rubber safety piece had twisted outward and required adjustment before the transfer so NA-C repositioned the rubber safety piece. During an interview on 8/4/26, at 1:38 p.m., NA-C stated on 7/24/26, around 1:45 p.m., R1 requested to use the commode. NA-C and NA-B “hooked up” R1 with the harness, “butt strap,” and leg strap. NA-C operated the standing mechanical lift while NA-B positioned the commode, and both NAs verified the straps were attached and in place. According to NA-C, R1 commonly “leans back and sits on the straps” and “fidgets with the straps and pulls around her arms.” NA-C did not raise R1 high in the lift because R1 would complain of leg pain. She raised R1 just above the height of the recliner seat and began moving the lift away from the recliner. At that point, NA-C recalled one side of the			F0689			

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F0689 SS = G	Continued from page 3 harness straps “came up weirdly,” and R1 fell back onto the recliner and “bounced up.” During an interview on 8/4/26, at 2:43 p.m., registered nurse (RN)-A stated she went to R1's room immediately after R1 fell from the standing mechanical lift on 7/24/26 and began an investigation. RN-A observed a rubber stopper on the lift that was not holding tightly and estimated there was “maybe about one eighth of an inch gap” between the rubber stopper and the curlicue. RN-A believed the gap may have allowed the harness strap to slip through. During the investigation, staff reported that when transferring “bigger ladies,” the straps inside the curlicue could develop some slack. Following the incident, RN-A instructed the maintenance department to remove the rubber stoppers from all standing mechanical lifts and replace them with metal clips. RN-A also initiated audits of the standing mechanical lifts to ensure the metal clips were engaged and functioning according to the manufacturer’s instructions. On the lift involved in R1’s fall, the rubber stopper was replaced with a metal clip; however, the metal clip did not remain in place as designed, even after the arm of the lift was replaced. RN-A then removed the lift from resident use. RN-A reported maintenance performed monthly inspections of all lifts. The facility also provided annual mechanical-lift training during skills fairs and conducted random audits of staff performing lift transfers. The service history for the standing mechanical lift, serial number 220807, was provided by the maintenance director via email on 8/5/26. The history documented replacement of the Smart board on 1/2/20. The records provided did not document any other repairs, component replacements, or service work performed on the lift. Further, the records did not identify the use of a rubber stopper in place of the metal safety clip or an alternative equipment maintenance program specifically addressing the inspection, maintenance, and replacement of the safety features used to secure the harness straps to the lift, including the pigtails, rubber stoppers, and metal safety clips. During an interview on 8/4/26, at 3:02 p.m., maintenance (M)-A stated she completed maintenance inspections monthly on all lifts. M-A had completed the inspections in July, prior to the incident, which included making sure the stoppers were tight and snapped back in place securely on the machines. Some of the lifts had rubber stoppers and some had metal. After the incident, RN-A had M-A removed all the rubber stoppers and replaced			F0689			

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F0689 SS = G	Continued from page 4 them with metal clip stoppers. M-A reported she had not received any maintenance requests from staff regarding problems with the rubber stoppers or the metal clips. During a phone interview on 8/4/26, at 2:56 p.m., EZ Way lift company representative (REP)-A stated all standing mechanical lifts were required to have the stoppers attached. Staff should verify the harness straps were properly attached and the stoppers were in place before lifting a resident. REP-A indicated both rubber and metal stoppers were acceptable. REP-A stated that when there was tension on the harness straps while attached to the lift, it would be difficult for the harness to come off the machine. During a phone interview on 8/5/26, at 9:25 a.m., EZ Way REP-B stated the standing mechanical lift with serial number 220807 was purchased by the facility on 8/6/2012. REP-B stated the company estimated the lifespan of the lift to be 10 years, depending on how the lift was maintained, and would continue to support and service the lift for 10 years beyond the manufacturer's warranty. REP-B explained that rubber stoppers were an older style used by the company and had been phased out and replaced with metal clips on newer models; however, the company continued to supply rubber stoppers for older lifts. Rubber stoppers should not be cracked or torn and when functioning properly, should not swing or move. REP-B described the lift that require the rubber stopper- the rubber stopper functions like a "spring-loaded eraser". The rubber stopper should be secured to the lift with super glue and sit flush with the "curl of the pigtail" connection point. If the rubber stopper was not secured with glue, it could slide back out. REP-B further explained that when installing a metal safety clip, the clip must be properly threaded and secured through the designated openings; otherwise, the clip could bend. REP-B stated staff training included a 10-second pause before lifting to verify everything was properly connected and positioned. During a follow-up phone interview on 8/5/26, at 2:42 p.m., REP-B reviewed photographs of the standing mechanical lift involved in R1's fall incident, including the lift handle and rubber stopper. REP-B described the rubber stopper currently on the lift (not the one used during R1's fall) as severely disintegrated. REP-B also observed that the opening for the metal clip appeared worn. REP-B stated the manufacturer's instructions for lifts equipped with metal clips directed the use of the metal clips and rubber stoppers should not be			F0689			

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F0689 SS = G	Continued from page 5 applied if lifts came equipped with metal clips. During an interview on 8/5/26, at 3:15 p.m., RN-A stated the facility did not superglue the rubber stopper to the machine as “it was tight as it was”. During an interview on 8/5/26, at 2:31 p.m., M-A reported she had not replaced any rubber stoppers during the approximately 1.5 years she had been responsible for maintaining the lifts. M-A believed the rubber stopper may have been used instead of a metal clip because the opening was too large for the metal clip to remain in place. During an interview on 8/5/26, at 11:26 a.m., the DON stated the facility used the lift company’s competency checklist to train and evaluate staff on the use of mechanical lifts. Staff received training upon hire and annually during skills fairs. The DON also conducted random observations of staff performing mechanical lift transfers to assess competency and adherence to proper lift procedures. The standing mechanical lift Operators Instructions undated, informed staff the lift was designed to transfer weight bearing patients to and from a chair, wheelchair, toilet, or bed, and safely ambulating patients. All equipment must be maintained regularly by competent staff according to the maintenance checklist provided. Limited warranty on equipment included frame of machine for 10 years, components on machine for three years. Instructions on attaching patients to the machine included to stand beside patient with control in-hand. Verify the loops of the harness are hooked inside the “pigtail” at the end of stand and the safety catch is in place, blocking the strap from exiting through the pigtail. The undated EZ Way lift Operator’s Instructions Safety and Maintenance identified that the listed components and operating points were to be inspected at intervals not greater than six months. Any detected deficiency was to be rectified before the stand was put back into service. The instructions further identified that the safety tabs were to be checked to ensure they were in place. The undated EZ Way lift Service Manual identified part 16 as the “Safety Hook Spring.” The manual directed that the safety tabs be checked to ensure they were installed correctly and were not missing or torn. An illustration accompanying the instructions depicted a metal safety clip. The manual did not identify a rubber safety stopper as an alternative to the metal safety clip.			F0689			

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F0689 SS = G	Continued from page 6 The undated EZ Way Instructions for Installing Wire Safety Clips identified that needle-nose pliers were needed to install the safety clip. The instructions directed the padded arm to be fully raised for access and noted that one hole in the curly queue was lower than the other. One end of the safety clip was to be inserted into the lower hole first. Using needle-nose pliers, the other end of the clip was then to be pulled slightly outward and inserted into the upper hole. When properly installed, the safety clip should snap against the curly queue to prevent the harness loop from coming out. The facility Mechanical Lift policy dated 5/28/25, identified all direct care staff are trained on the use of mechanical lifting devices upon hire. Trained staff will be observed for competency and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques. Maintenance of lifts will be completed following a monthly maintenance schedule to ensure lifts are working appropriately and no evident repairs are needed. Incidents involving mechanical lift will be immediately investigated to determine if “neglect” occurred, document the cause for the equipment malfunction, if identifiable, and determine whether preventative maintenance had been completed on the lift and manufacturer’s recommendations were being followed. The facility implemented the following actions on 7/24/26 prior to the start of the survey: -Competency checklist for operating the mechanical lift and mechanical standing lift completed by nursing staff -Daily safety clip audit on all lifts implemented. -Removal of the mechanical standing lift from resident use. -Replaced all rubber stoppers on lifts with metal clips. -Re-education and competency testing for NA-B and NA-C immediately and audits on all NA’s during transfers.			F0689			

Minnesota Department of Health

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20000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 8/4/26, and 8/5/26, 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 The following complaints were reviewed during the survey: H52623529C (3110973). No orders were issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.			20000			

Office of Primary Care and Health Systems Management

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

Minnesota Department of Health

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20000	Continued from page 1 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			