Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 2, 2025

Administrator
OLIVIA RESTORATIVE CARE CENTER
1003 WEST MAPLE AVENUE
OLIVIA, MN 56277

RE: CCN: 245290

Cycle Start Date: July 10, 2025

Dear Administrator:

On August 26, 2025, we notified you a remedy was imposed. The Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of September 5, 2025.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective September 9, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of August 26, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 9, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on September 5, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement

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

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December 2, 2025

Administrator
OLIVIA RESTORATIVE CARE CENTER

1003 WEST MAPLE AVENUE
OLIVIA, MN 56277

Re: Reinspection Results
Event ID: 1D429A-H2

Dear Administrator:

On September 8, 2025 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 20, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

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

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August 26, 2025

Administrator
OLIVIA RESTORATIVE CARE CENTER
1003 WEST MAPLE AVENUE
OLIVIA, MN 56277

RE: CCN: 245290
Cycle Start Date: July 10, 2025

Dear Administrator:

On July 25, 2025, we informed you that we may impose enforcement remedies.

On August 20, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance.

The most serious deficiencies in your facility were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

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(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 9, 2025.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 9, 2025. They will also

notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 9, 2025.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

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.

If you have not achieved substantial compliance by September 9, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, OLIVIA RESTORATIVE CARE CENTER will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from September 9, 2025. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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

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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

tamika.brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or

internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to tamika.brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR)
In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: https://forms.web.health.state.mn.us/form/NHDisputeResolution
This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.
A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You

may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:
https://forms.web.health.state.mn.us/form/NHDisputeResolution

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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Electronically delivered

August 26, 2025

Administrator
OLIVIA RESTORATIVE CARE CENTER
1003 WEST MAPLE AVENUE
OLIVIA, MN 56277

Re: State Nursing Home Licensing Orders

Event ID: 1D429A-H1

Dear Administrator:

The above facility was surveyed on August 20, 2025, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

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

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

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

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

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

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

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Health Regulation Division

Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVIA RESTORATIVE CARE CENTER	**1003 WEST MAPLE AVENUE , OLIVIA, Minnesota, 56277**

(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 8/14/25, 8/15/25, 8/19/25, and 8/20/25, an 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. The following complaint was reviewed: H52902280C (2589894, 2589907 and 2588221) and H52902222 (2588430). An incidental finding was discovered and cited at F760. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F0000		08/26/2025
F0760 SS = G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is NOT MET as evidenced by: Based on interview, and document review, the facility failed to correctly transcribe medication orders according to physician instructions, for 2 of 4 (R10 and R11) residents reviewed for transcription of orders. This error resulted in R10 missing four doses of her long- acting insulin that led to her re hospitalization to intensive care units (ICU) due to diabetic ketoacidosis (DKA), a serious complication of diabetes.	F0760	Immediate action(s) taken for the resident(s) found to have been affected include: Education given to the staff members who transcribed the orders resulting in the missing medication. NP/MD were notified of the medication errors. DON reviewed the medication order policy with staff who were identified as transcribing medication errors. Facility reviewed recent admissions back to 8-1-25. NP/MD was notified of errors when found Policies reviewed were medication transcriptions and the medication administration policy. Identification of other residents having the potential to be affected was accomplished by:	09/05/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER: OLIVIA RESTORATIVE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 1003 WEST MAPLE AVENUE , OLIVIA, Minnesota, 56277		

(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
F0760 SS = G	Continued from page 1 Findings include: R10’s face sheet, undated, identified she was admitted to the facility on 7/7/25 with diagnoses of type one diabetes (dependent on insulin to control blood sugars). R10's hospital discharge summary dated 8/14/25, indicated R10 was admitted to ICU on 8/11/25, for DKA and septic shock from a urinary tract infection (UTI). R10's insulin regime was readjusted at discharge. R10’s hospital discharge orders dated 8/14/25, indicated to inject subcutaneously (SQ) 25 units of insulin glargine (Lantus)100 units/milliliter, every evening. R10’s electronic medical record (eMAR), dated for August 2025, identified the following orders: -8/1/25 thru 8/14/25 Lantus (insulin glargine) Solostar inject 20 units SQ in the morning. R10’s eMAR lacked any order for Lantus 25 units every evening at bedtime, upon R10's return from the hospital to the facility on 8/14/25. R10’s physician orders included the following: -check blood sugar five times daily at 8:00 a.m., 11:00 a.m., 4:30 p.m., 7:00 p.m. and 10:00 p.m., start date 7/7/25, Novolog (fast-acting insulin) scheduled as followed: -4 unit at 8:00 a.m., start date 8/1/25 -9 units at 12:00 p.m. and 5:00 p.m., start date 8/1/25 Novolog sliding scale, dated 8/1/25, five four times daily at 8:00 a.m., 12:00 p.m., 5:00 p.m., and 9:00 p.m. -If blood sugar (bs) 191-220 give 2 units (u) SQ, -If bs 221-250 give 3units SQ, -If bs 251-280 give 4units SQ, -If bs 281-310 give 5units SQ, -If bs 311-340 give 6units SQ, -If bs 341-700 give 7units SQ, call physician with	F0760	Continued from page 1 The facility has determined that all residents are at risk for transcription errors. Actions taken/systems put into place to reduce the risk of future occurrence include: Nursing licensed staff responsible for transcribing orders will be educated on how to process all medication orders. Nursing licensed staff received education on the process of admission/re-admission by DON electronically with a video and test sent out on 8-26-25. The video will be completed by all licensed staff and TMAs during orientation process. Process for admission/re-admission orders will be reviewed and to print out “Order Summary Report” after first staff member transcribes all the orders. The 2nd check orders will have one staff member reading the Admission/Re-admission orders and second staff member assuring orders are located on the PCC “Order Summary Report”. Licensed nursing staff members are to make phone calls to discharging hospital for clarification on medications of concern. Procedure for medication delivery was reviewed. Medications delivered from pharmacy should be verified on admission/re-admission facility has orders for the medication will need to be implemented into process. Licensed nursing staff members are to make phone calls to discharging hospital for clarification on missing medications or medications without orders. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The DON will complete audits on new random orders to assure medications are transcribed accurately daily for one week, then weekly for the next 4 weeks; then monthly x2; and then PRN. Audit records will be reviewed by the Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVIA RESTORATIVE CARE CENTER	**1003 WEST MAPLE AVENUE , OLIVIA, Minnesota, 56277**

(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
F0760 SS = G	Continued from page 2 blood sugar over 400 mg/dl. Novolog 4 units one time dose, dated 8/15/25 at 11:00 p.m. R10's eMAR blood sugars and Novolog insulin administration reviewed from 8/14/25 through 8/18/25, identified the following: 8/14/25 at 4:30 p.m., blood sugar was 308 mg/deciliter (dl), received scheduled 9 units, plus sliding scale 5 units of Novolog, 8/14/25 at 7:00 p.m., blood sugar was 222 mg/dl, received no sliding scale insulin, 8/14/25 at 10:00 p.m., blood sugar was 186 mg/dl, received no sliding scale insulin, there was no indication the 25 unit insulin glargine was given. 8/15/25 at 8:00 a.m., blood sugar was 394 mg/dl, received scheduled 4 units and 7 units of sliding scale Novolog, 8/15/25 at 11:00 a.m., blood sugar was 419 mg/dl, received scheduled 9 units and 7 units of sliding scale Novolog, 8/15/25 at 4:30 p.m., blood sugar was 574 mg/dl, received schedules 9 units and 7 units of sliding scale Novolog, physician notified at 5:41 pm of elevated blood sugar, 8/15/25 at 7:00 p.m., blood sugar was 395 mg/dl, received no sliding scale insulin, 8/15/25 as 10:00 p.m., blood sugar was 293 mg/dl, received no sliding scale insulin, there was no indication the 25 unit insulin glargine was given. 8/16/25 at 8:00 a.m., blood sugar was 313 mg/dl, received scheduled 4 units and 6 units of sliding scale Novolog 8/16/25 at 11:00 a.m., blood sugar was 542 mg/dl, received scheduled 9 units and 7 units of sliding scale Novolog, 8/16/25 at 4:30 p.m., blood sugar was 389 mg/dl, received scheduled 9 units and 7 units of sliding scale Novolog,	F0760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

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F0760 SS = G	Continued from page 3 8/16/25 at 7:00 p.m., blood sugar was 279 mg/dl, received no sliding scale insulin, 8/16/25 at 10:00 p.m., blood sugar was 260 mg/dl, received 4 units of sliding scale Novolog, there was no indication the 25 unit insulin glargine was given. 8/17/25 at 8:00 a.m. blood sugar was 355 mg/dl, received scheduled 4 units and 7 units of sliding scale Novolog, 8/17/25 at 11:00 a.m., blood sugar was 185 mg/dl, received scheduled 9 units and no sliding scale Novolog, 8/17/25 at 4:30 p.m., blood sugar was 225 mg/dl, received scheduled 9 units and no sliding scale Novolog, 8/17/25 at 7:00 p.m., blood sugar was 248 mg/dl, received no sliding scale Novolog, 8/17/25 at 10:00 p.m. blood sugar was 346 mg/dl, received 7 units of sliding scale Novolog. there was no indication the 25 units insulin glargine was given. R10’s progress notes identified the following: -8/14/25 at 10:11 p.m., criteria not met for sliding scale, -8/15/25 at 7:20 a.m., R10 HS blood sugar was 186 mg/dl and at 3:00 a.m. was 319. Record lacked any intervention for BS of 319. -8/15/25 at 5:41 p.m. phone call to nurse practitioner (NP)-A, R10’s blood sugar was 574 and given 9 scheduled and 7 units per sliding scale. R10 asymptomatic. -8/15/25 at 10:10 p.m., R10’s blood sugar was “HI”, phone call to provider and R10 was administered 7 units per sliding scale plus 4 extra units per order. there was no indication the 25 unit insulin glargine was given. -8/17/25 at 6:53 a.m., R10 blood sugar was high most of the night, pushed water with effectiveness. R10 is alert and no hyperglycemia symptoms. -8/18/25 at 6:05 a.m. R10 was lethargic due to “Hi” blood glucose, with blood pressure (b/p) of 86/42, temperature (t)of 101.2, respirations (R) of 22, pulse (p) of 78 and oxygen saturations (O2 sat).	F0760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

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OLIVIA RESTORATIVE CARE CENTER	**1003 WEST MAPLE AVENUE , OLIVIA, Minnesota, 56277**

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F0760 SS = G	Continued from page 4	F0760		

Continued from page 4

During an interview on 8/19/25 at 2:40 p.m., RN-H indicated she had miss read the orders as “discontinue medications” instead of “discharge medications”. RN-H remembered talking to LPN-E about the hospital sending R10 back without any long-acting insulin, but did not call the physician for verification of the orders.

During an interview on 8/20/25 at 9:35 a.m., LPN-C indicated she questioned R10’s lack of order for long-acting insulin but did not call for verification of order.

During an interview on 8/20/25 at 10:30 a.m., LPN-D indicated she had questioned why R10 did not have long-acting insulin but did not call for verification.

During an interview on 8/19/25 at 5:35 p.m., NP-A, indicated was not made aware of the omission of R10’s long-acting insulin and the missed doses led to her re-admission to the ICU with DKA.

R11

R11’s face sheet indicated R11 was admitted to the facility on 8/15/25, with the following diagnoses end stage renal disease, on dialysis, atrial fibrillation, type 2 diabetes, and chronic obstructive pulmonary disease.

R11’s hospital discharge orders dated 8/15/25, included the following:

-cinacalcet (Sensipar-medication used to help manage parathyroid and calcium disorders) 0-180 milligrams (mg) by mouth on Monday, Wednesday, and Friday,

-metoprolol (medication used to treat conditions affecting the heart rate and blood pressure) 50 mg (three tabs) daily,

-Stiolto (an inhalation spray used to manage symptoms of COPD) 2 puffs daily,

-calcium acetate 667 mg (medication used to help manage high phosphate level in patient undergoing dialysis) take three capsules three times daily at mealtime,

-famotidine (medication used to reduce stomach acid) 20 mg by mouth every other day.

R11’s eMAR date 8/15/25 to 8/19/25 indicated the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVIA RESTORATIVE CARE CENTER	1003 WEST MAPLE AVENUE , OLIVIA, Minnesota, 56277

(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
F0760 SS = G	Continued from page 5 following: -Cinacalcet 90 mg daily Monday, Wednesday and Friday, the admission order was not clarified to read how much to take, received one dose of this order, -Metoprolol 50 mg daily, 100 mg less than ordered dose, received four doses of this order, -Stiolto 1 puff daily, 1 puff less than ordered, received 4 doses of this order, -Calcium acetate 667mg instead of 2,001 mg total before meals as the physician ordered. -Famotidine was not found listed on the eMAR, even though R11 had an order for this medication. During an interview with DON on 8/19/25 at 2:25 p.m. and subsequent interview at 4:25 p.m., DON indicated it was her expectation that all medication orders are transcribed correctly for the correct medication, dose, route, and time and all orders double checked per facility policy by two different nurses. DON further stated that she put in the orders and LPN-C had double checked but neither of them had caught the five medication omission errors. During an interview on 8/20/25 at 9:35 a.m., LPN-C stated she had double checked R11'd admission orders and did not see the medication errors. During an interview on 8/19/25 at 5:35 p.m., NP-A was made aware of these medication errors during his visit add today (8/19/25) DON. He reviewed R11's the medication list with the director of nursing (DON) for accuracy and changed to medications to read as per physician hospital discharge orders dated 8/15/25. NP-A stated R11 was to have dialysis the following day and they would check his lab for calcium and phosphate levels as R10 did not receive the correct amount of calcium acetate for 8 doses. NP-A further stated it was his expectation that staff transcribed and verify medication orders as written by physician and if questions contact NP-A or MD for clarification. Review of facility undated procedure titled "MD order process" was reviewed and identified the following: 2. enter order with diagnoses/indication in electronic health record 10. Sign and date order	F0760		

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F0760 SS = G	Continued from page 6 11. Put in SECOND CHECK BOX for second nurse to double check 14. Second nurse signs and dates order 15. put in scan bin for health unit coordinator. Review of facility undated policy titled " Medication Orders" indicated the following: 3. Elements of the medication order: b. name of medication, c. dose of medication e. time or frequency of administration g. route of administration i. hour of administration 4. Documentation of Medication Orders: a. each medication order should be documented with the date, time, and signature of the person receiving the order. The order should be recorded on the physician order sheet, and the medication administration record (MAR). b. clarify the order f. transcribe newly prescribed medications on the MAR, ensure the order is in the electronic MAR correctly.	F0760		

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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 8/14/25, 8/15/25, 8/19/25 and 8/20/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	20000		08/26/2025

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

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/20/2025

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20000	Continued from page 1 The following complaints were reviewed: H52902280C (2589894, 2589907 and 2588221) and H52902222 (2588430) with an incidental licensing order issued at 1320/21545. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at 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. 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.	20000		
21545	Medication Errors CFR(s): MN Rule 4658.1320 A.B.C A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m),	21545	See Epoc 760 for corrected plan.	09/05/2025

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21545	Continued from page 2 found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications. B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, and document review, the facility failed to correctly transcribe medication orders according to physician instructions, for 2 of 4 (R10 and R11) residents reviewed for transcription of orders. This error resulted in R10 missing four doses of her long- acting insulin that led to her re hospitalization to intensive care units (ICU) due to diabetic ketoacidosis (DKA), a serious complication of diabetes. Findings include:	21545		

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NAME OF PROVIDER OR SUPPLIER **OLIVIA RESTORATIVE CARE CENTER**		STREET ADDRESS, CITY, STATE, ZIP CODE **1003 WEST MAPLE AVENUE , OLIVIA, Minnesota, 56277**	

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21545	Continued from page 3 R10’s face sheet, undated, identified she was admitted to the facility on 7/7/25 with diagnoses of type one diabetes (dependent on insulin to control blood sugars). R10's hospital discharge summary dated 8/14/25, indicated R10 was admitted to ICU on 8/11/25, for DKA and septic shock from a urinary tract infection (UTI). R10's insulin regime was readjusted at discharge. R10’s hospital discharge orders dated 8/14/25, indicated to inject subcutaneously (SQ) 25 units of insulin glargine (Lantus)100 units/milliliter, every evening. R10’s electronic medical record (eMAR), dated for August 2025, identified the following orders: -8/1/25 thru 8/14/25 Lantus (insulin glargine) Solostar inject 20 units SQ in the morning. R10’s eMAR lacked any order for Lantus 25 units every evening at bedtime, upon R10's return from the hospital to the facility on 8/14/25. R10’s physician orders included the following: -check blood sugar five times daily at 8:00 a.m., 11:00 a.m., 4:30 p.m., 7:00 p.m. and 10:00 p.m., start date 7/7/25, Novolog (fast-acting insulin) scheduled as followed: -4 unit at 8:00 a.m., start date 8/1/25 -9 units at 12:00 p.m. and 5:00 p.m., start date 8/1/25 Novolog sliding scale, dated 8/1/25, five four times daily at 8:00 a.m., 12:00 p.m., 5:00 p.m., and 9:00 p.m. -If blood sugar (bs) 191-220 give 2 units (u) SQ, -If bs 221-250 give 3units SQ, -If bs 251-280 give 4units SQ, -If bs 281-310 give 5units SQ, -If bs 311-340 give 6units SQ, -If bs 341-700 give 7units SQ, call physician with blood sugar over 400 mg/dl.	21545		

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21545	Continued from page 4 Novolog 4 units one time dose, dated 8/15/25 at 11:00 p.m. R10's eMAR blood sugars and Novolog insulin administration reviewed from 8/14/25 through 8/18/25, identified the following: 8/14/25 at 4:30 p.m., blood sugar was 308 mg/deciliter (dl), received scheduled 9 units, plus sliding scale 5 units of Novolog, 8/14/25 at 7:00 p.m., blood sugar was 222 mg/dl, received no sliding scale insulin, 8/14/25 at 10:00 p.m., blood sugar was 186 mg/dl, received no sliding scale insulin, there was no indication the 25 unit insulin glargine was given. 8/15/25 at 8:00 a.m., blood sugar was 394 mg/dl, received scheduled 4 units and 7 units of sliding scale Novolog, 8/15/25 at 11:00 a.m., blood sugar was 419 mg/dl, received scheduled 9 units and 7 units of sliding scale Novolog, 8/15/25 at 4:30 p.m., blood sugar was 574 mg/dl, received schedules 9 units and 7 units of sliding scale Novolog, physician notified at 5:41 pm of elevated blood sugar, 8/15/25 at 7:00 p.m., blood sugar was 395 mg/dl, received no sliding scale insulin, 8/15/25 as 10:00 p.m., blood sugar was 293 mg/dl, received no sliding scale insulin, there was no indication the 25 unit insulin glargine was given. 8/16/25 at 8:00 a.m., blood sugar was 313 mg/dl, received scheduled 4 units and 6 units of sliding scale Novolog 8/16/25 at 11:00 a.m., blood sugar was 542 mg/dl, received scheduled 9 units and 7 units of sliding scale Novolog, 8/16/25 at 4:30 p.m., blood sugar was 389 mg/dl, received scheduled 9 units and 7 units of sliding scale Novolog, 8/16/25 at 7:00 p.m., blood sugar was 279 mg/dl, received no sliding scale insulin,	21545		

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21545	Continued from page 5 8/16/25 at 10:00 p.m., blood sugar was 260 mg/dl, received 4 units of sliding scale Novolog, there was no indication the 25 unit insulin glargine was given. 8/17/25 at 8:00 a.m. blood sugar was 355 mg/dl, received scheduled 4 units and 7 units of sliding scale Novolog, 8/17/25 at 11:00 a.m., blood sugar was 185 mg/dl, received scheduled 9 units and no sliding scale Novolog, 8/17/25 at 4:30 p.m., blood sugar was 225 mg/dl, received scheduled 9 units and no sliding scale Novolog, 8/17/25 at 7:00 p.m., blood sugar was 248 mg/dl, received no sliding scale Novolog, 8/17/25 at 10:00 p.m. blood sugar was 346 mg/dl, received 7 units of sliding scale Novolog. there was no indication the 25 units insulin glargine was given. R10’s progress notes identified the following: -8/14/25 at 10:11 p.m., criteria not met for sliding scale, -8/15/25 at 7:20 a.m., R10 HS blood sugar was 186 mg/dl and at 3:00 a.m. was 319. Record lacked any intervention for BS of 319. -8/15/25 at 5:41 p.m. phone call to nurse practitioner (NP)-A, R10’s blood sugar was 574 and given 9 scheduled and 7 units per sliding scale. R10 asymptomatic. -8/15/25 at 10:10 p.m., R10’s blood sugar was “HI”, phone call to provider and R10 was administered 7 units per sliding scale plus 4 extra units per order. there was no indication the 25 unit insulin glargine was given. -8/17/25 at 6:53 a.m., R10 blood sugar was high most of the night, pushed water with effectiveness. R10 is alert and no hyperglycemia symptoms. -8/18/25 at 6:05 a.m. R10 was lethargic due to “Hi” blood glucose, with blood pressure (b/p) of 86/42, temperature (t)of 101.2, respirations (R) of 22, pulse (p) of 78 and oxygen saturations (O2 sat). During an interview on 8/19/25 at 2:40 p.m., RN-H	21545		

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21545		21545		

Continued from page 6

indicated she had miss read the orders as “discontinue medications” instead of “discharge medications”. RN-H remembered talking to LPN-E about the hospital sending R10 back without any long-acting insulin, but did not call the physician for verification of the orders.

During an interview on 8/20/25 at 9:35 a.m., LPN-C indicated she questioned R10’s lack of order for long-acting insulin but did not call for verification of order.

During an interview on 8/20/25 at 10:30 a.m., LPN-D indicated she had questioned why R10 did not have long-acting insulin but did not call for verification.

During an interview on 8/19/25 at 5:35 p.m., NP-A, indicated was not made aware of the omission of R10’s long-acting insulin and the missed doses led to her re-admission to the ICU with DKA.

R11

R11’s face sheet indicated R11 was admitted to the facility on 8/15/25, with the following diagnoses end stage renal disease, on dialysis, atrial fibrillation, type 2 diabetes, and chronic obstructive pulmonary disease.

R11’s hospital discharge orders dated 8/15/25, included the following:

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-Stiolto (an inhalation spray used to manage symptoms of COPD) 2 puffs daily,

-calcium acetate 667 mg (medication used to help manage high phosphate level in patient undergoing dialysis) take three capsules three times daily at mealtime,

-famotidine (medication used to reduce stomach acid) 20 mg by mouth every other day.

R11’s eMAR date 8/15/25 to 8/19/25 indicated the following:

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21545	Continued from page 7 -Cinacalcet 90 mg daily Monday, Wednesday and Friday, the admission order was not clarified to read how much to take, received one dose of this order, -Metoprolol 50 mg daily, 100 mg less than ordered dose, received four doses of this order, -Stiolto 1 puff daily, 1 puff less than ordered, received 4 doses of this order, -Calcium acetate 667mg instead of 2,001 mg total before meals as the physician ordered. -Famotidine was not found listed on the eMAR, even though R11 had an order for this medication. During an interview with DON on 8/19/25 at 2:25 p.m. and subsequent interview at 4:25 p.m., DON indicated it was her expectation that all medication orders are transcribed correctly for the correct medication, dose, route, and time and all orders double checked per facility policy by two different nurses. DON further stated that she put in the orders and LPN-C had double checked but neither of them had caught the five medication omission errors. During an interview on 8/20/25 at 9:35 a.m., LPN-C stated she had double checked R11'd admission orders and did not see the medication errors. During an interview on 8/19/25 at 5:35 p.m., NP-A was made aware of these medication errors during his visit add today (8/19/25) DON. He reviewed R11's the medication list with the director of nursing (DON) for accuracy and changed to medications to read as per physician hospital discharge orders dated 8/15/25. NP-A stated R11 was to have dialysis the following day and they would check his lab for calcium and phosphate levels as R10 did not receive the correct amount of calcium acetate for 8 doses. NP-A further stated it was his expectation that staff transcribed and verify medication orders as written by physician and if questions contact NP-A or MD for clarification. Review of facility undated procedure titled "MD order process" was reviewed and identified the following: 2. enter order with diagnoses/indication in electronic health record 10. Sign and date order 11. Put in SECOND CHECK BOX for second nurse to double check	21545		

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21545	Continued from page 8	21545		

14. Second nurse signs and dates order

15. put in scan bin for health unit coordinator.

Review of facility undated policy titled " Medication Orders" indicated the following:

3. Elements of the medication order:

b. name of medication,

c. dose of medication

e. time or frequency of administration

g. route of administration

i. hour of administration

4. Documentation of Medication Orders:

a. each medication order should be documented with the date, time, and signature of the person receiving the order. The order should be recorded on the physician order sheet, and the medication administration record (MAR).

b. clarify the order

f. transcribe newly prescribed medications on the MAR, ensure the order is in the electronic MAR correctly.

SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to medication errors. The DON or designee could educate staff to ensure medications are correctly administered which may include but is not limited to the need for verifying orders and accurately transcribing. The DON or designee should review processes to ensure the pharmacist begins or maintains appropriate oversight of the medication administration process. The DON or designee could develop a system to verify compliance, such as auditing medication administration and or medical records for specific amount of days x 3, then weekly x 4, then monthly x 6, to gather appropriate data to ensure staff have corrected the concern or if further education would be required. Results of any actions and/or audits should be taken to the QAPI committee to determine compliance or the need for continued monitoring.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVIA RESTORATIVE CARE CENTER	**1003 WEST MAPLE AVENUE , OLIVIA, Minnesota, 56277**

(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
21545	Continued from page 9 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21545		