



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 11, 2025

Administrator
Cura Of Sauk Centre
425 N Elm Street
Sauk Centre, MN 56378

RE: CCN: 245341
Cycle Start Date: January 29, 2025

Dear Administrator:

On January 29, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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

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

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

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

DEPARTMENT CONTACT

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

Terri Ament, Regional Operations Supervisor, Rapid Response

Health Regulation Division

Minnesota Department of Health

Duluth Technology Village

11 East Superior Street, Suite 290

Duluth, Minnesota 55802-2007

Email: teresa.ament@state.mn.us

Office: (218) 302-6151 Mobile: (218) 766-2720

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

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

If substantial compliance with the regulations is not verified by April 29, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by July 29, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

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

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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

Cura Of Sauk Centre

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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,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/29/2025
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NAME OF PROVIDER OR SUPPLIER CURA OF SAUK CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 425 N ELM STREET SAUK CENTRE, MN 56378
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>On 1/29/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed H53415544C (MN00109928) with a deficiency cited at F776.</p> <p>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.</p> <p>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.</p>	F 000		
F 776 SS=E	<p>Radiology/Other Diagnostic Services CFR(s): 483.50(b)(1)(i)(ii)</p> <p>§483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter. (ii) If the facility does not provide its own</p>	F 776		2/21/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/20/2025
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 776	<p>Continued From page 1</p> <p>diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to provide timely results of x-rays services for 3 of 3 residents (R1, R2, R3) reviewed for timely diagnostic services.</p> <p>Findings include:</p> <p>R1's significant change Minimum Data Set (MDS) dated 12/12/24, indicated R1 had diagnosis of Alzheimer's disease. R1's MDS indicated R1 had severe cognitive impairment with memory loss and a history of falls.</p> <p>R1's care plan dated 12/10/24, indicated R1 had a history of falls.</p> <p>On 1/7/25 at 4:46 a.m., a progress note indicated R1 had an unwitnessed fall with a 1.5 centimeter (cm) x 1.5 cm laceration noted to the left side of her head.</p> <p>On 1/8/25 at 9:41 a.m., a progress note indicated R1 had swelling to her left forearm. R1 was observed to use her left hand less than usual.</p> <p>On 1/9/25 at 5:23 p.m., a progress note indicated R1 had a bruise on her left arm around the elbow measuring 5.5 x 9.7cm x 9.7cm. R1 denied pain, and was able to complete range of motion (ROM).</p> <p>On 1/9/25 at 6:05 p.m., a progress note indicated the on-call provider was contacted, and an x-ray</p>	F 776	<p>Step 1: How will you correct the alleged deficiency for the resident(s) affected by the violation?</p> <p>As noted at the time of the survey imaging results though delayed had been obtained for R1, R2 and R3. A review of their medical records confirm that all required communications and follow-up actions have been completed.</p> <p>Step 2: How will you identify other residents who may have been impacted by the same deficiency practice?</p> <p>An audit will be conducted of all residents who have had x-ray services performed in the past 30 days to identify any other cases where results were delayed. This audit will focus on ensuring timely communication of diagnostic results.</p> <p>Step 3: What systematic change will you put in place to prevent the deficiency from reoccurring?</p> <p>Staff will receive education on the importance of timely communication regarding x-ray imaging results, including understanding the procedures for tracking and ensuring that results are promptly available to the clinical team. The clinical team will follow-up on x-ray imaging results and incorporate a tracking mechanism for results to ensure x-ray imaging results have been reviewed in</p>	

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F 776	<p>Continued From page 2 was ordered to be completed 1/10/25.</p> <p>On 1/9/25, a Physician's Order directed R1 to have an elbow x-ray.</p> <p>On 1/10/25 at 3:55 p.m., a progress note indicated R1's x-ray was completed at 1:30 p.m., with her daughter present.</p> <p>On 1/15/25 at 4:10 p.m., a progress note indicated R1 had increased swelling over the past two days. The clinic was called requesting the provider to review x-ray results. The clinic nurse informed registered nurse (RN)-A it might take up to two weeks to get the x-ray results.</p> <p>On 1/15/25 at 4:33 p.m., a progress note indicated R1's medical doctor (MD)-A personally reviewed R1's x-ray and recommended evaluation in the emergency room (ER).</p> <p>On 1/15/25 an After Visit Summary indicated R1 had diagnoses of closed fracture dislocation of left elbow, and closed displaced fracture of medial epicondyle of left humerus (bony prominence located on inner side of the elbow joint).</p> <p>On 1/29/25 at 9:20 a.m., registered nurse (RN)-A stated it took the facility five days to receive R1's x-ray results. R1 had increased swelling on 1/14/25 and 1/15/25. She called the clinic on 1/13/25, 1/14/25 and 1/15/25 requesting x-ray results. R1's physician looked at the x-ray himself on 1/15/25 and sent her to the ER due to a fracture to the left elbow, indicated by the x-ray.</p> <p>R2's significant change MDS dated 12/19/24 indicated R2 had a diagnosis of non-traumatic</p>	F 776	<p>timely manner.</p> <p>Step 4: How will the facility monitor its corrective actions to ensure that the violation(s) are being corrected and will not recur? The Director of Nursing and/or designee will conduct weekly audits of all x-ray services performed to monitor the timely reporting and follow-up of x-ray imaging results. Audits will be conducted weekly until the next quarterly Quality Assurance and Performance Improvement Committee for further analysis and action.</p> <p>Step 5: What date will the corrective actions be completed? Corrective actions will be completed by February 21st, 2025</p>	

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F 776	<p>Continued From page 3 brain dysfunction and dementia.</p> <p>On 1/16/25 at 5:42 p.m., a progress note indicated MD-A ordered an x-ray of R2's right foot, and the x-ray was completed.</p> <p>On 1/21/25 at 1:55 p.m., a progress note indicated MD-A reviewed R2's foot x-ray and did not see any fracture.</p> <p>On 1/22/25, a Final Result Report indicated R2's x-ray of the foot indicated no definitive findings to explain symptoms.</p> <p>R3's significant change MDS dated 11/26/24 indicated R3 had diagnoses of debility, heart failure and respiratory failure.</p> <p>On 11/21/24 at 11:49 a.m., a progress note indicated MD-A ordered a chest x-ray for R3 following a clinic visit.</p> <p>On 12/2/24, a Final Result Report for R3's chest x-ray indicated R3 had cardiomegaly (enlarged heart), central vascular congestion, a large left pleural effusion (buildup of fluid between the tissues that line the chest), negative for pneumothorax (a condition where air leaks into the space between the lungs and chest wall), and calcified arteries.</p> <p>On 1/29/25 at 1:35 p.m., the assistant director of nursing (ADON) stated she did not find it acceptable to wait five days for x-ray results.</p> <p>On 1/29/25 at 2:00 p.m., the director of nursing (DON) stated she was told x-ray readings were delayed due to a shortage of radiologists. She expected to have x-rays read within 24 hours.</p>	F 776		

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F 776	<p>Continued From page 4</p> <p>On 1/29/25 at 2:33 p.m., the administrator stated the facility should have been made aware of R1's fracture within a couple of hours. The timeframe for x-ray results should be communicated to the facility.</p> <p>On 1/29/25 at 3:27 p.m., MD-A stated R1's x-ray was ordered by another provider in his absence on 1/9/25. He looked at the x-ray himself on 1/15/25 and observed a fracture. R1's x-ray from 1/10/25 was not formally read by radiology until 1/19/25. R2's foot x-ray was not read in a timely fashion. R2's x-ray was ordered on 1/16/25 and formal results were not available until 1/23/25. R3's chest x-ray was ordered on 11/21/25 and formal results were not available until 11/30/24. MD-A stated it is not unusual to wait 7-10 days for x-ray reports, which is "not ideal."</p> <p>On 1/30/25 at 9:19 a.m., the director of regional hospital imaging department (DOR) stated he did not think there was formal process for the expectation of time for providing x-ray results. The delay was due to staffing shortages. General x-ray results were taking 5-7 days to review, unless they were marked STAT (immediate). The ordering provider should be looking at the images after they were completed, and they should not be waiting for the radiologist to provide their findings.</p> <p>On 1/30/25 at 1:50 p.m., via email, the DON stated the facility did not have a diagnostic testing policy via email.</p> <p>A facility document Contract for Radiology Services dated 1/18 directed to complete medical records in a timely and legible fashion.</p>	F 776		

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 11, 2025

Administrator
Cura Of Sauk Centre
425 N Elm Street
Sauk Centre, MN 56378

Re: Event ID: MGKM11

Dear Administrator:

The above facility survey was completed on January 29, 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 'Kamala Fiske-Downing'.

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00640	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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NAME OF PROVIDER OR SUPPLIER CURA OF SAUK CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 425 N ELM STREET SAUK CENTRE, MN 56378
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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: On 1/29/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were reviewed: H# H53415544C (MN00109928). NO licensing</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/20/25
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00640	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2025
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2 000	<p>Continued From page 1</p> <p>orders were issued.</p> <p>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.</p>	2 000		