DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 31, 2025

Administrator
Meeker Manor Rehabilitation Center, LLC
600 SOUTH DAVIS AVENUE
LITCHFIELD, MN 55355

RE: CCN: 245361
Cycle Start Date: November 20, 2025

Dear Administrator:

On November 25, 2025, we notified you a remedy was imposed. On December 3, and December 10, 2025 the Minnesota Departments of Health 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 December 3, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective February 20, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter of November 25, 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 February 20, 2026 due to denial of payment for new admissions. Since your facility attained substantial compliance on December 3, 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 Therefore, the NATCEP prohibition is rescinded.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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 31, 2025

Administrator
Meeker Manor Rehabilitation Center, LLC

600 SOUTH DAVIS AVENUE
LITCHFIELD, MN 55355

Re: Reinspection Results
Event ID: 1D66CE-H2

Dear Administrator:

On December 10, 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 November 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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 20, 2025

Administrator
Meeker Manor Rehabilitation Center, LLC

600 SOUTH DAVIS AVENUE
LITCHFIELD, MN 55355

RE: CCN:245361
Cycle Start Date: November 20, 2025

Dear Administrator:

On November 20, 2025, a survey was completed at your facility by the Minnesota Departments 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 no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), 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:

Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 February 3, 2026 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by May 3, 2026(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

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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 20, 2025

Administrator
Meeker Manor Rehabilitation Center, LLC
600 SOUTH DAVIS AVENUE
LITCHFIELD, MN 55355

Re: State Nursing Home Licensing Orders
Event ID: 1D66CE

Dear Administrator:

The above facility survey was completed on November 20, 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 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:

Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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

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 **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
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 9/10/25, 9/11/25, and 9/15/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with 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		

Office of Primary Care and Health Systems Management

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20000	Continued from page 1 The following complaints were reviewed: H53614080C (2611758 and 2611962) and H53613440C (2604858) with a licensing order issued at 0800. 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 https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html. 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		
20800	Nursing Personnel; Staffing requirements CFR(s): MN Rule 4658.0510 Subp. 1 Subpart 1. Staffing requirements. A nursing home must have on duty at all times a sufficient number of qualified nursing personnel, including registered nurses, licensed practical nurses, and nursing assistants to meet the needs of the residents at all nurses' stations, on all floors, and in all buildings	20800	corrected	12/02/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 2 if more than one building is involved. This includes relief duty, weekends, and vacation replacements. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and document review, the facility failed to provide sufficient staffing to ensure residents received the care and assistance they needed in a timely manner for 3 of 4 residents (R1, R2, R4) reviewed for staffing. Findings include: R1 R1's Minimum Data Set (MDS) admission assessment dated 9/5/25, identified R1 had intact cognition, no rejection of cares, and no behaviors. R1 required staff assist with dressing, bed mobility, transfers, and toileting. R1 was frequently incontinent of bowel and urine and had pain almost constantly and received scheduled and as needed pain medication. R1's diagnoses included rheumatoid arthritis (a chronic inflammatory condition that primarily affect the joints, causing pain, swelling and stiffness), anxiety, depression, pressure ulcer of left buttock, and polyneuropathy (disorder that damages the nerves and causes weakness, numbness, and burning pain). R1 also has one stage four pressure ulcer (extends into muscle, tendon, and ligaments, and can expose bone). R1's care plan last revised on 9/9/25, identified R1's area of vulnerabilities as depression, anxiety, mobility impairment, claustrophobia (fear of small spaces). R1 was alert and oriented x 3 and able to communicate her needs. R1 was restless at night and liked to get up in her wheelchair and will refuse cares if pain is too much. R1 was to be turned, repositioned or offloaded every 2-3 hours and as needed. R1 required assist with transfers, toileting, peri care after each incontinent episode, bathing, dressing, personal hygiene, During an interview on 9/11/25 at 9:32 a.m., R1 stated it would take a "minimum of an hour before anyone would come and help and on weekends it was worse". R1 stated on Sunday 9/7/25, she "couldn't get anyone to help me and I finally had enough and wanted to go to the hospital". R1 further reported she would call for staff if her incontinent pad was wet or she wanted to	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 3 transfer to her wheelchair however, because it took so long for her call light to get answered, she stated, “I finally got so scared that I would sleep in my wheelchair which isn’t good for me”. My medication was supposed to be delivered at 7 a.m. however, sometimes she would not receive her medications until 10:30-11:00 a.m. and some of them were pain medications for her rheumatoid arthritis. R1 further identified on the morning of her hospitalization, she urinated in her chair because no one would help her and she developed burns on the back of her legs from urine. R1 also stated she never refused any cares. R1 indicated sometimes staff would tell her that there was only one nurse aide to take care of the entire hallway. During an interview on 9/10/25 at 4:31 p.m., family member (FM)-A indicated R1 was hospitalized on 9/7/25, with an infected wound on R1’s buttocks. FM-A stated the family was not notified that R1 went to the ED because the nurse said she was too busy. FM-A also noted that R1 complained about call lights not being answered in a timely manner and not getting medications on time and sometimes did not receive them at all. FM-A indicated the concern was brought to R1’s care conference and the facility said they would send the call light response times however, did not follow through. FM-A visited R1 on Saturday 9/6/25, and R1 had not received her medications yet that were due at 7am; they were four hours late. FM-A also contacted staff after noticing the toilet was overflowing with feces and the room stunk however, no one responded to assist. FM-A stated R1 would not return to the facility after hospitalization. The facility's Grievances Log included a grievance entry dated 8/11/25, R1 had a concern that it was difficult to receive assistance from midnight to 3:00 a.m. Staff were nowhere to be found, and call light waiting times were long during this time period. The resolution/follow-up indicated call light times were reviewed and director of nursing (DON) educated staff on timely call light response and spoke with the cart nurses to also watch call light time and assist with answering call lights and rounds. R1's Extended Wait Time (call light log) dated 8/28/25 to 9/11/25, included but was not limited to the following reset times (time from when light is activated to when it is cleared):	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 4 -8/28/25 at 6:05 a.m., 63 minutes and 30 seconds (greater than one hour). -8/28/25 at 8:04 a.m., 27 minutes and 28 seconds. -8/28/25 at 11:24 a.m., 21 minutes and 31 seconds. -8/28/25 at 5:38 p.m., 22 minutes and 8 seconds. -8/28/25 at 6:59 p.m., 23 minutes and 0 seconds. -8/29/25 at 5:56 p.m., 21 minutes and 41 seconds. -8/29/25 at 7:02 p.m., 22 minutes and 43 seconds. -8/30/25 at 8:44 a.m., 37 minutes and 41 seconds. -8/31/25 at 7:30 p.m., 31 minutes and 16 seconds. -8/31/25 at 10:03 p.m., 40 minutes and 33 seconds. -9/1/25 at 5:16 a.m., 120 minutes and 27 seconds (greater than 2 hours). -9/1/25 at 11:23 a.m., 22 minutes and 44 seconds. -9/1/25 at 9:22 a.m., 51 minutes and 11 seconds. -9/2/25 at 8:40 a.m., 31 minutes and 14 seconds. -9/2/25 at 3:48 p.m., 35 minutes and 58 seconds. -9/2/25 at 6:57 p.m., 22 minutes and 46 seconds. -9/3/25 at 8:52 a.m., 75 minutes and 4 seconds (greater than one hour). -9/3/25 at 10:20 a.m., 45 minutes and 52 seconds. -9/3/25 at 5:32 p.m., 22 minutes and 40 seconds. -9/3/25 at 6:25 p.m., 40 minutes and 46 seconds. -9/4/25 at 5:00 a.m., 48 minutes and 51 seconds. -9/4/25 at 6:13 a.m., 74 minutes and 58 seconds (greater than one hour). -9/4/25 at 8:34 a.m., 29 minutes and 46 seconds. -9/4/25 at 3:11 p.m., 26 minutes and 5 seconds. -9/4/25 at 11:35 p.m., 51 minutes and 3 seconds.	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 5 -9/5/25 at 2:00 a.m., 22 minutes and 39 seconds. -9/5/25 at 5:41 p.m., 40 minutes and 19 seconds. -9/5/25 at 6:32 a.m. 65 minutes and 23 seconds (greater than one hour). -9/5/25 at 9:37 a.m., 35 minutes and 14 seconds. -9/5/25 at 10:46 a.m., 23 minutes and 46 seconds. -9/5/25 at 5:50 p.m., 50 minutes and 55 seconds. -9/6/25 at 8:50 a.m., 37 minutes and 39 seconds. -9/6/25 at 9:40 a.m., 74 minutes and 18 seconds (greater than one hour). -9/6/25 at 1:01 p.m., 38 minutes and 52 seconds. -9/6/25 at 4:40 p.m., 27 minutes and 38 seconds. -9/6/25 at 5:14 p.m., 57 minutes and 23 seconds. -9/7/25 at 7:50 a.m., 40 minutes and 3 seconds. R2 R2's MDS significant change assessment dated 7/21/25, indicated R2 had intact cognition, was able to make his needs known, and no rejection of cares. R2 had impairments of both upper and lower extremities, uses a wheelchair, and is frequently incontinent of bowel and bladder. R2's diagnoses included kidney disease, congestive heart failure, morbid obesity, major depressive disorder, and diabetes. R2's care plan last revised on 9/11/25, indicated R2's areas of vulnerability were weakness, diabetes, poor motivation to do things for himself, and history of being a victim of verbal abuse. R2 was at risk for falls and was to have call light within reach at all times. R2 was alert and oriented x3 and is able to communicate his needs. R2 was on a diuretic (removes excess fluid) and required assistance with transfers, dressing, personal hygiene, bathing, and toileting. During an interview and observation on 9/10/25 at 3:41 p.m., R2 was in his room, with his bed unmade and blood spots on his sheets. R2 stated "staffing is horrible	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 6 here, takes a long time to get your call light answered". R2 identified it could take over an hour to get staff to answer his call light in the evening and on weekends. R2 also said he has missed showers and fallen because he could not wait for help anymore and then stated, "I get in trouble for transferring without staff, but I just couldn't wait anymore". R2's call light log dated 8/28/25 through 9/11/25, included but was not limited to the following reset times: -8/28/25 at 8:39 a.m., 26 minutes and 26 seconds. -8/28/25 at 12:25 p.m., 20 minutes and 44 seconds. -8/28/25 at 12:54 p.m., 36 minutes and 58 seconds. -8/29/25 at 8:59 p.m., 33 minutes and 46 seconds. -8/30/25 at 12:05 p.m., 22 minutes and 57 seconds. -8/31/25 at 7:08 a.m., 26 minute and 3 seconds. -8/31/25 at 8:48 a.m., 22 minutes and 4 seconds. -8/31/25 a.m. at 10:12 a.m., 34 minutes and 45 seconds. -8/31/25 at 5:12 p.m., 31 minutes and 10 seconds. -8/31/25 at 6:12 p.m., 29 minutes and 57 seconds. -8/31/25 at 7:51 p.m., 26 minutes and 11 seconds. -9/1/25 at 7:09 a.m., 27 minutes and 41 seconds. -9/1/25 at 10:38 a.m., 24 minutes and 49 seconds. -9/1/25 at 12:47 p.m., 20 minutes and 37 seconds. -9/1/25 at 1:42 p.m., 21 minutes and 48 seconds. -9/2/25 at 6:05 a.m., 20 minutes and 52 seconds. -9/2/25 at 11:25 a.m., 26 minutes and 29 seconds. -9/2/25 at 1:24 p.m., 40 minutes and 23 seconds. -9/2/25 at 2:38 p.m., 20 minutes and 55 seconds. -9/2/25 at 6:09 p.m., 110 minutes and 37 seconds (greater than one hour).	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 7 -9/2/25 at 8:33 p.m., 31 minutes and 12 seconds. -9/2/25 at 10:59 p.m., 29 minutes and 0 seconds. -9/3/25 at 2:43 p.m., 26 minutes and 12 seconds. -9/3/25 at 4:06 p.m., 55 minutes and 54 seconds. -9/3/25 at 6:44 p.m., 45 minutes and 42 seconds. -9/4/25 at 7:15 a.m., 20 minutes and 45 seconds. -9/4/25 at 9:03 a.m., 23 minute and 18 seconds. -9/4/25 at 3:58 p.m., 25 minutes and 5 seconds. -9/4/25 at 4:53 p.m., 26 minutes and 23 seconds. -9/4/25 at 7:18 p.m., 32 minutes and 52 seconds. -9/4/25 at 9:39 p.m., 32 minutes and 22 seconds. -9/5/25 at 9:45 a.m., 36 minutes and 29 seconds. -9/5/25 at 4:27 p.m., 20 minutes and 22 seconds. -9/5/25 at 5:16 p.m. 39 minutes and 39 seconds. -9/5/25 at 8:38 p.m., 26 minutes and 33 seconds. -9/6/25 at 8:39 a.m., 34 minutes and 23 seconds. -9/6/25 at 2:31 p.m., 29 minutes and 12 seconds. -9/7/25 at 12:49 a.m., 27 minutes and 27 seconds. -9/7/25 at 12:06 p.m., 20 minutes and 12 minutes. -9/7/25 at 5:32 p.m., 21 minutes and 42 seconds. -9/8/25 at 8:16 a.m., 35 minutes and 8 seconds. -9/8/25 at 2:14 p.m., 22 minutes and 12 seconds. -9/8/25 at 3:18 p.m., 34 minutes and 12 seconds. -9/8/25 at 7:21 p.m., 69 minutes and 40 seconds (greater than one hour). -9/9/25 at 10:52 a.m., 30 minutes and 13 seconds. -9/9/25 at 12:28 p.m., 20 minutes and 37 seconds. -9/9/25 at 1:25 p.m., 21 minutes and 55 seconds.	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 8 -9/9/25 at 5:56 p.m., 27 minutes and 22 seconds. -9/9/25 at 7:40 p.m., 38 minutes and 7 seconds. -9/10/25 at 8:17 a.m., 32 minutes and 43 seconds. -9/10/25 at 1:11 p.m., 26 minutes and 49 seconds. -9/6/25 at 9:03 a.m., 43 minutes and 38 seconds. -9/6/25 at 12:24 p.m., 24 minutes and 12 seconds. -9/6/25 at 2:40 p.m., 30 minutes and 43 seconds. -9/6/25 at 3:47 p.m., 102 minutes and 13 seconds (greater than one hour). -9/6/25 at 5:54 p.m., 31 minutes and 12 seconds. -9/6/25 at 6:26 p.m., 25 minutes and 9 seconds. -9/6/25 at 11:07 p.m., 44 minutes and 6 seconds. -9/6/25 at 9:08 p.m., 32 minutes and 2 seconds. -9/7/25 at 9:09 a.m., 39 minutes and 35 seconds. -9/7/25 at 10:31 a.m., 38 minutes and 45 seconds. -9/7/25 at 12:53 p.m., 26 minutes and 46 seconds. -9/7/25 at 1:59 p.m., 35 minutes and 37 seconds -9/7/25 at 3:15 p.m., 22 minutes and 1 second. -9/7/25 at 6:48 p.m., 73 minutes and 13 seconds (greater than one hour). -9/8/25 at 6:31 a.m., 25 minutes and 59 seconds. -9/8/25 at 7:19 a.m., 109 minutes and 45 seconds (greater than one hour). -9/8/25 at 9:59 a.m., 39 minutes and 32 seconds. -9/8/25 at 12:46 p.m., 28 minutes and 21 seconds. -9/8/25 at 3:05 p.m., 21 minutes and 0 seconds. -9/8/25 at 3:58 p.m., 21 minutes and 44 seconds. -9/8/25 at 4:32 p.m., 24 minutes and 47 seconds.	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 9 -9/8/25 at 8:18 p.m., 35 minutes and 54 seconds. -9/8/25 at 9:08 p.m., 26 minutes and 36 seconds. -9/9/25 at 7:23 a.m., 22 minutes and 13 seconds. -9/9/25 at 8:19 a.m., 51 minutes and 6 seconds. -9/9/25 at 9:17 a.m., 48 minutes and 13 seconds. -9/9/25 at 1:23 p.m. 45 minutes and 33 seconds. -9/9/25 at 5:50 p.m., 23 minutes and 53 seconds. -9/9/26 at 6:36 p.m., 37 minutes and 21 seconds. -9/9/25 at 7:44 p.m., 24 minutes and 49 seconds. -9/9/25 at 9:00 p.m., 32 minutes and 38 seconds. -9/10/25 at 6:51 p.m., 50 minutes and 22 seconds. -9/10/25 at 3:11 p.m., 42 minutes and 5 seconds. -9/10/25 at 4:50 p.m., 23 minutes and 0 seconds. -9/10/25 at 6:35 p.m., 94 minutes and 18 seconds. -9/11/25 at 8:35 a.m., 59 minutes and 27 seconds. -9/11/25 at 9:39 a.m., 28 minutes and 10 seconds. -9/11/25 at 12:31 p.m., 29 minutes and 24 seconds. R4 R4's MDS quarterly assessment dated8/27/25, indicated she had modified independence for daily decision making and had no rejection of cares. R4 was dependent on staff for toileting, transferring, dressing, personal hygiene, bed mobility, toileting, and showering. R4 was always incontinent of bowel and bladder, received scheduled and as needed pain medications, and was at risk for pressure ulcers with no turning and repositioning programs. R4’s diagnoses included diabetes, morbid obesity, osteoarthritis, irritable bowel syndrome, mild cognitive impairment, and insomnia. R4's care plan last revised 2/5/25, indicated R4 was alert and oriented and able to communicate needs. R4’s	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 10 areas of vulnerability were limited mobility, depression, chronic pain syndrome, anxiety disorder, adjustment disorder, paranoia, morbid obesity, making attention seeking comments and false accusations towards staff and other residents. R4 was a fall risk and was to have call light within reach. R4 was to always have two staff with cares, receive diabetes medication as ordered by the doctor. R4 has a behavior of no using call light appropriately and will yell out at staff instead of using call light or will put call light on and still call out and will go up and down the hallways seeking staff and will open resident's doors to find staff. R4 requires assist of two for toileting with bedpan and prefers to have incontinent product changed as close to 8:30 a.m. as possible. Required two assist with dressing, personal hygiene, and bed mobility and is to be repositioned every 2-3 hours and prefers to get up at 9:30 a.m. and back to bed at 11:30 a.m. During an observation and interview on 9/11/25 at 11:26 a.m., R4 was lying in bed with a hamper full of dirty linens and wrappers and empty glass on the floor. R4 indicated she had not received any morning cares yet and stated, "I am always the last one". R4 stated, "it takes forever for them [nursing staff] to come when I put a call light on", further indicated she puts her call light on at 7:00 am and sometimes it is 10:00 a.m. before it is answered. R4 identified she did not get her shower the day before because she was told there were only two staff on and there was not time. R4 reported she felt like she got treated "like dirt and makes me feel sad and depressed. R4 indicated she did not receive her meds on time in the evening and that she was a diabetic and rarely received a snack in the afternoon. R4 also expressed that she was embarrassed that her room smelled like urine. R4 indicated she had talked to the administrator about her concerns and stated she told the administer, "you get mad at me because I yell out but you don't come and help me, I wouldn't do that if they came in and helped me, even the little things they don't help me with". R4s call light log dated 8/28/25 through 9/11/25, included the following reset times: -8/28/25 at 5:19 p.m., 44 minutes and 36 seconds. -8/29/25 at 6:39 p.m., 20 minutes and 44 seconds. -8/30/25 at 7:54 a.m., 20 minutes and 31 seconds.	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 11 -8/30/25 at 9:25 a.m., 23 minutes and 59 seconds. -8/30/25 at 11:1 a.m. 50 minutes and 55 seconds. -8/30/25 at 7:41 p.m., 37 minutes and 20 seconds. -8/31/25 at 11:11 a.m., 28 minutes and 34 seconds. -8/31/25 at 12:32 p.m., 27 minutes and 32 seconds. -8/31/25 at 6:53 p.m., 61 minutes and 32 seconds (greater than one hour). -9/1/25 at 8:32 a.m., 60 minutes and 44 seconds (greater than one hour). -9/1/25 at 12:24 p.m., 52 minutes and 29 seconds. -9/1/25 at 1:56 p.m., 32 minutes and 26 seconds. -9/1/25 at 5:43 p.m., 98 minutes and 0 seconds (greater than one hour). -9/1/25 at 7:35 p.m., 59 minutes and 8 seconds. -9/2/25 at 8:12 a.m., 21 minutes and 52 seconds. -9/2/25 at 10:46 a.m., 27 minutes and 53 seconds. -9/2/25 at 12:28 p.m., 44 minutes and 10 seconds. -9/2/25 at 1:36 p.m., 32 minutes and 34 seconds. -9/2/25 at 2:14 p.m., 49 minutes and 36 seconds. -9/2/25 at 6:38 p.m., 126 minutes and 14 seconds. -9/3/25 at 9:04 a.m., 35 minutes and 19 seconds. -9/3/25 at 12:31 p.m., 53 minutes and 7 seconds. -9/3/25 at 1:32 p.m., 37 minutes and 6 seconds. -9/3/25 at 5:56 p.m., 35 minutes and 6 seconds. -9/3/25 at 7:26 p.m., 32 minutes and 36 seconds. -9/3/25 at 8:34 p.m., 32 minutes and 46 seconds. -9/4/25 at 8:54 a.m., 45 minutes and 37 seconds. -9/4/25 at 12:39 p.m., 32 minutes and 41 seconds. -9/4/25 at 1:24 p.m., 70 minutes and 12 seconds	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 12 (greater than one hour). -9/4/25 at 6:26 p.m., 91 minutes and 36 seconds (greater than one hour). -9/5/25 at 4:01 p.m., 41 minutes and 4 seconds. -9/5/25 at 6:01 p.m., 76 minutes and 11 seconds (greater than one hour). -9/5/25 at 8:17 p.m., 33 minutes and 14 seconds. During an interview on 9/11/25 at 11:10 a.m., nursing staff (NS)-A wanted to assure her anonymity but identified the facility had a lot of residents that had behaviors and require two people for cares and transfers. NS-A stated staff do the best they could however, there was not enough staff and lots of residents complained about call light wait times. NS-A stated, “it is really tough, and administration tells us we need to chart more to get more staff but there is no time to chart, we can’t even take care of the basic needs of the residents”. NS-A also indicated morning medication pass started at 6:15 a.m. and often ended at10:30 a.m. because they were being asked to assist with resident cares and to administer medications. NS-A identified; meds should be administered within an hour of the scheduled time and confirmed most of the medications were given late. NS-B stated, “some residents wet themselves because we [staff] do not get to them in time, baths get missed, and meals sometimes are cold by the time we get to them”. During an interview on 9/11/25 at 11:45 a.m., NS-B stated, “we never have enough staff to meet the needs of the residents”. NS-B indicated night shift typically completed last rounds at 4:00 a.m. and it was almost 10:00 a.m. and day staff still had not cared for the residents yet. NS-B also identified call lights were “always on and lots of extended wait times” and often staff still had not cared for the initial forty residents before the other residents were returning from breakfast and had their lights on to use the bathroom. NS-B stated staff “are running constantly” and “residents complain about the long call light wait times and take it out on us but there is nothing we can do”. NS=B identified the concerns have been brought to management and the response was that staff did not get their charting done so they cannot provide any more staff.	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 13 Facility policy titled Call Light Policy last updated 5/16/23, identified the purpose of the protocol is to identify that residents, when in their rooms, toilet, and bathing areas, have a means of directly contacting caregivers and the facility has a process to routinely ensure the call light system for residents is operational. Definition of functioning properly is all portions of the system are functioning, and the calls are being answered. The policy does not define expected call light response time. During an interview on 9/11/25 at 1:05 p.m., NS-C identified that it was hard to monitor the call lights because there was no audible sound until it was extended, and the kiosk was hard for some staff to see the numbers. NS-C indicated that more staff was needed because many of the residents needed two staff and often staff gets pulled to assist and then there delays in treatments or medication administration. NS-C identified many residents complained about the long call light wait times and administration was aware of the concern. During an interview on 9/15/25 at 10:58 a.m., NS-D stated, “staffing is so bad, makes me want to cry”. NS-D indicated there were times when there was a nurse and a nursing assistant (NA) at night for 33-35 residents and staff could not keep up with the needs of the residents. The residents waited a long time to get their call lights answered and heard “extended wait time” for call lights, “all the time”. NS-D further identified medications were “often late and residents would get upset but there was nothing I could do”. NS-D stated the lack of staffing caused increased falls, missed baths, residents not getting changed, not getting cleaned up, and overall resident dissatisfaction. During an interview on 9/11/25 at 12:25 p.m., the interim director of nursing stated, there was a copious amount of call lights and resident complain all time. The DON identified she was aware of the long wait times and the goal for responding to call lights was 6-7 minutes. The DON indicated if a call light was on for over 10 minutes, the extended wait time would be heard on the two way radios the nurse aides (NA)s carry on them however, the extended wait time was so frequent, the NA’s had to shut them off on the two way radios just to have a conversation. The DON stated, “call lights show up on the kiosk, but I hear them [extended wait times] so much that I don’t even hear them	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 14 anymore" The DON felt staffing was adequate however, the staff had to work smarter not harder and the situation depended on which staff were working. During an interview on 9/12/25 at 4:10 p.m., the administrator indicated she had been staffing over budget and felt the nursing staff needed to learn how to work together and it depended on the staff working on a particular day. The administrator verified there had been 5 admits in the previous two days and staffing was adjusted accordingly. Facility policy titled Resident Rights and Notification of Resident Rights dated 1/2024, included, it was the practice of this facility to uphold the rights of all residents. The Facility Assessment last updated 2/11/25, identified the purpose of the assessment was to determine what resources were necessary to care for residents competently during both day-to-day operations and emergencies. The assessment was used to make decision about direct care staff needs as well as capabilities to provide services to the residents in the facility. When assessing potential residents for admission, the interdisciplinary team (IDT) worked together to ensure they had the proper equipment, resources, and staff to meet the resident's needs. The acuity of the residents was evaluated daily. The administrator, director of nursing, and other IDT members reviewed RUG levels (resource utilization group score which shows the type and quantity of care required for each individual resident) and CMI (case mix index value used for determining the allocation of resources to care for and or treat the residents in the group). The facility's average CMI is 0.9959. Staff plan/individual staff assignment was to ensure an adequate number of staff, resident acuity, population, CMI, and census was assessed daily and used to determine daily staffing needs. Staffing and census were reviewed each morning during morning meeting. The number of admissions and discharges assisted in determining sufficient daily staffing. Staff (nursing) required during normal operations: 2 direct nurses depending on census, 2-3 nursing supervisors per day, 4-5 certified nursing assistants (CNA)s day and evening, 2-3 CNA's overnights, one administrator, and one director of nursing. SUGGESTED METHOD OF CORRECTION: The director of nursing	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
20800	Continued from page 15 (DON) or designee could review and revise policies and procedures related to staffing. The director of nursing or designee could review the facility assessment and develop new staffing patterns to ensure proper care is provided to residents. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	20800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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 9/10, 9/11, and 9/15, 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. The following complaint was reviewed: H53614080C (2611758 and 2611962) and H53613440C (2604858), with a deficiency cited at F725. 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		
F0725 SS = D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a) Sufficient Staff.	F0725	Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited and is also not to be construed as an admission of fault by the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations. Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is	12/02/2025

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: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 1 §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (f) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (f) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and document review, the facility failed to provide sufficient staffing to ensure residents received the care and assistance they needed in a timely manner for 3 of 4 residents (R1, R2, R4) reviewed for staffing. Findings include: R1 R1's Minimum Data Set (MDS) admission assessment dated 9/5/25, identified R1 had intact cognition, no rejection of cares, and no behaviors. R1 required staff assist with dressing, bed mobility, transfers, and toileting. R1 was frequently incontinent of bowel and urine and had pain almost constantly and received scheduled and as needed pain medication. R1's diagnoses included rheumatoid arthritis (a chronic inflammatory condition that primarily affect the joints, causing pain, swelling and stiffness), anxiety, depression, pressure ulcer of left buttock, and polyneuropathy (disorder that damages the nerves and causes weakness, numbness, and burning pain). R1 also has one stage four pressure ulcer (extends into muscle, tendon, and ligaments, and can expose bone). R1's care plan last revised on 9/9/25, identified R1's area of vulnerabilities as depression, anxiety, mobility impairment, claustrophobia (fear of small spaces). R1 was alert and oriented x 3 and able to communicate her needs. R1 was restless at night and liked to get up in her wheelchair and will refuse cares if pain is too much. R1 was to be turned, repositioned	F0725	Continued from page 1 submitted as the facility's credible allegation of compliance. F0725 S/S D -The process for satisfying this requirement has been reviewed and revised as needed to ensure residents who are dependent on staff are provided care and services in a timely manner. -Residents residing in the facility that are dependent on staff for activities of daily living (ADLs) and medication administration have the potential to be affected if this requirement is not met. -The electronic medical record, to include the plan of care, for R1, R2, and R4 was reviewed and revised as needed to ensure there was no harm or lasting effects. -R1 has discharge from facility as of 9/7/2025. -The facility completed an Ad Hoc QAPI for call lights and educated all staff on the facility's expectations for answering call lights to ensure residents who are dependent on staff for meeting their needs are provided care and services in a timely manner. -The facility reviewed and revised the Facility Risk Assessment as needed. -The schedule is reviewed daily by DON or designee, Scheduler, and/or Administrator or designee, to ensure staffing levels continue to be appropriate pursuant to Minnesota Administrative Rules 4658.0510 - Nursing Personnel. Staffing is tracked and audited daily utilizing direct care per patient day ratios (HPPD) via the payroll software and is compared against local, state, and federal standards; as found on the CMS Nursing Home Compare website and Monarch Healthcare Management intranet. CMS Payroll Based Journal (PBJ) reports will continue to demonstrate past, present, and future compliance. -In an effort to meet call light needs, the facility will continue to contract with External Staffing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 2 or offloaded every 2-3 hours and as needed. R1 required assist with transfers, toileting, peri care after each incontinent episode, bathing, dressing, personal hygiene, During an interview on 9/11/25 at 9:32 a.m., R1 stated it would take a “minimum of an hour before anyone would come and help and on weekends it was worse”. R1 stated on Sunday 9/7/25, she “couldn’t get anyone to help me and I finally had enough and wanted to go to the hospital”. R1 further reported she would call for staff if her incontinent pad was wet or she wanted to transfer to her wheelchair however, because it took so long for her call light to get answered, she stated, “I finally got so scared that I would sleep in my wheelchair which isn’t good for me”. My medication was supposed to be delivered at 7 a.m. however, sometimes she would not receive her medications until 10:30-11:00 a.m. and some of them were pain medications for her rheumatoid arthritis. R1 further identified on the morning of her hospitalization, she urinated in her chair because no one would help her and she developed burns on the back of her legs from urine. R1 also stated she never refused any cares. R1 indicated sometimes staff would tell her that there was only one nurse aide to take care of the entire hallway. During an interview on 9/10/25 at 4:31 p.m., family member (FM)-A indicated R1 was hospitalized on 9/7/25, with an infected wound on R1’s buttocks. FM-A stated the family was not notified that R1 went to the ED because the nurse said she was too busy. FM-A also noted that R1 complained about call lights not being answered in a timely manner and not getting medications on time and sometimes did not receive them at all. FM-A indicated the concern was brought to R1’s care conference and the facility said they would send the call light response times however, did not follow through. FM-A visited R1 on Saturday 9/6/25, and R1 had not received her medications yet that were due at 7am; they were four hours late. FM-A also contacted staff after noticing the toilet was overflowing with feces and the room stunk however, no one responded to assist. FM-A stated R1 would not return to the facility after hospitalization. The facility's Grievances Log included a grievance entry dated 8/11/25, R1 had a concern that it was difficult to receive assistance from midnight to 3:00 a.m. Staff were nowhere to be found, and call light waiting times were long during this time period. The	F0725	Continued from page 2 agencies and Monarch Healthcare Management float pool for temporary staffing needs. -Audits will be completed five (5) times per week for two (2) weeks; three (3) times per week for 4 weeks; weekly for four (4) weeks; and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI, with any deficient practice corrected at the time of occurrence. -Director of Nursing or designee is responsible party. -Corrective action will be completed on or before	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 3 resolution/follow-up indicated call light times were reviewed and director of nursing (DON) educated staff on timely call light response and spoke with the cart nurses to also watch call light time and assist with answering call lights and rounds. R1's Extended Wait Time (call light log) dated 8/28/25 to 9/11/25, included but was not limited to the following reset times (time from when light is activated to when it is cleared): -8/28/25 at 6:05 a.m., 63 minutes and 30 seconds (greater than one hour). -8/28/25 at 8:04 a.m., 27 minutes and 28 seconds. -8/28/25 at 11:24 a.m., 21 minutes and 31 seconds. -8/28/25 at 5:38 p.m., 22 minutes and 8 seconds. -8/28/25 at 6:59 p.m., 23 minutes and 0 seconds. -8/29/25 at 5:56 p.m., 21 minutes and 41 seconds. -8/29/25 at 7:02 p.m., 22 minutes and 43 seconds. -8/30/25 at 8:44 a.m., 37 minutes and 41 seconds. -8/31/25 at 7:30 p.m., 31 minutes and 16 seconds. -8/31/25 at 10:03 p.m., 40 minutes and 33 seconds. -9/1/25 at 5:16 a.m., 120 minutes and 27 seconds (greater than 2 hours). -9/1/25 at 11:23 a.m., 22 minutes and 44 seconds. -9/1/25 at 9:22 a.m., 51 minutes and 11 seconds. -9/2/25 at 8:40 a.m., 31 minutes and 14 seconds. -9/2/25 at 3:48 p.m., 35 minutes and 58 seconds. -9/2/25 at 6:57 p.m., 22 minutes and 46 seconds. -9/3/25 at 8:52 a.m., 75 minutes and 4 seconds (greater than one hour). -9/3/25 at 10:20 a.m., 45 minutes and 52 seconds. -9/3/25 at 5:32 p.m., 22 minutes and 40 seconds.	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 4 -9/3/25 at 6:25 p.m., 40 minutes and 46 seconds. -9/4/25 at 5:00 a.m., 48 minutes and 51 seconds. -9/4/25 at 6:13 a.m., 74 minutes and 58 seconds (greater than one hour). -9/4/25 at 8:34 a.m., 29 minutes and 46 seconds. -9/4/25 at 3:11 p.m., 26 minutes and 5 seconds. -9/4/25 at 11:35 p.m., 51 minutes and 3 seconds. -9/5/25 at 2:00 a.m., 22 minutes and 39 seconds. -9/5/25 at 5:41 p.m., 40 minutes and 19 seconds. -9/5/25 at 6:32 a.m. 65 minutes and 23 seconds (greater than one hour). -9/5/25 at 9:37 a.m., 35 minutes and 14 seconds. -9/5/25 at 10:46 a.m., 23 minutes and 46 seconds. -9/5/25 at 5:50 p.m., 50 minutes and 55 seconds. -9/6/25 at 8:50 a.m., 37 minutes and 39 seconds. -9/6/25 at 9:40 a.m., 74 minutes and 18 seconds (greater than one hour). -9/6/25 at 1:01 p.m., 38 minutes and 52 seconds. -9/6/25 at 4:40 p.m., 27 minutes and 38 seconds. -9/6/25 at 5:14 p.m., 57 minutes and 23 seconds. -9/7/25 at 7:50 a.m., 40 minutes and 3 seconds. R2 R2's MDS significant change assessment dated 7/21/25, indicated R2 had intact cognition, was able to make his needs known, and no rejection of cares. R2 had impairments of both upper and lower extremities, uses a wheelchair, and is frequently incontinent of bowel and bladder. R2's diagnoses included kidney disease, congestive heart failure, morbid obesity, major depressive disorder, and diabetes. R2's care plan last revised on 9/11/25, indicated R2's	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 5 areas of vulnerability were weakness, diabetes, poor motivation to do things for himself, and history of being a victim of verbal abuse. R2 was at risk for falls and was to have call light within reach at all times. R2 was alert and oriented x3 and is able to communicate his needs. R2 was on a diuretic (removes excess fluid) and required assistance with transfers, dressing, personal hygiene, bathing, and toileting. During an interview and observation on 9/10/25 at 3:41 p.m., R2 was in his room, with his bed unmade and blood spots on his sheets. R2 stated “staffing is horrible here, takes a long time to get your call light answered”. R2 identified it could take over an hour to get staff to answer his call light in the evening and on weekends. R2 also said he has missed showers and fallen because he could not wait for help anymore and then stated, “I get in trouble for transferring without staff, but I just couldn’t wait anymore”. R2's call light log dated 8/28/25 through 9/11/25, included but was not limited to the following reset times: -8/28/25 at 8:39 a.m., 26 minutes and 26 seconds. -8/28/25 at 12:25 p.m., 20 minutes and 44 seconds. -8/28/25 at 12:54 p.m., 36 minutes and 58 seconds. -8/29/25 at 8:59 p.m., 33 minutes and 46 seconds. -8/30/25 at 12:05 p.m., 22 minutes and 57 seconds. -8/31/25 at 7:08 a.m., 26 minute and 3 seconds. -8/31/25 at 8:48 a.m., 22 minutes and 4 seconds. -8/31/25 a.m. at 10:12 a.m., 34 minutes and 45 seconds. -8/31/25 at 5:12 p.m., 31 minutes and 10 seconds. -8/31/25 at 6:12 p.m., 29 minutes and 57 seconds. -8/31/25 at 7:51 p.m., 26 minutes and 11 seconds. -9/1/25 at 7:09 a.m., 27 minutes and 41 seconds. -9/1/25 at 10:38 a.m., 24 minutes and 49 seconds. -9/1/25 at 12:47 p.m., 20 minutes and 37 seconds.	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 6 -9/1/25 at 1:42 p.m., 21 minutes and 48 seconds. -9/2/25 at 6:05 a.m., 20 minutes and 52 seconds. -9/2/25 at 11:25 a.m., 26 minutes and 29 seconds. -9/2/25 at 1:24 p.m., 40 minutes and 23 seconds. -9/2/25 at 2:38 p.m., 20 minutes and 55 seconds. -9/2/25 at 6:09 p.m., 110 minutes and 37 seconds (greater than one hour). -9/2/25 at 8:33 p.m., 31 minutes and 12 seconds. -9/2/25 at 10:59 p.m., 29 minutes and 0 seconds. -9/3/25 at 2:43 p.m., 26 minutes and 12 seconds. -9/3/25 at 4:06 p.m., 55 minutes and 54 seconds. -9/3/25 at 6:44 p.m., 45 minutes and 42 seconds. -9/4/25 at 7:15 a.m., 20 minutes and 45 seconds. -9/4/25 at 9:03 a.m., 23 minute and 18 seconds. -9/4/25 at 3:58 p.m., 25 minutes and 5 seconds. -9/4/25 at 4:53 p.m., 26 minutes and 23 seconds. -9/4/25 at 7:18 p.m., 32 minutes and 52 seconds. -9/4/25 at 9:39 p.m., 32 minutes and 22 seconds. -9/5/25 at 9:45 a.m., 36 minutes and 29 seconds. -9/5/25 at 4:27 p.m., 20 minutes and 22 seconds. -9/5/25 at 5:16 p.m. 39 minutes and 39 seconds. -9/5/25 at 8:38 p.m., 26 minutes and 33 seconds. -9/6/25 at 8:39 a.m., 34 minutes and 23 seconds. -9/6/25 at 2:31 p.m., 29 minutes and 12 seconds. -9/7/25 at 12:49 a.m., 27 minutes and 27 seconds. -9/7/25 at 12:06 p.m., 20 minutes and 12 minutes. -9/7/25 at 5:32 p.m., 21 minutes and 42 seconds. -9/8/25 at 8:16 a.m., 35 minutes and 8 seconds.	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 7 -9/8/25 at 2:14 p.m., 22 minutes and 12 seconds. -9/8/25 at 3:18 p.m., 34 minutes and 12 seconds. -9/8/25 at 7:21 p.m., 69 minutes and 40 seconds (greater than one hour). -9/9/25 at 10:52 a.m., 30 minutes and 13 seconds. -9/9/25 at 12:28 p.m., 20 minutes and 37 seconds. -9/9/25 at 1:25 p.m., 21 minutes and 55 seconds. -9/9/25 at 5:56 p.m., 27 minutes and 22 seconds. -9/9/25 at 7:40 p.m., 38 minutes and 7 seconds. -9/10/25 at 8:17 a.m., 32 minutes and 43 seconds. -9/10/25 at 1:11 p.m., 26 minutes and 49 seconds. -9/6/25 at 9:03 a.m., 43 minutes and 38 seconds. -9/6/25 at 12:24 p.m., 24 minutes and 12 seconds. -9/6/25 at 2:40 p.m., 30 minutes and 43 seconds. -9/6/25 at 3:47 p.m., 102 minutes and 13 seconds (greater than one hour). -9/6/25 at 5:54 p.m., 31 minutes and 12 seconds. -9/6/25 at 6:26 p.m., 25 minutes and 9 seconds. -9/6/25 at 11:07 p.m., 44 minutes and 6 seconds. -9/6/25 at 9:08 p.m., 32 minutes and 2 seconds. -9/7/25 at 9:09 a.m., 39 minutes and 35 seconds. -9/7/25 at 10:31 a.m., 38 minutes and 45 seconds. -9/7/25 at 12:53 p.m., 26 minutes and 46 seconds. -9/7/25 at 1:59 p.m., 35 minutes and 37 seconds -9/7/25 at 3:15 p.m., 22 minutes and 1 second. -9/7/25 at 6:48 p.m., 73 minutes and 13 seconds (greater than one hour). -9/8/25 at 6:31 a.m., 25 minutes and 59 seconds.	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 8 -9/8/25 at 7:19 a.m., 109 minutes and 45 seconds (greater than one hour). -9/8/25 at 9:59 a.m., 39 minutes and 32 seconds. -9/8/25 at 12:46 p.m., 28 minutes and 21 seconds. -9/8/25 at 3:05 p.m., 21 minutes and 0 seconds. -9/8/25 at 3:58 p.m., 21 minutes and 44 seconds. -9/8/25 at 4:32 p.m., 24 minutes and 47 seconds. -9/8/25 at 8:18 p.m., 35 minutes and 54 seconds. -9/8/25 at 9:08 p.m., 26 minutes and 36 seconds. -9/9/25 at 7:23 a.m., 22 minutes and 13 seconds. -9/9/25 at 8:19 a.m., 51 minutes and 6 seconds. -9/9/25 at 9:17 a.m., 48 minutes and 13 seconds. -9/9/25 at 1:23 p.m. 45 minutes and 33 seconds. -9/9/25 at 5:50 p.m., 23 minutes and 53 seconds. -9/9/26 at 6:36 p.m., 37 minutes and 21 seconds. -9/9/25 at 7:44 p.m., 24 minutes and 49 seconds. -9/9/25 at 9:00 p.m., 32 minutes and 38 seconds. -9/10/25 at 6:51 p.m., 50 minutes and 22 seconds. -9/10/25 at 3:11 p.m., 42 minutes and 5 seconds. -9/10/25 at 4:50 p.m., 23 minutes and 0 seconds. -9/10/25 at 6:35 p.m., 94 minutes and 18 seconds. -9/11/25 at 8:35 a.m., 59 minutes and 27 seconds. -9/11/25 at 9:39 a.m., 28 minutes and 10 seconds. -9/11/25 at 12:31 p.m., 29 minutes and 24 seconds. R4 R4's MDS quarterly assessment dated8/27/25, indicated she had modified independence for daily decision making and had no rejection of cares. R4 was dependent on	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 9 staff for toileting, transferring, dressing, personal hygiene, bed mobility, toileting, and showering. R4 was always incontinent of bowel and bladder, received scheduled and as needed pain medications, and was at risk for pressure ulcers with no turning and repositioning programs. R4's diagnoses included diabetes, morbid obesity, osteoarthritis, irritable bowel syndrome, mild cognitive impairment, and insomnia. R4's care plan last revised 2/5/25, indicated R4 was alert and oriented and able to communicate needs. R4's areas of vulnerability were limited mobility, depression, chronic pain syndrome, anxiety disorder, adjustment disorder, paranoia, morbid obesity, making attention seeking comments and false accusations towards staff and other residents. R4 was a fall risk and was to have call light within reach. R4 was to always have two staff with cares, receive diabetes medication as ordered by the doctor. R4 has a behavior of no using call light appropriately and will yell out at staff instead of using call light or will put call light on and still call out and will go up and down the hallways seeking staff and will open resident's doors to find staff. R4 requires assist of two for toileting with bedpan and prefers to have incontinent product changed as close to 8:30 a.m. as possible. Required two assist with dressing, personal hygiene, and bed mobility and is to be repositioned every 2-3 hours and prefers to get up at 9:30 a.m. and back to bed at 11:30 a.m. During an observation and interview on 9/11/25 at 11:26 a.m., R4 was lying in bed with a hamper full of dirty linens and wrappers and empty glass on the floor. R4 indicated she had not received any morning cares yet and stated, "I am always the last one". R4 stated, "it takes forever for them [nursing staff] to come when I put a call light on", further indicated she puts her call light on at 7:00 am and sometimes it is 10:00 a.m. before it is answered. R4 identified she did not get her shower the day before because she was told there were only two staff on and there was not time. R4 reported she felt like she got treated "like dirt and makes me feel sad and depressed. R4 indicated she did not receive her meds on time in the evening and that she was a diabetic and rarely received a snack in the afternoon. R4 also expressed that she was embarrassed that her room smelled like urine. R4 indicated she had talked to the administrator about her concerns and stated she told the administer, "you get mad at me because I yell out but you don't come and help me, I	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 10 wouldn't do that if they came in and helped me, even the little things they don't help me with". R4s call light log dated 8/28/25 through 9/11/25, included the following reset times: -8/28/25 at 5:19 p.m., 44 minutes and 36 seconds. -8/29/25 at 6:39 p.m., 20 minutes and 44 seconds. -8/30/25 at 7:54 a.m., 20 minutes and 31 seconds. -8/30/25 at 9:25 a.m., 23 minutes and 59 seconds. -8/30/25 at 11:1 a.m. 50 minutes and 55 seconds. -8/30/25 at 7:41 p.m., 37 minutes and 20 seconds. -8/31/25 at 11:11 a.m., 28 minutes and 34 seconds. -8/31/25 at 12:32 p.m., 27 minutes and 32 seconds. -8/31/25 at 6:53 p.m., 61 minutes and 32 seconds (greater than one hour). -9/1/25 at 8:32 a.m., 60 minutes and 44 seconds (greater than one hour). -9/1/25 at 12:24 p.m., 52 minutes and 29 seconds. -9/1/25 at 1:56 p.m., 32 minutes and 26 seconds. -9/1/25 at 5:43 p.m., 98 minutes and 0 seconds (greater than one hour). -9/1/25 at 7:35 p.m., 59 minutes and 8 seconds. -9/2/25 at 8:12 a.m., 21 minutes and 52 seconds. -9/2/25 at 10:46 a.m., 27 minutes and 53 seconds. -9/2/25 at 12:28 p.m., 44 minutes and 10 seconds. -9/2/25 at 1:36 p.m., 32 minutes and 34 seconds. -9/2/25 at 2:14 p.m., 49 minutes and 36 seconds. -9/2/25 at 6:38 p.m., 126 minutes and 14 seconds. -9/3/25 at 9:04 a.m., 35 minutes and 19 seconds. -9/3/25 at 12:31 p.m., 53 minutes and 7 seconds.	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 11 -9/3/25 at 1:32 p.m., 37 minutes and 6 seconds. -9/3/25 at 5:56 p.m., 35 minutes and 6 seconds. -9/3/25 at 7:26 p.m., 32 minutes and 36 seconds. -9/3/25 at 8:34 p.m., 32 minutes and 46 seconds. -9/4/25 at 8:54 a.m., 45 minutes and 37 seconds. -9/4/25 at 12:39 p.m., 32 minutes and 41 seconds. -9/4/25 at 1:24 p.m., 70 minutes and 12 seconds (greater than one hour). -9/4/25 at 6:26 p.m., 91 minutes and 36 seconds (greater than one hour). -9/5/25 at 4:01 p.m., 41 minutes and 4 seconds. -9/5/25 at 6:01 p.m., 76 minutes and 11 seconds (greater than one hour). -9/5/25 at 8:17 p.m., 33 minutes and 14 seconds. During an interview on 9/11/25 at 11:10 a.m., nursing staff (NS)-A wanted to assure her anonymity but identified the facility had a lot of residents that had behaviors and require two people for cares and transfers. NS-A stated staff do the best they could however, there was not enough staff and lots of residents complained about call light wait times. NS-A stated, “it is really tough, and administration tells us we need to chart more to get more staff but there is no time to chart, we can’t even take care of the basic needs of the residents”. NS-A also indicated morning medication pass started at 6:15 a.m. and often ended at10:30 a.m. because they were being asked to assist with resident cares and to administer medications. NS-A identified; meds should be administered within an hour of the scheduled time and confirmed most of the medications were given late. NS-B stated, “some residents wet themselves because we [staff] do not get to them in time, baths get missed, and meals sometimes are cold by the time we get to them”. During an interview on 9/11/25 at 11:45 a.m., NS-B stated, “we never have enough staff to meet the needs of the residents”. NS-B indicated night shift typically completed last rounds at 4:00 a.m. and it was almost 10:00 a.m. and day staff still had not cared for the residents yet. NS-B also identified call lights were	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 12 “always on and lots of extended wait times” and often staff still had not cared for the initial forty residents before the other residents were returning from breakfast and had their lights on to use the bathroom. NS-B stated staff “are running constantly” and “residents complain about the long call light wait times and take it out on us but there is nothing we can do”. NS=B identified the concerns have been brought to management and the response was that staff did not get their charting done so they cannot provide any more staff. Facility policy titled Call Light Policy last updated 5/16/23, identified the purpose of the protocol is to identify that residents, when in their rooms, toilet, and bathing areas, have a means of directly contacting caregivers and the facility has a process to routinely ensure the call light system for residents is operational. Definition of functioning properly is all portions of the system are functioning, and the calls are being answered. The policy does not define expected call light response time. During an interview on 9/11/25 at 1:05 p.m., NS-C identified that it was hard to monitor the call lights because there was no audible sound until it was extended, and the kiosk was hard for some staff to see the numbers. NS-C indicated that more staff was needed because many of the residents needed two staff and often staff gets pulled to assist and then there delays in treatments or medication administration. NS-C identified many residents complained about the long call light wait times and administration was aware of the concern. During an interview on 9/15/25 at 10:58 a.m., NS-D stated, “staffing is so bad, makes me want to cry”. NS-D indicated there were times when there was a nurse and a nursing assistant (NA) at night for 33-35 residents and staff could not keep up with the needs of the residents. The residents waited a long time to get their call lights answered and heard “extended wait time” for call lights, “all the time”. NS-D further identified medications were “often late and residents would get upset but there was nothing I could do”. NS-D stated the lack of staffing caused increased falls, missed baths, residents not getting changed, not getting cleaned up, and overall resident dissatisfaction.	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 13 During an interview on 9/11/25 at 12:25 p.m., the interim director of nursing stated, there was a copious amount of call lights and resident complain all time. The DON identified she was aware of the long wait times and the goal for responding to call lights was 6-7 minutes. The DON indicated if a call light was on for over 10 minutes, the extended wait time would be heard on the two way radios the nurse aides (NA)s carry on them however, the extended wait time was so frequent, the NA's had to shut them off on the two way radios just to have a conversation. The DON stated, "call lights show up on the kiosk, but I hear them [extended wait times] so much that I don't even hear them anymore" The DON felt staffing was adequate however, the staff had to work smarter not harder and the situation depended on which staff were working. During an interview on 9/12/25 at 4:10 p.m., the administrator indicated she had been staffing over budget and felt the nursing staff needed to learn how to work together and it depended on the staff working on a particular day. The administrator verified there had been 5 admits in the previous two days and staffing was adjusted accordingly. Facility policy titled Resident Rights and Notification of Resident Rights dated 1/2024, included, it was the practice of this facility to uphold the rights of all residents. The Facility Assessment last updated 2/11/25, identified the purpose of the assessment was to determine what resources were necessary to care for residents competently during both day-to-day operations and emergencies. The assessment was used to make decision about direct care staff needs as well as capabilities to provide services to the residents in the facility. When assessing potential residents for admission, the interdisciplinary team (IDT) worked together to ensure they had the proper equipment, resources, and staff to meet the resident's needs. The acuity of the residents was evaluated daily. The administrator, director of nursing, and other IDT members reviewed RUG levels (resource utilization group score which shows the type and quantity of care required for each individual resident) and CMI (case mix index value used for determining the allocation of resources to care for and or treat the residents in the group). The facility's average CMI is 0.9959. Staff plan/individual staff assignment was to ensure an adequate number of staff, resident acuity, population,	F0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	**600 SOUTH DAVIS AVENUE , LITCHFIELD, Minnesota, 55355**

(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
F0725 SS = D	Continued from page 14 CMI, and census was assessed daily and used to determine daily staffing needs. Staffing and census were reviewed each morning during morning meeting. The number of admissions and discharges assisted in determining sufficient daily staffing. Staff (nursing) required during normal operations: 2 direct nurses depending on census, 2-3 nursing supervisors per day, 4-5 certified nursing assistants (CNA)s day and evening, 2-3 CNA’s overnights, one administrator, and one director of nursing.	F0725		