DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 21, 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, we informed you that we may impose enforcement remedies.

On November 21, 2025, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance.

The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), February 20, 2026.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 20, 2026. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 20, 2026.

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

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

NURSE AIDE TRAINING PROHIBITION

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

If you have not achieved substantial compliance by February 20, 2026, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Meeker Manor Rehabilitation Center, LLC will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 20, 2026. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

DEPARTMENT CONTACT

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

Nicole Dahl, RN, Regional Operations Supervisor
Marshall District Office
Health Regulation Division
Minnesota Department of Health
1400 East Lyon Street, Suite 102
Marshall, Minnesota 56258-2504
Email: nicole.osterloh@state.mn.us
Office: 507-476-4230
Mobile: (605) 881-6192

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of

correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by May 20, 2026 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals

Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

tamika.brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

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

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

https://forms.web.health.state.mn.us/form/NHDisputeResolution

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to

complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.
A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

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 21, 2025

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

Re: State Nursing Home Licensing Orders
Event ID: 1D7955-H1

Dear Administrator:

The above facility survey was completed on November 21, 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:

Nicole Dahl, RN, Regional Operations Supervisor
Marshall District Office
Health Regulation Division
Minnesota Department of Health
1400 East Lyon Street, Suite 102
Marshall, Minnesota 56258-2504
Email: nicole.osterloh@state.mn.us
Office: 507-476-4230
Mobile: (605) 881-6192

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

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 11/21/2025

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 9/22/25 through 9/24/25, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with §42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H53615087C (2623776). NO deficiencies were cited. The following complaints were reviewed: H53614806C (2618144) and H53615106C (2624380) with deficiencies cited at F695 and F755. 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		12/02/2025
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility	F0695	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	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 11/21/2025

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
F0695 SS = D	Continued from page 1 failed to clarify R5's oxygen (O2) order, reconcile the O2 order, and administer O2 as ordered for 1 of 1 (R5) resident reviewed for oxygen therapy. Findings include: Review of State Agency (SA) report, dated 9/21/25 at 7:17 p.m., identified R5's family member noticed an oxygen tank in R5's room that was not in use since their admission to the facility. R5's undated, current Minimum Data Set (MDS) list identified R5 was admitted September 2025 with diagnoses of obstructive sleep apnea and chronic obstructive pulmonary disease (COPD). R5's 9/19/25, Orders Discharge Report identified R5 was to take oxygen (O2) 2 liters (L) by inhalation route at bedtime. R5's 9/19/25, Admission/Initial Data Collection assessment sheet identified in the respiratory status section related to oxygen needs was left blank. R5's 9/19/25, 48-Hour Care Plan identified R5 had an alteration in oxygen/gas exchange. The goal was to have adequate gas exchange with no cyanosis (bluish discoloration of lips, hands and nails occur due to lack of oxygen in the blood), shortness of breath, oxygen saturation greater than 90% on room air and a normal respiratory pattern. Interventions for nursing staff to monitor oxygen saturation as ordered and as needed, document on respiratory status, inform the medical provider of changes, and monitor for cyanosis, accessory muscle use, shortness of breath, increased respirations, or difficulty coughing up sputum. However, the care plan lacked indication and parameters for O2 therapy. R5's September Treatment Administration Record (TAR) identified R5 was to receive 2 liters of O2 at bedtime and was to start on 9/19/25. However, the order was transcribed as a nursing order vs. a physician's order, resulting in R5 not receiving oxygen therapy until 9/23/25. Observation and interview on 9/24/25 at 9:03 a.m., with	F0695	Continued from page 1 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 submitted as the facility's credible allegation of compliance. F0695 S/S D The process for satisfying this requirement has been reviewed and revised as needed to ensure resident oxygen orders, reconcile the O2 order and administer O2 order. R5 oxygen order was reviewed with MD, and the order was put into PCC on 9/24/2025. R5 was discharged from facility on 10/4/2025. All current alike residents that have been identified were reviewed for similar non-compliance, with adjustments made according. Policies and procedures were reviewed and revised as needed to ensure future instances are avoided. Licensed nurses were educated and demonstrated competency with facilities Oxygen Administration competency Monitoring to assure compliance will include, but is not limited to, audits completed three (3) times per week for two (2) weeks; two (2) times per week for four (4) weeks; and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence. Director of Nursing or designee is responsible party. Correction action will be completed by 12/2/2025	

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 11/21/2025

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
F0695 SS = D	Continued from page 2 R5 was in her room reported wearing a nasal cannula connected to an oxygen concentrator that was set at 2 liters (L). R5 reported O2 therapy was not administer until approximately 3 days later. On one occasion after her admission, an employee on the evening shift informed R5 that she did not need the O2 at night unless her oxygen saturation was under 90%. R5 noted she had no difficulty breathing at night. Staff removed her O2 this morning after and was only to receive 02 therapy at night. When asked how that made R5 feel, R5 voiced that R5 did not agree with the employee response and was not happy. R5's, September 2025 vitals sign sheet identified on:9/19/25, 122/63 blood pressure, pulse 77, 94% oxygen saturation on room air, and 18 respirations.9/20/25, 168/57 blood pressure, pulse 63, 96% oxygen saturation on room air, and 18 respirations.Overall, R5's medical record lacked vital sign assessment for 9/21, 9/22, and 9/23/25 before administration of O2 therapy. R5's 9/20/25 through 9/23/25, progress notes lacked evidence that R5 was to receive O2 therapy at night. Interview on 9/24/25 at 9:13 a.m., with licensed practical nurse (LPN)-A identified R5 was to have O2 at night, however, she had not entered R5's room this morning to assess R5 and was not aware R5 was still on O2 therapy this morning. Interview on 9/24/25 at 10:54 a.m., with director of nursing (DON), initially set up R5's oxygen tank and tubing and placed it in R5's room when R5 was admitted to the facility. Nursing staff was expected to review and implement R5's orders as directed and communicate updates during staff handover to certified nursing assistants (NA) of R5's treatment plan. Interview on 9/24/25 at 3:05 p.m., with LPN-B identified the health information manager inputs admission orders on point click care (PCC) (online electronic medical record software) and review and cosigns the orders. R5's O2 orders was placed as a nursing order incorrectly and acknowledged the O2 order was to be placed as a physician order. R5's physician was not called to clarify the O2 and provide a diagnosis for O2 use. After reviewing R5's medical record on PCC, she identified R5 had no vital sign assessments for 9/21, 9/22, and 9/23/25 and	F0695		

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 11/21/2025

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
F0695 SS = D	Continued from page 3 acknowledged that R5's O2 orders was not followed as prescribed. Interview on 9/24/25 at 5:00 p.m., with regional nurse consultant identified R5's care plan should have included indications and parameters of O2 use. Review of undated, current Oxygen Administration checklist identified nursing staff was to verify practitioner's order for use of oxygen therapy, gather necessary supplies and equipment, perform a baseline assessment that was to include vital signs, breath sounds, oxygen saturation level and physical assessment before administering oxygen therapy. Request of oxygen therapy policy was requested and not received during survey window.	F0695		
F0755 SS = D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation;	F0755	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 submitted as the facility's credible allegation of compliance. F0755 S/S D The process for satisfying this requirement has been reviewed and revised as needed to ensure an adequate supply of medication is obtained and administered as provider ordered. R1's provider was updated on missed antibiotic doses and facilities medication error reconciliation process	12/02/2025

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 11/21/2025

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
F0755 SS = D	Continued from page 4 and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure adequate supply of medication was obtained and administered as ordered for 1 of 3 sampled residents (R1) reviewed for pharmacy services. Findings include: Review of State Agency (SA) report on 9/15/25 at 8:30 a.m., identified the facility had not inform R1's family member that R1 did not receive her antibiotics and had missed 2 of 4 doses and nursing staff did not have access to retrieve emergency medications. R1's 8/25/25, Hospitalist Progress note identified R1 had a fall and obtained a hip fracture. On 9/2/25, while hospitalized R1 obtained a fever of 102 degrees (Fahrenheit). On 9/06/25, R1 had loose stools and was tested positive for clostridium difficile (C diff) (bacteria in the gut that causes severe diarrhea) on 9/06/25. R1's labs identified elevated white blood cell count (WBC) of 20.9. Vancomycin therapy was to start for R1's infection on 9/06/25 and had orders to continue administration of antibiotic therapy on R1's discharge summary. R1's September 2025, Medication Administration Record (MAR) identified R1 had a diagnosis of neoplasm (cancer) of the digestive organs, COPD, enterocolitis due to C -diff and right femur fracture. The MAR identified R1 had been prescribed vancomycin (antibiotic) 125 milligram (mg) four times a day for C-diff and was to take it in the morning, afternoon, evening and at night that started on 9/11/25 and ended 9/16/25. The MAR identified on 9/14/25 at 8:00am, 9/14/25 at noon, and 9/15/25 at 4:00 p.m., total of 3 doses of antibiotics was missed. R1's 911/25, 48 Hour Care Plan identified R1 was on enteric (minimize transmission of pathogens that cause gastrointestinal infections) precautions related diagnosis of clostridium difficile (C-diff). The goal	F0755	Continued from page 4 was initiated but has since discharged from the facility. All residents receiving antibiotic medications have the potential to be affected if this requirement is not met. Alike residents were reviewed to ensure that medication supply was available, and administration was completed in accordance with the provider's order. All necessary staff were trained and educated on accessing the facilities Emergency medications (Medbank) to retrieve and dispense medications in accordance to the provider's order. Policies and procedures were reviewed and revised as needed to ensure future instances are avoided. Monitoring to assure compliance will include, but is not limited to, audits completed three (3) times per week for two (2) weeks; two (2) times per week for four (4) weeks; and monthly thereafter for one (1) month. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence. Director of Nursing or designee is responsible party. Correction action will be completed by 12/2/2025	

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 11/21/2025

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
F0755 SS = D	Continued from page 5 was for nursing staff to follow enteric precautions, use appropriate communication to follow evidenced base practice and for staff to put on and take off personal protection equipment (PPE) per enteric precautions when providing high contact cares when entering R1's room. However, the baseline care plan lacked indication of antibiotic use for C-diff. R1's 9/12/25, Daily Skilled Note assessment sheet identified R1 had no active infections and was not on antibiotic therapy. R1's progress notes identified on: 1) 9/14/25 at 2:27 p.m., local pharmacy Polaris was informed that R1's vancomycin capsules was to be sent to the facility in liquid form. R1 agreed to receive vancomycin as an oral solution and the on-call provider was notified to send over R1's prescription for liquid vancomycin to be administered. 2) 9/14/25 at 11:00 p.m., during nurse handover communication and narcotic count, R1's family member voiced concerns that R1 had missed scheduled doses of vancomycin. Nursing staff confirmed had missed scheduled doses earlier in the day. Both the physician and administrator was notified of the missed antibiotic dose. R1's family member was reassured and informed the local pharmacy was to be deliver the antibiotics to the facility later in the evening. Additionally, R1 was scheduled for a 5:00 p.m. dose, the medication was removed from the Cubex (machine that dispenses medications). A new order for vancomycin liquid was delivered to the facility at 10:00 p.m., on 9/14/25 and R1 received her second dose of the antibiotic that evening. Staff nurse called the family and left a voicemail that R1 had received her scheduled medications. Interview on 9/22/25 at 1:24 p.m., with interim director of nursing (DON) was to assign nursing staff access to the Ekit, which was called the Medbank (Cubex). The Medbank was located between the 200 and 300 unit. The process of enrollment was to include each nurse and/or trained medication aide (TMA) name to be registered in the system and was given a 4 digit pin number to access the system. Protocol of removing medications from the Medbank permitted TMA's access to remove general medications, except for narcotics. Nurses were permitted to remove emergency medications, including controlled narcotics but those required a pin number that was provided by the local pharmacy. Inside	F0755		

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 11/21/2025

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
F0755 SS = D	Continued from page 6 the medication room displayed a list of medications named the Medbank List that was to include what type of medication was stored in the Medbank and could be reviewed by the nurses and TMA's, when needed. Review of the undated, current Medbank List identified oral vancomycin 125 mg was noted to be in stock. Interview on 9/22/25 at 1:34p.m., with registered nurse (RN)-A identified she was assigned to work as a nursing aide on the floor on 9/14/25 during the morning shift on the 100 unit. A female agency staff nurse who worked on the100 unit had informed RN-A that R1 antibiotic was not available to administer to R1. RN-A called the pharmacy to informed them of the missing dose and requested the antibiotic to be sent to the facility. Pharmacy notified RN-A that the antibiotic was no longer available as a capsule but had a liquid form available for administration. R1 agreed to take the antibiotic as an oral solution and RN-A informed the agency nurse, administrator, and R1's physician of the missing antibiotics. She did not have access to the Medbank, was not aware that the vancomycin was stored in the Medbank, and did not reach out to other nurses in the building for assistance to remove the antibiotic from the Medbank. She was trying to work smarter, not harder” and made the decision to call the pharmacy to send additional doses of the antibiotic to the facility, instead. Observation and interview on 9/22/25 at 2:15 p.m., with trained medication aide (TMA)-A and licensed practical nurse (LPN)-B identified medications could be removed from the Medbank (medication dispense machine), as known as the Ekit, under resident's name on the machine. LPN-B identified medications could be removed under the cycle count option displayed on the screen, type the name of the medication and a list was to appear that listed the quantity held, dosages available, and when the medication was last retrieve. Review of EKIT screen identified vancomycin had a quantity of 5 left in the machine and was last removed on 9/13/25 at 7:06 p.m. Interview on 9/22/25 at 2:33 p.m., with family member (FM)-A identified she had concerns with R1 not receiving her antibiotics. The facility had to call pharmacy on several occasions for additional doses to be sent to the facility. On, 9/14/25 FM-A approached a nurse on the 100 unit to verify if R1 had received the	F0755		

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 11/21/2025

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
F0755 SS = D	Continued from page 7 antibiotic. The agency nurse identified R1 had not received the antibiotic as ordered and appeared to not know how to retrieve the antibiotic from the Medbank. Interview on 9/22/25 at 3:01pm, TMA-B had worked at the facility over 5 years and was knowledgeable on how to operate the Medbank. The facility nursing staff and agency staff was provided access to the Ekit and could remove medications, when needed. She completed initial training on the Medbank when hired but was not aware of when the facility had provided additional training on the Ekit for the facility nurses. Interview on 9/23/25 at 1:09 p.m., with pharmacy technician identified R1's antibiotics was sent to the facility initially on 9/11/25 at 10:27 p.m., with a total supply of 7 capsules. The supply was to last no more than 2 days, and the antibiotic remaining doses was to be removed from the Medbank, by staff nurses at the facility. Once the Medbank was depleted of the antibiotic supply, nurses was expected to notify the pharmacy and place a request by phone, fax or email for additional doses to be delivered to the facility. Interview on 9/23/25 at 1:13 p.m., with licensed pharmacist identified R1 was to continue on her antibiotics for 8 days. She was not sure why R1 did not receive her antibiotics as scheduled and identified the facility had options to retrieve the medication from the Medbank if a dose was needed. If R1 had continued the antibiotic as prescribed, R1's infection would have improved. Interview on 9/23/25 at 4:05 p.m., with licensed practical nurse (LPN)-B identified she had worked at the facility under a year. The Medbank was available to nursing staff who administered medications on the units to residents. Nursing staff was directed to notify her when there was difficulty retrieving medications from the Medbank during her working hours. The facility also had an on-call nurse staff could reach out to on the weekends or overnight with troubleshooting problems with Medbank. She could not remember the last time the facility had conducted an in-service or training on the Medbank, but was aware both nurses and TMA's was given access to use the Medbank. Interview on 9/23/25 at 4:10 p.m., with LPN-C had been trained on the Medbank, years prior and was hired with	F0755		

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 11/21/2025

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
F0755 SS = D	Continued from page 8 a knowledge on how to operate the Medbank. She identified during her time working at the facility, several nursing staff have requested assistance from her to remove medications from the Medbank, when medications were not available on the medication cart or in the medication room. If there was a troubleshooting issues with the Medbank on the evening shift, she was directed to reach the on-call nurse, after hours for assistance. Interview on 9/23/25 at 4:25 p.m., with LPN-A identified the facility had implemented use of the Medbank approximately four years ago. In the past year, she was not aware if the facility had conducted in-service or training for nursing staff to use the Mebank. On one occasion, she had experienced troubleshooting issues and was directed to call the local pharmacy for assistance and the number was located near the Ekit. Interview on 9/24/25 at 7:32 a.m., with the administrator had asked the nursing staff if they had training on the Medbank. The nursing staff identified they did, however, nursing staff had not signed any paperwork to identify training was completed. Interview on 9/24/25 at 8:17 a.m., with LPN-C had worked at the facility for 2 years. She identified she was not sure if training was provided to nursing staff on how to operate the Medbank. If she had troubleshooting issues, she would call the pharmacy, who was more efficient in assisting her with operation of the Medbank. Further interview on 9/24/25 at 8:30 a.m., with interim DON was to expect nursing staff to follow physician orders and administer medications as prescribed. In addition, facility nurses were provided training on the Medbank, however, she was not aware if agency staff had received training on the Medbank, upon hire. Interview on 9/24/25 at 10:05 a.m., with RN-B had worked on 9/13/25 and 9/14/25 on the evening shifts. On 9/13/25, he identified R5's antibiotics was not available on the medication cart or in the med room. He informed a staff nurse on the unit for assistance to remove the antibiotic from the Medbank, because he did not have access. RN-B acknowledged he had worked at the facility on several occasions and was not issued access	F0755		

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 11/21/2025

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
F0755 SS = D	Continued from page 9 to retrieve medication from the pyxis. R5 was administered the antibiotics. He then called the pharmacy for a replacement of the antibiotics to be delivered to the facility and made a progress note of the situation. During handover communication to the oncoming nurse on 9/14/25 that morning, RN-B communicated to the oncoming day nurse that pharmacy was called during the evening to have R1's antibiotics deliver to the facility, however, had not arrived. When he arrived to work the evening shift on 9/14/25, he reviewed R1's MAR and identified she had missed doses of her antibiotic. The antibiotic order was changed from capsules to solution that evening and the supply of liquid antibiotic was available in the facility for R1 to receive her antibiotic dose as scheduled. Review of undated, current Medbank flowsheet identified medication that was not available in the medication cart or in the medication room in the overflow bin, nursing staff was to check to see if the medication was available in the Medbank (pyxis). If the medication was available in the Medbank, nursing staff was to administer the medication, call pharmacy to inform them the resident is out of medication and would need to send dose on next run, document in PCC that medication was taken from the Medbank, inform clinical staff to follow up when medication was not sent timely by pharmacy, floor or clinical nurse was to update on the communication form of the incident. If the medication was not available in the Medbank, facility nurses was to call the physician of the missed medication, obtain an order to hold dose until obtained from pharmacy or provide an alternative medication that is in the Medbank, document notification in PCC what the physician orders was, call pharmacy to order the medication and send it on the next run, document communication in PCC to be reviewed by clinical staff and findings of why the medication was not able to be sent, notify residents family of physician orders and reason for medication was not available to be administer, and floor or clinical nurse was to fill out communication form of the incident. Training documentation and Medbank policy was requested, however, not received during survey.	F0755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/21/2025**

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 9/22/25 through 9/24/25, 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		12/02/2025

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

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/21/2025**

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: H53614806C (2618144) and H53615106C (2624380) with deficiencies cited at 20270 and 21550. H53615087C (2623776) was also reviewed with NO licensing orders issued. 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		
20270	Use of Oxygen CFR(s): MN Rule 4658.0090 A nursing home must develop and implement policies and procedures for the safe storage and use of oxygen.	20270	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 **11/21/2025**

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
20270	Continued from page 2 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to clarify R5's oxygen (O2) order, reconcile the O2 order, and administer O2 as ordered for 1 of 1 (R5) resident reviewed for oxygen therapy. Findings include: Review of State Agency (SA) report, dated 9/21/25 at 7:17 p.m., identified R5's family member noticed an oxygen tank in R5's room that was not in use since their admission to the facility. R5's undated, current Minimum Data Set (MDS) list identified R5 was admitted September 2025 with diagnoses of obstructive sleep apnea and chronic obstructive pulmonary disease (COPD). R5's 9/19/25, Orders Discharge Report identified R5 was to take oxygen (O2) 2 liters (L) by inhalation route at bedtime. R5's 9/19/25, Admission/Initial Data Collection assessment sheet identified in the respiratory status section related to oxygen needs was left blank. R5's 9/19/25, 48-Hour Care Plan identified R5 had an alteration in oxygen/gas exchange. The goal was to have adequate gas exchange with no cyanosis (bluish discoloration of lips, hands and nails occur due to lack of oxygen in the blood), shortness of breath, oxygen saturation greater than 90% on room air and a normal respiratory pattern. Interventions for nursing staff to monitor oxygen saturation as ordered and as needed, document on respiratory status, inform the medical provider of changes, and monitor for cyanosis, accessory muscle use, shortness of breath, increased respirations, or difficulty coughing up sputum. However, the care plan lacked indication and parameters for O2 therapy. R5's September Treatment Administration Record (TAR) identified R5 was to receive 2 liters of O2 at bedtime and was to start on 9/19/25. However, the order was transcribed as a nursing order vs. a physician's order, resulting in R5 not receiving oxygen therapy until 9/23/25.	20270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/21/2025**

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
20270	Continued from page 3 Observation and interview on 9/24/25 at 9:03 a.m., with R5 was in her room reported wearing a nasal cannula connected to an oxygen concentrator that was set at 2 liters (L). R5 reported O2 therapy was not administer until approximately 3 days later. On one occasion after her admission, an employee on the evening shift informed R5 that she did not need the O2 at night unless her oxygen saturation was under 90%. R5 noted she had no difficulty breathing at night. Staff removed her O2 this morning after and was only to receive 02 therapy at night. When asked how that made R5 feel, R5 voiced that R5 did not agree with the employee response and was not happy. R5's, September 2025 vitals sign sheet identified on:9/19/25, 122/63 blood pressure, pulse 77, 94% oxygen saturation on room air, and 18 respirations.9/20/25, 168/57 blood pressure, pulse 63, 96% oxygen saturation on room air, and 18 respirations.Overall, R5's medical record lacked vital sign assessment for 9/21, 9/22, and 9/23/25 before administration of O2 therapy. R5's 9/20/25 through 9/23/25, progress notes lacked evidence that R5 was to receive O2 therapy at night. Interview on 9/24/25 at 9:13 a.m., with licensed practical nurse (LPN)-A identified R5 was to have O2 at night, however, she had not entered R5's room this morning to assess R5 and was not aware R5 was still on O2 therapy this morning. Interview on 9/24/25 at 10:54 a.m., with director of nursing (DON), initially set up R5's oxygen tank and tubing and placed it in R5's room when R5 was admitted to the facility. Nursing staff was expected to review and implement R5's orders as directed and communicate updates during staff handover to certified nursing assistants (NA) of R5's treatment plan. Interview on 9/24/25 at 3:05 p.m., with LPN-B identified the health information manager inputs admission orders on point click care (PCC) (online electronic medical record software) and review and cosigns the orders. R5's O2 orders was placed as a nursing order incorrectly and acknowledged the O2 order was to be placed as a physician order. R5's physician was not called to clarify the O2 and provide a	20270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/21/2025**

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
20270	Continued from page 4 diagnosis for O2 use. After reviewing R5's medical record on PCC, she identified R5 had no vital sign assessments for 9/21, 9/22, and 9/23/25 and acknowledged that R5's O2 orders was not followed as prescribed. Interview on 9/24/25 at 5:00 p.m., with regional nurse consultant identified R5's care plan should have included indications and parameters of O2 use. Review of undated, current Oxygen Administration checklist identified nursing staff was to verify practitioner's order for use of oxygen therapy, gather necessary supplies and equipment, perform a baseline assessment that was to include vital signs, breath sounds, oxygen saturation level and physical assessment before administering oxygen therapy. Request of oxygen therapy policy was requested and not received during survey window. SUGGESTED METHOD OF CORRECTION: The facility should create policies or review and/or revise existing policies and procedures related to notification of respiratory needs/care, health status or a change of condition. The Director of Nursing (or designee) should educate or re-educate nursing staff to those policies and procedures and conduct measurable audits, to verify notification to appropriate parties occurred related to a change in health status or condition. The DON or designee should bring the results of those audits to the Quality Assurance Performance Improvement (QAPI) committee to determine compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	20270		
21550	Adminiatration of Medications; Pharmacy Serv. CFR(s): MN Rule 4658.1325 Subp. 1 Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure adequate supply of medication was obtained and administered as ordered for 1 of 3 sampled	21550	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 **11/21/2025**

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
21550	Continued from page 5 residents (R1) reviewed for pharmacy services. Findings include: Review of State Agency (SA) report on 9/15/25 at 8:30 a.m., identified the facility had not inform R1's family member that R1 did not receive her antibiotics and had missed 2 of 4 doses and nursing staff did not have access to retrieve emergency medications. R1's 8/25/25, Hospitalist Progress note identified R1 had a fall and obtained a hip fracture. On 9/2/25, while hospitalized R1 obtained a fever of 102 degrees (Fahrenheit). On 9/06/25, R1 had loose stools and was tested positive for clostridium difficile (C diff) (bacteria in the gut that causes severe diarrhea) on 9/06/25. R1's labs identified elevated white blood cell count (WBC) of 20.9. Vancomycin therapy was to start for R1's infection on 9/06/25 and had orders to continue administration of antibiotic therapy on R1's discharge summary. R1's September 2025, Medication Administration Record (MAR) identified R1 had a diagnosis of neoplasm (cancer) of the digestive organs, COPD, enterocolitis due to C -diff and right femur fracture. The MAR identified R1 had been prescribed vancomycin (antibiotic) 125 milligram (mg) four times a day for C-diff and was to take it in the morning, afternoon, evening and at night that started on 9/11/25 and ended 9/16/25. The MAR identified on 9/14/25 at 8:00am, 9/14/25 at noon, and 9/15/25 at 4:00 p.m., total of 3 doses of antibiotics was missed. R1's 911/25, 48 Hour Care Plan identified R1 was on enteric (minimize transmission of pathogens that cause gastrointestinal infections) precautions related diagnosis of clostridium difficile (C-diff). The goal was for nursing staff to follow enteric precautions, use appropriate communication to follow evidenced base practice and for staff to put on and take off personal protection equipment (PPE) per enteric precautions when providing high contact cares when entering R1's room. However, the baseline care plan lacked indication of antibiotic use for C-diff. R1's 9/12/25, Daily Skilled Note assessment sheet identified R1 had no active infections and was not on antibiotic therapy.	21550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/21/2025**

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
21550	Continued from page 6 R1's progress notes identified on: 1) 9/14/25 at 2:27 p.m., local pharmacy Polaris was informed that R1's vancomycin capsules was to be sent to the facility in liquid form. R1 agreed to receive vancomycin as an oral solution and the on-call provider was notified to send over R1's prescription for liquid vancomycin to be administered. 2) 9/14/25 at 11:00 p.m., during nurse handover communication and narcotic count, R1's family member voiced concerns that R1 had missed scheduled doses of vancomycin. Nursing staff confirmed had missed scheduled doses earlier in the day. Both the physician and administrator was notified of the missed antibiotic dose. R1's family member was reassured and informed the local pharmacy was to be deliver the antibiotics to the facility later in the evening. Additionally, R1 was scheduled for a 5:00 p.m. dose, the medication was removed from the Cubex (machine that dispenses medications). A new order for vancomycin liquid was delivered to the facility at 10:00 p.m., on 9/14/25 and R1 received her second dose of the antibiotic that evening. Staff nurse called the family and left a voicemail that R1 had received her scheduled medications. Interview on 9/22/25 at 1:24 p.m., with interim director of nursing (DON) was to assign nursing staff access to the Ekit, which was called the Medbank (Cubex). The Medbank was located between the 200 and 300 unit. The process of enrollment was to include each nurse and/or trained medication aide (TMA) name to be registered in the system and was given a 4 digit pin number to access the system. Protocol of removing medications from the Medbank permitted TMA's access to remove general medications, except for narcotics. Nurses were permitted to remove emergency medications, including controlled narcotics but those required a pin number that was provided by the local pharmacy. Inside the medication room displayed a list of medications named the Medbank List that was to include what type of medication was stored in the Medbank and could be reviewed by the nurses and TMA's, when needed. Review of the undated, current Medbank List identified oral vancomycin 125 mg was noted to be in stock. Interview on 9/22/25 at 1:34p.m., with registered nurse (RN)-A identified she was assigned to work as a nursing	21550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/21/2025**

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
21550	Continued from page 7 aide on the floor on 9/14/25 during the morning shift on the 100 unit. A female agency staff nurse who worked on the100 unit had informed RN-A that R1 antibiotic was not available to administer to R1. RN-A called the pharmacy to informed them of the missing dose and requested the antibiotic to be sent to the facility. Pharmacy notified RN-A that the antibiotic was no longer available as a capsule but had a liquid form available for administration. R1 agreed to take the antibiotic as an oral solution and RN-A informed the agency nurse, administrator, and R1's physician of the missing antibiotics. She did not have access to the Medbank, was not aware that the vancomycin was stored in the Medbank, and did not reach out to other nurses in the building for assistance to remove the antibiotic from the Medbank. She was trying to work smarter, not harder" and made the decision to call the pharmacy to send additional doses of the antibiotic to the facility, instead. Observation and interview on 9/22/25 at 2:15 p.m., with trained medication aide (TMA)-A and licensed practical nurse (LPN)-B identified medications could be removed from the Medbank (medication dispense machine), as known as the Ekit, under resident's name on the machine. LPN-B identified medications could be removed under the cycle count option displayed on the screen, type the name of the medication and a list was to appear that listed the quantity held, dosages available, and when the medication was last retrieve. Review of EKIT screen identified vancomycin had a quantity of 5 left in the machine and was last removed on 9/13/25 at 7:06 p.m. Interview on 9/22/25 at 2:33 p.m., with family member (FM)-A identified she had concerns with R1 not receiving her antibiotics. The facility had to call pharmacy on several occasions for additional doses to be sent to the facility. On, 9/14/25 FM-A approached a nurse on the 100 unit to verify if R1 had received the antibiotic. The agency nurse identified R1 had not received the antibiotic as ordered and appeared to not know how to retrieve the antibiotic from the Medbank. Interview on 9/22/25 at 3:01pm, TMA-B had worked at the facility over 5 years and was knowledgeable on how to operate the Medbank. The facility nursing staff and agency staff was provided access to the Ekit and could remove medications, when needed. She completed initial training on the Medbank when hired but was not aware of when the facility had provided additional training on	21550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/21/2025**

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
21550	Continued from page 8 the Ekit for the facility nurses. Interview on 9/23/25 at 1:09 p.m., with pharmacy technician identified R1's antibiotics was sent to the facility initially on 9/11/25 at 10:27 p.m., with a total supply of 7 capsules. The supply was to last no more than 2 days, and the antibiotic remaining doses was to be removed from the Medbank, by staff nurses at the facility. Once the Medbank was depleted of the antibiotic supply, nurses was expected to notify the pharmacy and place a request by phone, fax or email for additional doses to be delivered to the facility. Interview on 9/23/25 at 1:13 p.m., with licensed pharmacist identified R1 was to continue on her antibiotics for 8 days. She was not sure why R1 did not receive her antibiotics as scheduled and identified the facility had options to retrieve the medication from the Medbank if a dose was needed. If R1 had continued the antibiotic as prescribed, R1's infection would have improved. Interview on 9/23/25 at 4:05 p.m., with licensed practical nurse (LPN)-B identified she had worked at the facility under a year. The Medbank was available to nursing staff who administered medications on the units to residents. Nursing staff was directed to notify her when there was difficulty retrieving medications from the Medbank during her working hours. The facility also had an on-call nurse staff could reach out to on the weekends or overnight with troubleshooting problems with Medbank. She could not remember the last time the facility had conducted an in-service or training on the Medbank, but was aware both nurses and TMA's was given access to use the Medbank. Interview on 9/23/25 at 4:10 p.m., with LPN-C had been trained on the Medbank, years prior and was hired with a knowledge on how to operate the Medbank. She identified during her time working at the facility, several nursing staff have requested assistance from her to remove medications from the Medbank, when medications were not available on the medication cart or in the medication room. If there was a troubleshooting issues with the Medbank on the evening shift, she was directed to reach the on-call nurse, after hours for assistance. Interview on 9/23/25 at 4:25 p.m., with LPN-A	21550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/21/2025**

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
21550	Continued from page 9 identified the facility had implemented use of the Medbank approximately four years ago. In the past year, she was not aware if the facility had conducted in-service or training for nursing staff to use the Mebank. On one occasion, she had experienced troubleshooting issues and was directed to call the local pharmacy for assistance and the number was located near the Ekit. Interview on 9/24/25 at 7:32 a.m., with the administrator had asked the nursing staff if they had training on the Medbank. The nursing staff identified they did, however, nursing staff had not signed any paperwork to identify training was completed. Interview on 9/24/25 at 8:17 a.m., with LPN-C had worked at the facility for 2 years. She identified she was not sure if training was provided to nursing staff on how to operate the Medbank. If she had troubleshooting issues, she would call the pharmacy, who was more efficient in assisting her with operation of the Medbank. Further interview on 9/24/25 at 8:30 a.m., with interim DON was to expect nursing staff to follow physician orders and administer medications as prescribed. In addition, facility nurses were provided training on the Medbank, however, she was not aware if agency staff had received training on the Medbank, upon hire. Interview on 9/24/25 at 10:05 a.m., with RN-B had worked on 9/13/25 and 9/14/25 on the evening shifts. On 9/13/25, he identified R5's antibiotics was not available on the medication cart or in the med room. He informed a staff nurse on the unit for assistance to remove the antibiotic from the Medbank, because he did not have access. RN-B acknowledged he had worked at the facility on several occasions and was not issued access to retrieve medication from the pyxis. R5 was administered the antibiotics. He then called the pharmacy for a replacement of the antibiotics to be delivered to the facility and made a progress note of the situation. During handover communication to the oncoming nurse on 9/14/25 that morning, RN-B communicated to the oncoming day nurse that pharmacy was called during the evening to have R1's antibiotics deliver to the facility, however, had not arrived. When he arrived to work the evening shift on 9/14/25, he reviewed R1's MAR and identified she had missed doses of her antibiotic. The antibiotic order was changed	21550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/21/2025**

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
21550	Continued from page 10 from capsules to solution that evening and the supply of liquid antibiotic was available in the facility for R1 to receive her antibiotic dose as scheduled. Review of undated, current Medbank flowsheet identified medication that was not available in the medication cart or in the medication room in the overflow bin, nursing staff was to check to see if the medication was available in the Medbank (pyxis). If the medication was available in the Medbank, nursing staff was to administer the medication, call pharmacy to inform them the resident is out of medication and would need to send dose on next run, document in PCC that medication was taken from the Medbank, inform clinical staff to follow up when medication was not sent timely by pharmacy, floor or clinical nurse was to update on the communication form of the incident. If the medication was not available in the Medbank, facility nurses was to call the physician of the missed medication, obtain an order to hold dose until obtained from pharmacy or provide an alternative medication that is in the Medbank, document notification in PCC what the physician orders was, call pharmacy to order the medication and send it on the next run, document communication in PCC to be reviewed by clinical staff and findings of why the medication was not able to be sent, notify residents family of physician orders and reason for medication was not available to be administer, and floor or clinical nurse was to fill out communication form of the incident. Training documentation and Medbank policy was requested, however, not received during survey. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for pharmacy services, and how medication is ordered, transcribed, delivered and dispensed by the pharmacy. The director of nursing or designee could develop a system to educate staff about pharmacy services and the disposition of the medication. The quality assurance committee could monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days	21550		