



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered  
June 3, 2026

Administrator  
CURA OF MELROSE  
101 5TH AVENUE NW  
MELROSE, MN 56352

RE: CCN: 245396  
Cycle Start Date: May 14, 2026

Dear Administrator:

On May 14, 2026, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G). The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

## **REMEDIES**

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS location.

- **Civil money penalty, (42 CFR 488.430 through 488.444).**

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

## **NURSE AIDE TRAINING PROHIBITION**

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

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective May 14, 2026. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

## DEPARTMENT CONTACT

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

**Nikki Harvey, Regional Operations Supervisor, Rapid Response**  
**St. Cloud A District Office**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**4140 Thielman Lane**  
**Saint Cloud, Minnesota 56301-4557**  
**Email: [Nikki.Harvey@state.mn.us](mailto:Nikki.Harvey@state.mn.us)**  
**Office: (320) 223-7318 Mobile: (320) 216-5631**

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](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Sincerely,



Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245396</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED  <b>05/14/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>CURA OF MELROSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>101 5TH AVENUE NW , MELROSE, Minnesota, 56352</b>	
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F0000	<p>INITIAL COMMENTS</p> <p>On 5/13/26 through 5/14/26, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health. Your facility was found not in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H53962217C (3008732) and H53962278C (3009579) with a deficiency issued at F600 at HARM PAST NON-COMPLIANCE.</p> <p>The following complaints were reviewed without deficiencies: H53962237C (3008918), H53962359C (3012453), and H53962358C (3012436).</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		
F0600 SS = G	<p>Free from Abuse and Neglect</p> <p>CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p>	F0600	"Past Noncompliance - no plan of correction required"	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0600 SS = G	<p>Continued from page 1</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review the facility failed to protect 2 of 2 residents (R2 and R1) from abuse. Staff used a personal cell phone to take a picture of R2's soiled brief, buttocks, and large bowel movement and the picture was sent to several other facility staff. This resulted in actual harm to R2 as she verbalized not trusting facility staff and was fearful to have a bowel movement. R1 was abused when staff used their personal cell phone to record R1's voice as she was repeatedly stating, "help me, help me." The video was sent to several facility staff phones with the caption, "I want to kill myself."</p> <p>The facility implemented corrective action, and the deficient practice was corrected on 5/08/26, prior to the survey, and was issued at past non-compliance.</p> <p>Findings include:</p> <p>R2</p> <p>R2's quarterly Minimum Data Set (MDS) dated 9/27/25, indicated R2 had hemiplegia (muscular weakness) or hemiparesis (involving severe or total paralysis), anxiety disorder and depression. R2's MDS further indicated C2 was cognitively intact and usually understood by others. The MDS indicated she was dependent on staff for toileting and was always incontinent with bowel and bladder.</p> <p>R2's care plan (CP) dated 7/10/25, indicated R2 had alteration in elimination related to impaired mobility and incontinence of bowel and bladder, was cognitively intact and independent in decision making. R2 was difficult to understand at times, may become upset and had trouble rationalizing out a situation. In addition, R2 was identified as having trauma related to her adoptive family, R2 did not want to talk about it.</p> <p>A Facility Reported Incident (FRI), dated 5/08/26, indicated nursing assistant (NA)-A notified the DON she received a snapchat from NA-F but had not yet opened it yet. NA-A opened the snapchat to the DON on her phone with the administrator present. The message indicated it was</p>	F0600		

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F0600 SS = G	<p>Continued from page 2 sent by NA-F. The message included a picture of a resident's brief open, uncovered buttocks partially in the picture, and a bowel movement in the brief. Resident was not identified at that time. Immediate VA action plan implemented. HIPPA violation and exploitation of resident image occurred per report was indicated that occurred on 5/08/26 at 1:45 p.m. The Investigative Report Summary dated 5/13/26, indicated the social services designee (SSD) informed R2 that an image had been taken of her brief with a bowel movement (BM). The report indicated R2 was unaware this occurred while cares were occurring on 5/07/26 and did not appear distressed and had no concerns. Family member (FM)-A was informed of the incident and had no further concerns. The report also indicated a written statement was received by NA-C that stated she received a picture of R2 who was "naked lying in bed with a brief covered in bowel on snapchat. I left the group chat and spoke with another coworker, NA-A, who also seen the picture and we both agreed to report it". Written statement from NA-I stated she was aware that a picture was sent, and it made someone uncomfortable.</p> <p>She stated she doesn't remember when the picture was taken, but she was in the room cleaning with the resident and the alleged perpetrator (AP) when it was taken. Written statement from NA-F stated she was pulled into the room to look at a big BM and was in a group chat and a picture was sent to the chat but did not see it, "I was clicking through the snap chats really quick". The conclusion of the investigation indicated the incident was verified NA-F admitted in taking the photo 5/07/26 of R2's BM during brief changing, unaware of buttocks showing and was visible, and sending the image in a snapchat group message. The report indicated all NA's involved were suspended and following the investigation re-education was provided on 5/08/26.</p> <p>During interview on 5/13/26 at 1:34 p.m., NA-A stated she reported the incident involving R2, NA-A stated she was called into the room and saw R2's buttock and a dirty brief laying on the bed with a large BM. "[R2] was literally naked on the bed and while I was walking out the door [NA-F] told me she sent me a picture to look at." NA-A stated that was when she went to DON's office to show her the picture. NA-A stated she did not think R2 knew the picture was taken but it was wrong. "The morals and values at work are just wrong."</p> <p>During interview on 5/14/26 at 10:20 a.m., facilities regional nurse consultant (RNC) stated NA-F admitted in taking the picture of R2 and she was terminated due to company policy and</p>	F0600		

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F0600 SS = G	<p>Continued from page 3 procedures.</p> <p>During interview on 5/14/26 at 12:42 p.m., R2 stated she did not know what snapchat was and did not realize the content of the picture that was taken of her. After it was explained, R2 stated "Oh, not really good, makes me feel nasty." R2 added, "Oh yeah it's going to bother me, it's going to be hard to have a bowel movement". In addition, R2 stated, "they should get fired, I hope so". During interview, R2 was tearful, her voice got quieter and her mood seemed more down as the conversation turned from introductions with writer to more specific information regarding the incident.</p> <p>During interview on 5/14/26 at 12:51 p.m., Family member (FM)-A stated the staff at the facility broke her [R2's] trust. "Back in the day, before [R2's] stroke this situation would have embarrassed her and if she stated it would be hard to have a bowel movement, I believe it bothers her."</p> <p>R1</p> <p>R1's quarterly (MDS) dated 2/25/26, indicated R1 had anxiety disorder, depression, non-traumatic brain dysfunction and Schizophrenia. The MDS further indicated that R1 was severely cognitively impaired, had verbal behavioral symptoms and required assistance with activities of daily living.</p> <p>R1's CP dated 2/11/26, indicated R1 was a vulnerable adult and calls out at night rather than use of call light and staff were to educate resident or responsible party regarding rights, encourage and praise positive behavior, if behavior patterns are concerned. The CP also indicated R1 was dependent on staff for meeting physical and social needs due to cognitive deficits, limited mobility and vision impairment. Staff were directed to respect resident's right to be alone at times. R1's Kardex dated 5/11/26, indicated mood interventions for yelling out included: check with resident if any of these are the reasons she would be calling out-bathroom, pain, uncomfortable clothes, lonely, hungry or thirsty.</p> <p>A FRI dated 5/08/26, indicated staff brought to the attention of the Director of Nursing (DON) a video a staff member had taken and shared. The video showed a picture of a staff member. In the background, you could hear a resident [R1] stating "help me, help me." The staff member identified in the video was nursing assistant (NA)-I. The Investigation Report Summary (IRS) dated</p>	F0600		

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<p>F0600 SS = G</p>	<p>Continued from page 4 5/13/26, indicated NA-I was identified as taking the video, and NA-F sent the video to the DON on 5/08/26. NA-F added to the message, "I just want to bring to your attention that I'm not the only one that has done this. [NA-I] has also sent stuff into snapchat. NA-F then emailed a video to the DON that was originally sent by NA-I to NA-F. This video was a recording of the camera pointed at NA-I's face that was partially visible, with a statement, "I want to kill myself". In the background resident R1 could be identified as saying "help" repeatedly. No residents were shown in the video. DON made administrator aware of the report. Both NA-I and NA-F were already suspended pending another investigation. R1 was assessed for safety. The investigation indicated education was provided to all facility employees regarding Vulnerable adult's act, photos/recording and vulnerable adult reporting and all staff were expected to complete education prior to the start of their next shift on 5/08/26.</p> <p>During interview on 5/13/26 at 1:52 p.m., NA-C stated she received the video of R1 yelling and NA-I's caption on snap chat. NA-C stated she left the group as soon as she saw the video. NA-C stated the group chat started about two months ago and they were all friends outside of work. The group chat started out as funny videos at soft ball or selfies. The pictures never included residents or things like that until the video of R1. NA-C alerted the DON and Administrator when she received the video of R1.</p> <p>During interview on 5/14/26 at 10:12 p.m., regional nurse consultant (RNC) for the company stated she assisted with the investigations. NA-I admitted to taking the video of R1 and was terminated for her actions and for not following the facility's policies.</p> <p>The Vulnerable Adult Policy effective 11/2025 indicated "the organization values the dignity of each resident. It is our desire to provide care with the regard to the mission and values of the organization. The Policy further indicated under abuse any emotional or psychological abuse that includes but is not limited to humiliation, harassment, threats of punishment or derivation and unauthorized photographs and/or recordings of a resident, a resident's personal belongings and/or their personal space.</p> <p>The noncompliance started on 5/7/26, when staff took a picture, using their personal phone of a resident's buttocks then shared the picture via a social media platform with other staff at the facility.</p>	<p>F0600</p>		

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F0600 SS = G	Continued from page 5 The noncompliance was corrected on 5/8/26, when the facility implemented training which included:  What should I do if you see someone take a picture or video of a resident's incidents.  Best rule of thumb don't even keep your phone on with you!	F0600		



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Electronically delivered

June 3, 2026

Administrator  
CURA OF MELROSE  
101 5TH AVENUE NW  
MELROSE, MN 56352

Re: Event ID: 231ED1-H1

Dear Administrator:

The above facility survey was completed on May 14, 2026 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

Minnesota Department of Health

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 5/13/26 to 5/14/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during the survey: H53962237C (3008918), H53962359C (3012453), H53962358C (3012436), H53962278C (3009579), and H53962217C (3008732)</p>	20000		

Office of Primary Care and Health Systems Management

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Minnesota Department of Health

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20000	Continued from page 1 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		