



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 26, 2025

Administrator
SANDSTONE HEALTH CARE CENTER

109 COURT AVENUE SOUTH
SANDSTONE, MN 55072

RE: CCN: 245454
Cycle Start Date: December 4, 2025

Dear Administrator:

On December 4, 2025, a survey was completed at your facility by the Minnesota Department(s) 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 immediate jeopardy (Level J),

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).

REMOVAL OF IMMEDIATE JEOPARDY

On November 30, 2025, the situation of immediate jeopardy to potential health and safety cited at F689 was removed.

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 December 4, 2025. 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:

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

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

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: 245454	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER SANDSTONE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 109 COURT AVENUE SOUTH , SANDSTONE, Minnesota, 55072	
(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 12/3/25 through 12/4/25, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaint was Reviewed H54549166C (2680758) and a deficiency was issued at F689 at IJ PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F0000		
F0689 SS = SQC-J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure safe transfer with a EZ Way smart lift, according to manufacturer's recommendations for 1 of 3 (R1) residents. This resulted in immediate jeopardy (IJ) when R1 fell out of the sling and sustained a contusion to the scalp, closed wedge compression fracture (front part of the vertebrae collapses) of T4 vertebra, and was sent to the	F0689	"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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F0689 SS = SQC-J	<p>Continued from page 1 Emergency Department (ED).</p> <p>The IJ began on 11/29/25 at 6:00 p.m., when staff, under the age of eighteen, used a full body mechanical lift to transfer R1 from her wheelchair to her bed, did not follow facility policy or manufacturer's instructions, and R1 fell out of the sling. The administrator, director of nursing, corporate nurse, and regional director of operations were notified of the IJ at 11:45 a.m. on 12/4/25. The facility implemented immediate corrective action on 11/30/25, prior to the survey, to prevent recurrence. Therefore, the IJ was issued at past noncompliance.</p> <p>Findings included:</p> <p>R1's care plan dated 3/13/25, indicated R1 needed an EZ Way smart lift with two staff assistance for transfers.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 10/27/25, indicated R1 had diagnoses of intellectual disabilities and osteoporosis. R1 was fully dependent on staff for all transfers.</p> <p>R1's ED after visit summary dated 11/29/25, indicated R1 had a contusion to the scalp and a closed wedge compression fracture of T4 vertebra.</p> <p>R1's progress note dated 11/29/25 at 8:43 p.m., written by licensed practical nurse (LPN)-A indicated R1 was being transferred with an EZ Way smart lift by two nursing assistants (NA)s and one of the straps was not connected to the EZ Way smart lift when the nurse entered the room. R1 was sent to the ED. At 9:30 p.m., the ED called and stated R1 had a T4 fracture.</p> <p>During an interview on 12/3/25 at 1:39 p.m., nursing assistant (NA)-A stated on 11/29/25 at around 6:00 p.m., NA-A indicated both she and NA-B were 17 years old, and she knew one of them had to be at least 18 to complete a transfer using the lift but it slipped her mind at the time. NA-A stated she placed R1's right upper sling strap to the EZ Way smart lift and was going to place R1's bottom right sling strap to the lift but R1's neighbor needed assistance, NA-A went to the other side of the curtain to assist R1's roommate and NA-B started lifting R1 without NA-A being present. NA-A was not able to check the straps and did not place the right lower strap to the EZ Way smart lift. NA-A heard R1 fall to the floor and saw R1's right leg sling strap was not attached to the EZ Way smart lift.</p> <p>During an interview on 12/3/25 at 2:59 p.m., LPN-A</p>	F0689		

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F0689 SS = SQC-J	<p>Continued from page 2</p> <p>stated on 11/29/25 around 6:00 p.m., unknown NA came to the nurse's office and stated LPN-A was needed in R1's room. LPN-A stated she went to R1's room and found two staff under the age of 18 in R1's room with R1 on the floor. R1's right leg strap was not attached to the EZ Way smart lift.</p> <p>During an interview on 12/3/25 at 3:12 p.m., EZ Way representative stated the EZ Way smart lift and sling used to transfer R1 at the time of the fall did not malfunction and was in working order. Staff under the age of 18 were not to operate the lift but can assist with the transfer. Both staff need to be present during the transfer and need to check all four straps to ensure they are all attached to the EZ Way smart lift correctly.</p> <p>During an interview on 12/4/25 at 7:19 a.m., NA-B confirmed she was 17 years old. NA-B indicated there should have been an adult present during the transfer but there was not because she forgot. NA-B stated she entered R1's room on 11/29/25 around 6:00 p.m., to assist NA-A transfer R1 with EZ Way smart lift. NA-B stated she attached both bottom straps then NA-A went to the other side of the curtain to help R1's roommate. NA-B indicated she checked all straps and then started lifting R1 while NA-A was helping R1's roommate behind the curtain. NA-B stated she should not have been running the machine as she is underage, and she should have waited for NA-A to be next to R1 before lifting her in the air. NA-B stated R1 leaned forward and fell out of the lift onto the ground.</p> <p>During an interview on 12/4/25 at 8:34 a.m., the facility medical director (MD)-A stated he looked at R1's imaging and R1's fracture was acute and occurred due to the fall on 11/29/25. MD-A indicated the fall has contributed to R1's decline and did harm R1. He would have expected two staff, one at least 18 years old, to be in the room during any full body mechanical lift transfer.</p> <p>During an interview on 12/4/25 at 9:29 a.m., the director or nursing (DON) stated both staff should have been next to R1 before the transfer started and two staff should have put eyes on the sling straps to ensure they were attached. One staff should have been over the age of 18 and that person should have been the one to manage the machine.</p> <p>EZ-Way Smart Life Operator's Instructions revised 5/9/2025, directed staff to do a final check of all four loop attachment points to ensure each loop was sufficiently attached to the respective hook of the</p>	F0689		

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F0689 SS = SQC-J	Continued from page 3 hanger bars. Mechanical Lift Transfer Reminders undated, directed two staff to assist with EZ Way smart lift transfers, staff member operating the EZ Way smart lift must be 18 years of age. Both staff needed to check all four straps for correct placement on the EZ Way smart lift. At no point when a resident was being transferred should staff members leave the area of the resident or lift. The past noncompliance IJ began on 11/29/25. The immediate jeopardy was removed, and the deficient practice was corrected by 11/30/25, after the facility implemented a systemic plan that included the following actions: Reviewed policies on use of mechanical lifts. The facility re-assessed R1 and all residents who utilize a mechanical lift. The facility re-educated all staff who use the mechanical lift on the policy and procedure and did competency testing. The facility completed audits daily for two weeks observing staff transferring residents with mechanical lifts results would be brought to Quality Assurance and Performance Improvement (QAPI) committee. The facility would develop an ongoing plan for safe transfer education in QAPI meeting on 12/10/25. Verification of corrective action was confirmed by observation, interview, and document review on 12/3/25 and 12/4/25.	F0689		

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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 12/3/25 through 12/4/25, 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:</p>	20000		

Office of Primary Care and Health Systems Management

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20000	Continued from page 1 H54549166C (2680758) 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		