Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
October 1, 2025

Administrator
Woodlake Healthcare and Rehabilitation Center
8000 Bass Lake Road
Crystal, MN 55428

RE: CCN: 245518
Cycle Start Date: July 17, 2025

Dear Administrator:

On September 04, 2025, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 31, 2025

Administrator

WOODLAKE HEALTHCARE AND REHABILITATION CENTER

8000 BASS LAKE ROAD

CRYSTAL, MN 55428

RE: CCN:245518

Cycle Start Date: July 17, 2025

Dear Administrator:

On July 17, 2025, a survey was completed at your facility by the Minnesota Departments of Health, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
  What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.

- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

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

DEPARTMENT CONTACT

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

LeAnn Huseth, RN, Regional Operations Supervisor
Fergus Falls District Office
Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, 56537
Email: leann.huseth@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

If substantial compliance with the regulations is not verified by October 17, 2025(three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by January 17, 2026(six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

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

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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

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

Feel free to contact me if you have questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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July 31, 2025

Administrator
8000 BASS LAKE ROAD
CRYSTAL, MN 55428

Re: Event ID: 1D0DDD-H1

Dear Administrator:

The above facility survey was completed on July 17, 2025, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAKE HEALTHCARE AND REHABILITATION CENTER	8000 BASS LAKE ROAD , CRYSTAL, Minnesota, 55428

(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 7/15/25, through 7/17/25, a standard abbreviated survey was conducted at your facility. Your facility was not in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H55189189C (MN00114533) with a deficiency issued at (F550). 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		08/29/2025
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding	F0550	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. The facility adheres to the state and federal regulations and follows the guidance from the Resident Bill of Rights to maintain and enforce compliance in respect to resident rights and dignity. R1-R8 who voiced concerns regarding call light delays during this survey, were personally interviewed by the Director of Nursing (DON) or designee to ensure all concerns were addressed. No adverse effects were caused to residents because of call light wait times. All residents will be interviewed to identify any unreported concerns related to call light response times. A facility-wide audit of call light response time data from the past 30 days was conducted to	08/22/2025

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: 245518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAKE HEALTHCARE AND REHABILITATION CENTER	8000 BASS LAKE ROAD , CRYSTAL, Minnesota, 55428

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F0550 SS = D	Continued from page 1 transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure assistance, to resident triggered call light needs, was provided timely to promote dignity and reduce the risk of potential complications (i.e., incontinence, skin impairments, falls, changes in condition, etc.) for 8 of 8 residents (R1, R2, R3, R4, R5, R6, R7, R8) who expressed concerns related to extended call light response times and associated potential risk factors to their health. R8: R8's quarterly Minimum Data Set (MDS), dated 4/23/25, identified R8 lacked communication impairments and required some form of physical assist with most of his ADLs and mobility. R8 was frequently incontinent of bowel and bladder, at risk for pressure ulcers, and was diagnosed with diabetes, Parkinson's disease, and muscle weakness. R8's medical record identified his most recent brief interview for mental status (BIMS) was 15 (cognitively intact). R8's Admission Record, printed 7/17/25, identified he desired CPR if his heart were to stop beating.	F0550	Continued from page 1 identify patterns or units with excessive delays. The facility has a policy relating to Resident Rights and Call Light Response which remains current. Staff will be educated on resident rights relating to call light wait times and the expectation as it relates to answering resident call lights as soon as reasonably possible. Staff education will be based on policy and facility expectations and monitoring procedures. Call Light Reports will be audited 5x/week x 4 weeks to monitor call light wait times. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits. Administrator, DON, Social Workers, and/or designee (s). The results of these audits will be shared with the facility QAPI Committee for input on the need to increase, decrease, or discontinue the audits.	

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F0550 SS = D	Continued from page 2 R8's comprehensive care plan, reviewed 7/17/25, indicated R8 experienced pain related to a prior right femur fracture, was at risk for falls and needed assist to anticipate needs, required a soft touch call light, history of skin impairments, and was additionally diagnosed with obesity and chronic respiratory failure with hypoxia. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R8 call light activation dates, activation/de-activation timeframes: -7/13/25: 3:01:20 p.m. to 3:32:22 p.m. (31 min and 2 secs). -7/14/25: 2:54:25 p.m. to 3:28:50 p.m., (34 min and 25 secs). R10: R10'a quarterly MDS, dated 5/6/25, identified R10 was cognitively intact and required some form of physical assist with most of his ADLs and mobility. R10 was occasionally incontinence of bladder and always incontinent of bowel, was at risk for pressure ulcers, and was diagnosed with, but not limited to, heart failure, diabetes, depression, diarrhea, and chronic renal disease that required dialysis management. R10's Admission Record, printed 7/17/25, identified he desired CPR if his heart were to stop beating. R10's comprehensive care plan, reviewed 7/17/25, indicated R10 was at risk for falls and experienced pain/potential for pain. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R10 call light activation dates, activation/de-activation timeframes: -7/14/25: 9:45:25 a.m. to 10:16:15 a.m. (30 min and 50 secs). R4: R4's annual MDS, dated 5/16/25, identified R4 was	F0550		

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F0550 SS = D	Continued from page 3 cognitively intact and required physical assistance of staff for ADLs and mobility. He was always incontinent of bowel and bladder, and diagnoses included, but not limited to, diabetes, seizure disorder, schizophrenia (bipolar type), morbid (severe) obesity, and obstructive sleep apnea. R4 fell once in the past quarter and was at risk for pressure ulcers. R4's comprehensive care plan, reviewed 7/17/25, identified R4's cognition was impaired which impacted his memory and decision-making ability. Additionally, R4 had potential for pain related to his diagnoses and decreased mobility, and his behavioral expressions were mania and hallucinations/delusions. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R4 call light activation dates, activation/de-activation timeframes: -7/14/25: 4:02:16 p.m. to 4:41:06 p.m. (38 min and 50 secs), 4:41:54 p.m. to 5:05 p.m. (23 min and 50 secs), 8:49:23 p.m. to 9:13:11 p.m. (23 min and 48 secs), 9:50:18 p.m. to 10:17:25 p.m. (27 min and 7 secs). R5: R5's quarterly MDS, dated 5/20/25, identified R5 was cognitively intact and required extensive physical assist to dependence on staff for ADLs and mobility. R5 was frequently incontinent of bowel and bladder, was at risk for pressure ulcers, and was diagnosed with anxiety disorder, depression, morbid (severe) obesity, and benign neoplasm of the meninges (layers that covers the brain and spinal cord). R5's comprehensive care plan, reviewed 7/17/25, identified R5 experienced pain/potential for pain, and was at risk for falls related to decreased mobility with history of falls and associated fractures. Additionally, she was at risk for abuse with an intervention to assist and support her in an emergency. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R5 call light activation dates, activation/de-activation timeframes: -7/13/25: 2:14:45 p.m. to 3:04:23 p.m. (49 min and 38 secs).	F0550		

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F0550 SS = D	Continued from page 4 -7/14/25: 5:27:15 p.m. to 6:23:26 p.m. (56 min and 31 secs). R2: R2's quarterly MDS, dated 6/24/25, identified R2 was cognitively intact and overall independent with activities of daily living (ADLs). R2 was occasionally incontinent of bladder. Diagnoses included, but not limited to, anxiety disorder, bipolar disorder, post-traumatic stress disorder (PTSD), panic disorder, and a history of falling. At times, R2 experienced shortness of breath (SOB) with activity and a fall in the past quarter. R2 utilized oxygen and was at risk for pressure ulcers. R2's comprehensive care plan, reviewed 7/17/25, identified R2 had altered respiratory status with difficulty breathing related to acute respiratory failure with hypoxia and asthma and that her cognition/decision making skills may be affected by diagnosis of dementia with periods of delirium in relation to malignant brain cancer. Additionally, she was at risk for falls due to impaired mobility and balance, along with many other diagnoses. Staff were to encourage R2 to call for help to bring, or pick up, her laundry and when she wished her radiator adjusted. Staff were also directed to check on R2 frequently to anticipate her needs and there was to be a sign in her room to call for help when assistance was needed to minimize spontaneous impulsive self-transfers. Staff were also to watch her for orientation changes, increased restlessness, anxiety, and air hunger. The Alerts List identified R2 did not engage her call light between 7/13/25, and 7/16/25. R6: R6's quarterly MDS, dated 6/25/25, identified R6 was cognitively intact and was overall dependent on staff for ADLs. R6 utilized a Foley catheter for bladder management but was always incontinent of bowel. R6 was at risk for pressure ulcers and diagnoses included, but not limited to, non-Alzheimer's dementia, MS, depression, and chronic pain syndrome. R6's comprehensive care plan, reviewed 7/17/25, identified R6 had cognitive impairments, but he was a	F0550		

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F0550 SS = D	Continued from page 5 reliable reporter. R6 experienced pain/potential for pain and was at risk for falls. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R6 call light activation dates, activation/de-activation timeframes: -7/15/25: 12:24:07 p.m. to 12:59:36 p.m. (35 min and 29 secs), 5:15:02 p.m. to 5:44:32 p.m. (29 min and 30 secs). R7: R7's quarterly MDS, dated 6/26/25, identified R7's primary language was not English, and she was severely cognitively impaired. R7 required substantial/maximal physical assist with ADLs and mobility, was always incontinent of bowel and bladder, and was at risk for pressure ulcers. Diagnoses included, but not limited to, heart failure, diabetes, non-Alzheimer's dementia, anxiety disorder, depression, dependence on supplemental oxygen, and morbid obesity with alveolar hypoventilation (failure to breath rapidly or deeply enough resulting in low oxygen levels and high blood carbon dioxide levels). R7's Admission Record, printed 7/17/25, identified she desired CPR if her heart were to stop beating. R7's comprehensive care plan, reviewed 7/17/25, indicated R7 had an English language deficit, experienced chronic pain, was at risk for falls, needed staff to assist with anticipation of needs, was at risk for complications associated with high or low blood sugars, and had difficulty breathing. Alerts List reports, dated 7/7/25 and 7/13/25, through 7/16/25, identified the following R7 call light activation dates, activation/de-activation timeframes: -7/7/25: 4:02 p.m. to 6:13:26 p.m. (2 hours, 11 min, and 18 secs). -7/13/25: 5:58:48 a.m. to 6:37:10 a.m. (38 min and 22 secs), 8:18:39 p.m. to 8:43:12 p.m., (24 min and 33 secs), 10:29:18 a.m. to 11:15:54 a.m. (46 min and 36 secs), 10:41:21 p.m. to 11:09:28 p.m. (28 min and 7 secs).	F0550		

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F0550 SS = D	Continued from page 6 -7/15/25: 4:32:30 p.m. to 4:57:55 p.m. (25 min and 25 secs), 5:03:34 p.m. to 5:48:35 p.m. (45 min and 1 sec). -7/16/25: 10:27:31 a.m. to 10:56 a.m. (29 min and 27 secs), 6:33:31 p.m. to 6:59:29 p.m., (25 min and 58 secs). R1: R1 quarterly Minimum Dat Set (MDS), dated 6/30/25, identified R1 was cognitively intact and required substantial/maximal staff assistance for transfers and toileting. Additionally, R1 was frequently incontinence to bowel and bladder, was assessed to have moisture associated skin damage (MASD), and was at risk for developing pressure ulcers. Diagnoses included, but not limited to, diabetes and multiple sclerosis (MS). R1's comprehensive care plan, reviewed 7/16/25, identified R1 grieved his loss of independence related to MS and was triggered by call light wait times. Interventions indicated R1 wanted to be acknowledged by staff if his needs were unable to be met immediately when he activated his call light. Staff were directed to update him when they expected they would return to assist him and were to return to him at that time. Additionally, staff were to support R1 by providing him with a safe and welcoming environment. The care plan identified additional diagnoses of history of pressure ulcer to both left and right buttocks, morbid (severe) obesity, diarrhea, and borderline personality disorder. Additionally, R1 was able to use the standing lift with one staff when not behavioral, and when the nurse manager was in the building. At other times, he required two staff for standing lift transfers. A Grievance form, dated 6/13/25, identified R1 was concerned that he pushed his call light at 1:50 p.m. and it remained on until approximately 2:35 p.m. to 2:40 p.m. Staff informed him they would grab someone and be right back. The grievance form lacked evidence which day his concern pertained to; however, an Alerts list (call light activation and response times) report identified a log dated 6/11/25, and identified the following call light activation and de-activation timeframes: -8:41:58 p.m. to 9:11:24 p.m. (29 min and 26 seconds (secs). -3:40:31 p.m. t0 4:00:09 p.m. (19 min and 38 secs).	F0550		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0550 SS = D	Continued from page 7 -An attached staff's (unreadable signature) statement, dated 6/13/25, indicated they spoke to R1 and R1 indicated staff answered the light within 20 minutes to communicate that another staff needed to be present, and left to find another staff to assist. The note identified this was in accordance with R1's care plan. The facility follow-up lacked a call light log from 6/13/25, or any other days, or how long it took the staff to return. Alerts List (call light activation and response times) reports, dated 7/7/25, and 7/13/25, through 7/16/25, identified the following R1 call light activation dates, activation/de-activation timeframes: -7/7/2: 6:32:59 a.m. to 7:05:18 a.m. (32 min and 19 secs), 10:28:13 a.m. to 11:02:59 a.m. (34 min and 46 secs). -7/9/25: 10:22:42 a.m. to 11:05:04 a.m. (42 min and 22 secs), 8:20 p.m. to 8:46 p.m. (26 min and 27 secs). -7/13/25: 12:03:25 p.m. to 12:28:44 p.m., (25 min and 19 secs), 4:12:24, p.m. to 4:37:32 p.m. (25 min and 8 secs), 8:22:40 p.m. to 8:51:10 p.m. (28 min and 30 secs). -7/14/25: 5:44 p.m. to 6:12:13 p.m. (28 min and 3 secs), 9:26:24 p.m. to 9:50 p.m. (24 min and 32 secs). -7/16/25: 10:27:55 a.m. to 10:52:45 p.m. (24 min and 50 secs). R3: R3's medical record identified she admitted on 7/10/25 and a BIMS, dated 7/14/25, identified she was cognitively intact. Additionally, R3 desired full resuscitation (CPR) if her heart were to stop beating. R3s comprehensive care plan, reviewed 7/17/25, identified R3 required extensive physical assist of staff for ADLs and mobility, and was at risk for falls and skin breakdown due to incontinence-associated dermatitis. Identified diagnoses included but not limited to aftercare for knee replacement and morbid obesity. Alerts List reports, dated 7/13/25, through 7/16/25,	F0550		

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F0550 SS = D	Continued from page 8 identified the following R3 call light activation dates, activation/de-activation timeframes: -7/13/25: 7:36 p.m. to 8:07:18 p.m. (31 min and 6 secs). -7/16/25: 6:12:23 a.m. to 6:33:47 a.m. (21 min and 24 secs), 10:37:27 a.m. to 10:59:30 a.m. (22 min and 3 secs). Facility wide Alerts List reports, dated 7/13/25, through 7/16/25, identified the following additional call light information: -1st Floor (35 rooms activated at least once in the 4 days and 11 rooms in total with call light response times 20 min or greater on one or more instances. -7/13/25: 6 (call light activations 20 min or greater). -7/14/25: 6 -7/15/25: 3 -7/16/25: 3 -18 total call light activations 20 min or greater. -20 to 29:59 min: 11 (number of call lights). -30 to 39:59 min: 2 -40 to 49:59 min: 4 -50 to 59:59 min: 0 -60 to 119:59 min: 1 -2nd Floor (45 rooms activated at least once in the 4 days and 15 rooms in total with call light response times 20 min or greater on one or more instances. -7/13/25: 12 (call light activations 20 min or greater). -7/14/25: 5 -7/15/25: 5 -7/16/25: 4 -26 total call light activations 20 min or greater.	F0550		

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F0550 SS = D	Continued from page 9 -20 to 29:59 min: 18 (number of call lights). -30 to 39:59 min: 3 -40 to 49:59 min: 3 -50 to 59:59 min: 2 -3rd Floor (44 rooms activated at least once in the 4 days and 25 rooms in total with call light response times 20 min or greater on one or more instances. -7/13/25: 25 (call light activations 20 min or greater). -7/14/25: 27 -7/15/25: 16 -7/16/25: 10 -78 total call light activations 20 min or greater. -20 to 29:59 min: 33 (number of call lights). -30 to 39:59 min: 22 -40 to 49:59 min: 9 -50 to 59:59 min: 3 -60 to 119:59 min: 9 120 to 180 min: 2 Call light audits were requested, along with any information to support the higher trending of extended call light times was acted upon prior to the survey; however, none was provided. A post-survey email from the administrator, dated 7/18/25, provided additional details related to grievances, and identified the following respective information: (month, number of grievances related to Wait Times, percentage of wait times based on their census, and average call light response times): -January: 6; 3.64%; 7 min and 54 secs. -February: 3; 2.04%; 7 min and 29 secs.	F0550		

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F0550 SS = D	Continued from page 10 -March: 5; 3.4%; 7 min 48 secs. -April: 5; 3.5%; 7 min 36 secs. -May: 3; 2.0%; 7 min 28 secs. -June: 6; 3.68%; 8 min 9 secs. -July: 1 as of 7/15/25; 0.63%; 7 min 29 secs. A post-survey email from the administrator, dated 7/18/25, provided additional details related to grievances follow-up and identified on 7/9/25, a staff meeting was held, and staff were educated on "reasonable accommodation for needs/preferences," and call lights being a "repeated grievance," along with customer service education, resident rights, dignity, and the importance of these items. An image of the education was attached which identified that on 5/27/25, multiple call lights were "ringing on the second floor for greater than six minutes," and on 5/28/25, during the morning med pass, room 253 rang for 5.5 minutes before the nursing assistant stopped her tray delivery and answered the call light. "While 5 minutes is GREAT, what was identified is that staff were passing the room while the call light was on and not acknowledging the resident." Another image identified "F585 - Grievances," and "Call lights are a repeat grievance month after month in the binder." The education provided lacked any additional information. During an interview on 7/16/25, at 11:22 a.m., R8 stated overall he had no concerns with his stay; however, call light response times "bothered" him. He expected the call light to be answered within five to 10 mins but, at times, which occurred at least weekly, the time was extended "at times up to 30 minutes." He denied any negative outcomes related to this; however, he was concerned that he may have increased pain, incontinence, or that he may go hungry, if staff did not answer it timely. During an interview, and video reviews, on 7/16/25, at 11:31 a.m., R1 expressed multiple concerns related to his stay; however, he was most concerned with extended call light response times. Most of his requests centered around his bathroom needs, where extended wait times caused increased incontinence that led to increased skin concerns, such as chafing, especially in the setting of past skin breakdown. He explained, when	F0550		

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F0550 SS = D	Continued from page 11 he "has to go," he "has to go now." He indicated wait times were as long as 58 min and expressed, "If I had a heart attack, I would be dead," and blamed a current urinary tract infection (UTI) on these wait times and having to sit in incontinent stool. He did not feel this was the fault of staff, but blamed management as they required him to have two staff for transfers [which was required when R1 became behavioral.] R1 showed the surveyor three videos. One video, dated 7/7/25, at 6:54 a.m., identified R1 yelled out for help for a few mins, and no one responded before he ended the video. A follow up video, dated 7/7/25, at 7:10 a.m., showed two staff in R1's room. R1 was agitated with elevated vocal tones with rushed speech, and argumentative with the staff. He stated to staff that he had to wait more than 20 mins and then more than 40 mins before staff assisted him. A third video, dated 7/9/25, at 10:45 a.m., showed R4 sat in a w/c in his room. He stated he pushed his call light button at 10:23 a.m., and staff had informed him they had to wait for someone as he needed two staff which he thought was "bullshit" as he could basically stand on his own. Additionally, he commented, "I cannot handle this anymore," and that he was, "Sitting here in my own piss with a chafed bottom." When interviewed on 7/16/25, at 12:11 p.m., R4 stated he was overall satisfied with his care; however, call light times could be better. Typically, staff answered his call light within 15 min, which was acceptable to him; however, there were times when it took 20 to 30 min, which was not acceptable. He indicated this elevated response time occurred "maybe once a week," and had occurred in the past few days. He explained these instances were often when he felt he needed his incontinence product changed. This concerned R4 as he wished to be free of bed sores or other skin issues. Additionally, "if there is something major and they would not respond quickly, that could be a problem." During an interview on 7/16/25, at 12:19 p.m., R5, when asked if there were any concerns with her call light, immediately stated she was "sick and tired of sitting in [her] poop." She explained that 15 min was acceptable, but anything over that was not. Call light response times were often over the 15 min expectation, and she recently was made to wait over an hour for an incontinence brief change after she experienced an episode of diarrhea. This concerned her as she stayed in bed most of the time and already had skin breakdown. Additionally, as she was at the very end of the hallway, if something serious was to happen, she would	F0550		

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F0550 SS = D	Continued from page 12 not get timely help. She indicated she had many issues, with anxiety being among them, and just thinking about them not getting to her timely increased her anxiety. R5 stated increased response times were worse prior to and after meals, but today they seemed better. She expressed this was due to the surveyor's presence in the building, and thanked the surveyor for the visit as "it saves [her]a call." During an interview on 7/17/25, at 10:58 a.m., licensed practical nurse (LPN)-A identified herself as the first-floor clinical coordinator. She stated staffing was based on census and not acuity, which concerned her, as her floor experienced higher acuity residents. Recently, in response to this concern, she redistributed assignments to assist with workflow; however, had yet to see improvements. She was unaware of any adverse outcomes related to their current staffing patterns; however, she had noticed an increase in grievances related to extended call light response times. LPN-A identified the facility had a grievance committee which met once a week; however, no official notes were taken. Despite this meeting, follow up on the grievance concerns basically was non-existent so far, other than the redistribution of assignments and instructions to staff that all staff were to answer call lights, but she stated staff already knew this expectation. LPN-A stated that initially facility expected call light times was between seven and 14 min, but when they received new administration, this increased to 20 mins. She expressed an expectation for her staff of 10 mins. LPN-A reported that around early 2022 or 2023, call light audit reports were run and any response over 13 mins was followed up on; however, this was no longer performed. Currently, call light times were only reviewed with the grievance process. LPN-A explained she felt call light grievances were increased due to "admit after admit of complex people" and her unit being "heavy." She continued with staff just did not have the time to promptly answer call lights and due to this she focused on ensuring residents were updated about expected response time frames: "This is how we manage, but it is not the greatest system." When interviewed on 7/17/25, at 1:00 p.m., R3 indicated that her call light was answered "normally within five to 10 minutes, which she expected; however, there were times when this was elevated. She verbalized, at least once, it took over 30 minutes for assistance to go to the bathroom. This significantly concerned her as she was fearful of bladder accidents if her call light was not answered in her expected timeframes. In response,	F0550		

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F0550 SS = D	Continued from page 13 she attempted to plan and put her call light on before she had to void "as you never know when they will show up." R3 stated she had filed a grievance related to call light use; however, this was in response to a staff member who brought her back to her room and just pushed her in and left her without ensuring she had her call light. She attempted to get staff's attention, as she was not well versed in operating the wheelchair (w/c) at that time, but staff did not respond until approximately 30 minutes later. This frustrated her and she continued to be concerned it may happen again, but she followed up she was better an w/c management. She had yet to hear back from the facility on any follow up to the grievance. During an interview on 7/17/25, at 1:07 p.m., R2 stated she was the resident council president. She denied any personal call light response time concerns over the past few days; however, explained that she was overall independent and did not need staff assistance that often. She identified, when she did use her call light, she often waited typically 15 min or so and had waited up to 30 min. This was unacceptable to her, as she felt if she engaged her call light, staff should be more concerned as this was not typical for her. Her expectation was 7 min or less based on a timeframe management told her approximately two years ago. She was unsure of the current management's expectations. R2 explained she observed residents who routinely engaged their call lights "all day," especially at times when "aides are not going to be available," such as mealtimes. This was going to then increase the time they had to wait. R2 stated she had heard residents who complained of call light issues recently and felt this needed to again be addressed at the next meeting. R2 denied management had approached her for conversations related to potential call light concerns. When interviewed on 7/17/25, at 1:24 p.m.., NA-C stated she was expected to answer the call light as soon as it was noted to be on. Often the call lights were on for five to 10 mins, but at times longer. She was unable to state for sure how long call lights were on, as if she were in a room, she may not know the light was on until she finished working with that resident. NA-C verbalized 20 mins was too long for a call light to go unanswered as "maybe someone was on the floor or someone needed help." She stated facility management had recently instructed staff they were required to answer the call light right away, but they have not involved her in any discussions related to extended call light response times.	F0550		

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F0550 SS = D	Continued from page 14 During an interview on 7/17/25, at 1:28 p.m., registered nurse (RN)-A stated facility expectations for answering the call light were five to eight mins, but she was not one hundred percent sure. Her own personal expectation for five to 10 mins; however, she expected staff to try as soon as possible. RN-A expressed increased call light wait times are mainly during morning cares and around mealtimes. She "struggles" with the extended wait times as residents need assistance for such things as bathroom processes and/or they may not feel well. In such cases, she wanted residents to be attended to sooner than later for fall prevention. If a resident was made to wait for extended periods of time, they were more apt to do things themselves. RN-A identified call light concerns were brought to management; however, she had yet to see action to decrease her concerns. When interviewed on 7/17/25, at 1:34 p.m., LPN-B stated facility call light response expectations were not more than 20 mins. If a call light was on, and staff answered it, but the resident needed additional staff assist [two-person transfer], the call light was kept on until both staff returned to the room. LPN-B was unaware of any extended call lights past the expected 20 mins. She explained if a call light was on for longer than this expectation, a resident was at risk for such things as falls and the importance of answering a call light timely was to know resident needs and to ensure resident safety. LPN-B denied any involvement in call light discussions; however, management had come around and informed staff that they expected all staff to answer the call lights. She was unsure as to when this instruction was provided. When interviewed on 7/17/25, at 1:56 p.m., R6 visited with a "best friend" (BF-A). BF-A stated she was here five days a week. Both R6 and BF-A expressed call light response concerns which often occurred a few days a week. At times, the wait times extended to an hour and a half and depended on who worked. Such an incident occurred "last week" when staff "just did not show up." Often, the extended wait times occurred when R6 requested to lay down, as he required a mechanical lift for transfers, and/or he "soiled" his pants. Both R6 and BF-A were concerned for R6's skin status, which currently lacked breakdown, but which he was at great risk for, and for his safety.	F0550		

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F0550 SS = D	Continued from page 15 During an interview on 7/17/25, at 2:04 p.m., R7 visited with her family member (FM)-A. FM-A translated the conversation. R7 stated "most of the time" her call light was not answered timely, or staff entered her room, shut off the light, and walked back out of her room without helping her. She expected it to be answered "right away." FM-A stated he also expected the call light to be answered right away, or at least timely, to at least inquire as to R7's needs and that a wait time above seven or eight minutes was too long. FM-A stated he was aware of call light response concerns as R7 complained to him when he visited, along with observed extended wait times when he visited. Her complaints and his observations did not occur daily but occurred enough for him to discuss concerns with staff. However, staff just gave him reasons such as they did not know what R7 wanted. R6 explained there were times she was scared, especially when she experienced SOB and wanted staff to check her oxygen levels, but staff did not respond to her call light which thus increased her anxiety. FM-A was also concerned that if staff failed to response to R7's call light, R7 may experience increased pain, hunger, and/or respiratory impairments, and, if staff continued to not answer her call light timely, R7 may "give up calling," and then "something serious may happen." When interviewed on 7/17/25, at 2:15 p.m., NA-A stated she was expected to answer the call lights as soon as possible. She expressed concerns related to longer response times which overall occurred during morning cares and around mealtimes. NA-A stated residents were at risk for falls related to this as often they needed help to the bathroom and if were made to wait, the resident may attempt to go by themselves. She had not seen an increase in falls, but she expressed an increased potential for them. NA-A stated management only talked about call light times when a grievance came up, otherwise, they just told her to answer the call light, even it if was not hers. During an interview on 7/17/25, at 2:24 p.m., social worker (SW)-A stated back in May 2025, there were many complaints related to call light response times, but since then, it had decreased. She was unaware of any recent increases. SW-A explained when a grievance was reported to her, she wrote it up or gave the already completed sheet to the grievance director. They then discussed the grievance and determined any corrective action if warranted. She indicated she participated in the grievance committee and felt that over the last month grievances for call lights had improved; however,	F0550		

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F0550 SS = D	Continued from page 16 she stated two care conferences (R1 and R6) this week brought up call light concerns. SW-A stated the expectation was for call lights to be answered within 20 mins. She was unsure who made that decision and verbalized 20 mins was a long time to wait, especially when the bathroom was required. She was concerned about this expectation and/or extended all call times as residents may attempt to get up independently and risk falling or soil themselves and feel embarrassed or angry. She had not heard of resident accidents related to this concern, but she was aware of "upset" residents. When interviewed on 7/17/25, at 2:45 p.m., the social services director (SSD) stated when a grievance came into his office, the team worked together to investigate and come up with an applicable plan if necessary. He denied he kept minutes during the meetings as the meetings were basically just a review of the grievances and what was done. When asked on any recent grievance trends, he stated call light wait times was one of them; however, he explained most of them were found unsubstantiated after review as the wait time the resident stated, was not their true wait time based on the call light logs. He identified seven grievances in June 2025, were more than a typical month but had yet to prepare his information for the July 2025, quality improvement meeting, so was unsure of any follow up on this higher trending. He expected call lights to be answered within 20 mins, which the previous director of nursing (DON) instructed. SSD identified wait times, at times, were over 20 minutes, but when he reviewed the logs after surveyor's request for them, he was impressed the average call light response times were under 10 mins. He verbalized call light times greater than the 20 mins were "too long." When extended times were reported to him during the interview, he indicated those had not come to his attention prior to the survey and thus he was not aware of such extensive concerns, but he identified the facility performed call light education in the past with staff, along with previous audits. He was unaware of any recent follow-up. During an interview on 7/17/25, at 3:18 p.m., the interim director of nursing (DON) stated grievances were brought to the "standup" meetings and a noted trend was related to call light response times. Based on their grievance investigations, they determined staff often forgot to turn the call light off right when they entered the room. The DON indicated he continued to work with LPN-A on assignment adjustment	F0550		

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F0550 SS = D	Continued from page 17 to ease staff workload as the first floor was a heavier workload floor. No additional staff were yet added, however. He hoped the adjustments would help decrease extended call light response times. The DON stated, "there is a general consensus around 20 minutes" for staff to answer the call light; however, he indicated he wanted that lower, at an overall average of seven minutes, but he recognized "things happen." He was unaware how 20 mins came to be the consensus. Call light concerns were brought up in staff meetings and he expected all staff to answer call lights as resident needs could be as simple as requests for a pen to being uncomfortable and/or needing the bathroom. "They need our help, that is why they are here." When interviewed on 7/17/25, at 3:45 p.m., the administrator stated she was not "super involved from a clinical standpoint" with the first floor and indicated the DON and LPN-A worked together to ease workload and to ensure adequate staffing. She expected call lights to be answered "as soon as reasonably possible." She indicated the previous DON's expectation was 20 mins or less which was "drilled into everyone;" however, she was unsure where this timeframe came from. She stated she had never heard of such a high expectation before. To decrease call light response times, she expected staff to work together and communicate with each other. Decreased response times helped ensure resident safety and timely meeting of needs, along with it being good customer service. The administrator explained the grievance meetings were informal, but all grievances were investigated and the process followed. She denied she attended all these meetings and explained SSD brought the information to her. She indicated there was an "uptick" in response times, along with associated grievances, for June 2025, and this went hand in hand on what the DON and LPN-A worked on. She verbalized there had yet to be a full house call light response audit and identified the building average was seven to eight mins. She stated, for the number of residents they had, she was surprised it was that good, but she felt the "outliers" (elevated call light times greater than 20 mins) still needed to be figured out. A Call Lights: Accessibility and Timely Response policy, dated in 2024, directed all staff who see or hear an activated call light were responsible for responding. If the staff was not able to provide the desired assistance, they were to notify the appropriate personnel. When staff responded to a call light, they were to turn the light off, respond accordingly, and if they were unable to meet the needs, assure them they	F0550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2025

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F0550 SS = D	Continued from page 18 would notify the appropriate staff. If assistance was needed for a procedure, staff were to summon help by use of the call light, and they were to stay with the resident until help arrived. The policy lacked identification of a call light response timeframe(s). A Resident Rights policy, dated August 2024, identified residents had the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility, had the right to be treated with respect and dignity, had the right to a safe, clean, and comfortable and homelike environment which included, but was not limited to, receiving treatment and supports for daily living safety.	F0550		

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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 7/15/25, through 7/17/25, a complaint survey was conducted at your facility by a surveyor from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure The following complaint was reviewed during the survey: H55189189C (MN00114533).	20000		08/29/2025

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 **07/17/2025**

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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		

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F0000	INITIAL COMMENTS On 7/15/25, through 7/17/25, a standard abbreviated survey was conducted at your facility. Your facility was not in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H55189189C (MN00114533) with a deficiency issued at (F550). 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		08/29/2025
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding	F0550	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. The facility adheres to the state and federal regulations and follows the guidance from the Resident Bill of Rights to maintain and enforce compliance in respect to resident rights and dignity. R1-R8 who voiced concerns regarding call light delays during this survey, were personally interviewed by the Director of Nursing (DON) or designee to ensure all concerns were addressed. No adverse effects were caused to residents because of call light wait times. All residents will be interviewed to identify any unreported concerns related to call light response times. A facility-wide audit of call light response time data from the past 30 days was conducted to	08/22/2025

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

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F0550 SS = D	Continued from page 1 transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure assistance, to resident triggered call light needs, was provided timely to promote dignity and reduce the risk of potential complications (i.e., incontinence, skin impairments, falls, changes in condition, etc.) for 8 of 8 residents (R1, R2, R3, R4, R5, R6, R7, R8) who expressed concerns related to extended call light response times and associated potential risk factors to their health. R8: R8's quarterly Minimum Data Set (MDS), dated 4/23/25, identified R8 lacked communication impairments and required some form of physical assist with most of his ADLs and mobility. R8 was frequently incontinent of bowel and bladder, at risk for pressure ulcers, and was diagnosed with diabetes, Parkinson's disease, and muscle weakness. R8's medical record identified his most recent brief interview for mental status (BIMS) was 15 (cognitively intact). R8's Admission Record, printed 7/17/25, identified he desired CPR if his heart were to stop beating.	F0550	Continued from page 1 identify patterns or units with excessive delays. The facility has a policy relating to Resident Rights and Call Light Response which remains current. Staff will be educated on resident rights relating to call light wait times and the expectation as it relates to answering resident call lights as soon as reasonably possible. Staff education will be based on policy and facility expectations and monitoring procedures. Call Light Reports will be audited 5x/week x 4 weeks to monitor call light wait times. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits. Administrator, DON, Social Workers, and/or designee (s). The results of these audits will be shared with the facility QAPI Committee for input on the need to increase, decrease, or discontinue the audits.	

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F0550 SS = D	Continued from page 2 R8's comprehensive care plan, reviewed 7/17/25, indicated R8 experienced pain related to a prior right femur fracture, was at risk for falls and needed assist to anticipate needs, required a soft touch call light, history of skin impairments, and was additionally diagnosed with obesity and chronic respiratory failure with hypoxia. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R8 call light activation dates, activation/de-activation timeframes: -7/13/25: 3:01:20 p.m. to 3:32:22 p.m. (31 min and 2 secs). -7/14/25: 2:54:25 p.m. to 3:28:50 p.m., (34 min and 25 secs). R10: R10'a quarterly MDS, dated 5/6/25, identified R10 was cognitively intact and required some form of physical assist with most of his ADLs and mobility. R10 was occasionally incontinence of bladder and always incontinent of bowel, was at risk for pressure ulcers, and was diagnosed with, but not limited to, heart failure, diabetes, depression, diarrhea, and chronic renal disease that required dialysis management. R10's Admission Record, printed 7/17/25, identified he desired CPR if his heart were to stop beating. R10's comprehensive care plan, reviewed 7/17/25, indicated R10 was at risk for falls and experienced pain/potential for pain. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R10 call light activation dates, activation/de-activation timeframes: -7/14/25: 9:45:25 a.m. to 10:16:15 a.m. (30 min and 50 secs). R4: R4's annual MDS, dated 5/16/25, identified R4 was	F0550		

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F0550 SS = D	Continued from page 3 cognitively intact and required physical assistance of staff for ADLs and mobility. He was always incontinent of bowel and bladder, and diagnoses included, but not limited to, diabetes, seizure disorder, schizophrenia (bipolar type), morbid (severe) obesity, and obstructive sleep apnea. R4 fell once in the past quarter and was at risk for pressure ulcers. R4's comprehensive care plan, reviewed 7/17/25, identified R4's cognition was impaired which impacted his memory and decision-making ability. Additionally, R4 had potential for pain related to his diagnoses and decreased mobility, and his behavioral expressions were mania and hallucinations/delusions. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R4 call light activation dates, activation/de-activation timeframes: -7/14/25: 4:02:16 p.m. to 4:41:06 p.m. (38 min and 50 secs), 4:41:54 p.m. to 5:05 p.m. (23 min and 50 secs), 8:49:23 p.m. to 9:13:11 p.m. (23 min and 48 secs), 9:50:18 p.m. to 10:17:25 p.m. (27 min and 7 secs). R5: R5's quarterly MDS, dated 5/20/25, identified R5 was cognitively intact and required extensive physical assist to dependence on staff for ADLs and mobility. R5 was frequently incontinent of bowel and bladder, was at risk for pressure ulcers, and was diagnosed with anxiety disorder, depression, morbid (severe) obesity, and benign neoplasm of the meninges (layers that covers the brain and spinal cord). R5's comprehensive care plan, reviewed 7/17/25, identified R5 experienced pain/potential for pain, and was at risk for falls related to decreased mobility with history of falls and associated fractures. Additionally, she was at risk for abuse with an intervention to assist and support her in an emergency. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R5 call light activation dates, activation/de-activation timeframes: -7/13/25: 2:14:45 p.m. to 3:04:23 p.m. (49 min and 38 secs).	F0550		

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F0550 SS = D	Continued from page 4 -7/14/25: 5:27:15 p.m. to 6:23:26 p.m. (56 min and 31 secs). R2: R2's quarterly MDS, dated 6/24/25, identified R2 was cognitively intact and overall independent with activities of daily living (ADLs). R2 was occasionally incontinent of bladder. Diagnoses included, but not limited to, anxiety disorder, bipolar disorder, post-traumatic stress disorder (PTSD), panic disorder, and a history of falling. At times, R2 experienced shortness of breath (SOB) with activity and a fall in the past quarter. R2 utilized oxygen and was at risk for pressure ulcers. R2's comprehensive care plan, reviewed 7/17/25, identified R2 had altered respiratory status with difficulty breathing related to acute respiratory failure with hypoxia and asthma and that her cognition/decision making skills may be affected by diagnosis of dementia with periods of delirium in relation to malignant brain cancer. Additionally, she was at risk for falls due to impaired mobility and balance, along with many other diagnoses. Staff were to encourage R2 to call for help to bring, or pick up, her laundry and when she wished her radiator adjusted. Staff were also directed to check on R2 frequently to anticipate her needs and there was to be a sign in her room to call for help when assistance was needed to minimize spontaneous impulsive self-transfers. Staff were also to watch her for orientation changes, increased restlessness, anxiety, and air hunger. The Alerts List identified R2 did not engage her call light between 7/13/25, and 7/16/25. R6: R6's quarterly MDS, dated 6/25/25, identified R6 was cognitively intact and was overall dependent on staff for ADLs. R6 utilized a Foley catheter for bladder management but was always incontinent of bowel. R6 was at risk for pressure ulcers and diagnoses included, but not limited to, non-Alzheimer's dementia, MS, depression, and chronic pain syndrome. R6's comprehensive care plan, reviewed 7/17/25, identified R6 had cognitive impairments, but he was a	F0550		

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F0550 SS = D	Continued from page 5 reliable reporter. R6 experienced pain/potential for pain and was at risk for falls. Alerts List reports, dated 7/13/25, through 7/16/25, identified the following R6 call light activation dates, activation/de-activation timeframes: -7/15/25: 12:24:07 p.m. to 12:59:36 p.m. (35 min and 29 secs), 5:15:02 p.m. to 5:44:32 p.m. (29 min and 30 secs). R7: R7's quarterly MDS, dated 6/26/25, identified R7's primary language was not English, and she was severely cognitively impaired. R7 required substantial/maximal physical assist with ADLs and mobility, was always incontinent of bowel and bladder, and was at risk for pressure ulcers. Diagnoses included, but not limited to, heart failure, diabetes, non-Alzheimer's dementia, anxiety disorder, depression, dependence on supplemental oxygen, and morbid obesity with alveolar hypoventilation (failure to breath rapidly or deeply enough resulting in low oxygen levels and high blood carbon dioxide levels). R7's Admission Record, printed 7/17/25, identified she desired CPR if her heart were to stop beating. R7's comprehensive care plan, reviewed 7/17/25, indicated R7 had an English language deficit, experienced chronic pain, was at risk for falls, needed staff to assist with anticipation of needs, was at risk for complications associated with high or low blood sugars, and had difficulty breathing. Alerts List reports, dated 7/7/25 and 7/13/25, through 7/16/25, identified the following R7 call light activation dates, activation/de-activation timeframes: -7/7/25: 4:02 p.m. to 6:13:26 p.m. (2 hours, 11 min, and 18 secs). -7/13/25: 5:58:48 a.m. to 6:37:10 a.m. (38 min and 22 secs), 8:18:39 p.m. to 8:43:12 p.m., (24 min and 33 secs), 10:29:18 a.m. to 11:15:54 a.m. (46 min and 36 secs), 10:41:21 p.m. to 11:09:28 p.m. (28 min and 7 secs).	F0550		

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F0550 SS = D	Continued from page 6 -7/15/25: 4:32:30 p.m. to 4:57:55 p.m. (25 min and 25 secs), 5:03:34 p.m. to 5:48:35 p.m. (45 min and 1 sec). -7/16/25: 10:27:31 a.m. to 10:56 a.m. (29 min and 27 secs), 6:33:31 p.m. to 6:59:29 p.m., (25 min and 58 secs). R1: R1 quarterly Minimum Dat Set (MDS), dated 6/30/25, identified R1 was cognitively intact and required substantial/maximal staff assistance for transfers and toileting. Additionally, R1 was frequently incontinence to bowel and bladder, was assessed to have moisture associated skin damage (MASD), and was at risk for developing pressure ulcers. Diagnoses included, but not limited to, diabetes and multiple sclerosis (MS). R1's comprehensive care plan, reviewed 7/16/25, identified R1 grieved his loss of independence related to MS and was triggered by call light wait times. Interventions indicated R1 wanted to be acknowledged by staff if his needs were unable to be met immediately when he activated his call light. Staff were directed to update him when they expected they would return to assist him and were to return to him at that time. Additionally, staff were to support R1 by providing him with a safe and welcoming environment. The care plan identified additional diagnoses of history of pressure ulcer to both left and right buttocks, morbid (severe) obesity, diarrhea, and borderline personality disorder. Additionally, R1 was able to use the standing lift with one staff when not behavioral, and when the nurse manager was in the building. At other times, he required two staff for standing lift transfers. A Grievance form, dated 6/13/25, identified R1 was concerned that he pushed his call light at 1:50 p.m. and it remained on until approximately 2:35 p.m. to 2:40 p.m. Staff informed him they would grab someone and be right back. The grievance form lacked evidence which day his concern pertained to; however, an Alerts list (call light activation and response times) report identified a log dated 6/11/25, and identified the following call light activation and de-activation timeframes: -8:41:58 p.m. to 9:11:24 p.m. (29 min and 26 seconds (secs). -3:40:31 p.m. t0 4:00:09 p.m. (19 min and 38 secs).	F0550		

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F0550 SS = D	Continued from page 7 -An attached staff's (unreadable signature) statement, dated 6/13/25, indicated they spoke to R1 and R1 indicated staff answered the light within 20 minutes to communicate that another staff needed to be present, and left to find another staff to assist. The note identified this was in accordance with R1's care plan. The facility follow-up lacked a call light log from 6/13/25, or any other days, or how long it took the staff to return. Alerts List (call light activation and response times) reports, dated 7/7/25, and 7/13/25, through 7/16/25, identified the following R1 call light activation dates, activation/de-activation timeframes: -7/7/2: 6:32:59 a.m. to 7:05:18 a.m. (32 min and 19 secs), 10:28:13 a.m. to 11:02:59 a.m. (34 min and 46 secs). -7/9/25: 10:22:42 a.m. to 11:05:04 a.m. (42 min and 22 secs), 8:20 p.m. to 8:46 p.m. (26 min and 27 secs). -7/13/25: 12:03:25 p.m. to 12:28:44 p.m., (25 min and 19 secs), 4:12:24, p.m. to 4:37:32 p.m. (25 min and 8 secs), 8:22:40 p.m. to 8:51:10 p.m. (28 min and 30 secs). -7/14/25: 5:44 p.m. to 6:12:13 p.m. (28 min and 3 secs), 9:26:24 p.m. to 9:50 p.m. (24 min and 32 secs). -7/16/25: 10:27:55 a.m. to 10:52:45 p.m. (24 min and 50 secs). R3: R3's medical record identified she admitted on 7/10/25 and a BIMS, dated 7/14/25, identified she was cognitively intact. Additionally, R3 desired full resuscitation (CPR) if her heart were to stop beating. R3s comprehensive care plan, reviewed 7/17/25, identified R3 required extensive physical assist of staff for ADLs and mobility, and was at risk for falls and skin breakdown due to incontinence-associated dermatitis. Identified diagnoses included but not limited to aftercare for knee replacement and morbid obesity. Alerts List reports, dated 7/13/25, through 7/16/25,	F0550		

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F0550 SS = D	Continued from page 8 identified the following R3 call light activation dates, activation/de-activation timeframes: -7/13/25: 7:36 p.m. to 8:07:18 p.m. (31 min and 6 secs). -7/16/25: 6:12:23 a.m. to 6:33:47 a.m. (21 min and 24 secs), 10:37:27 a.m. to 10:59:30 a.m. (22 min and 3 secs). Facility wide Alerts List reports, dated 7/13/25, through 7/16/25, identified the following additional call light information: -1st Floor (35 rooms activated at least once in the 4 days and 11 rooms in total with call light response times 20 min or greater on one or more instances. -7/13/25: 6 (call light activations 20 min or greater). -7/14/25: 6 -7/15/25: 3 -7/16/25: 3 -18 total call light activations 20 min or greater. -20 to 29:59 min: 11 (number of call lights). -30 to 39:59 min: 2 -40 to 49:59 min: 4 -50 to 59:59 min: 0 -60 to 119:59 min: 1 -2nd Floor (45 rooms activated at least once in the 4 days and 15 rooms in total with call light response times 20 min or greater on one or more instances. -7/13/25: 12 (call light activations 20 min or greater). -7/14/25: 5 -7/15/25: 5 -7/16/25: 4 -26 total call light activations 20 min or greater.	F0550		

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F0550 SS = D	Continued from page 9 -20 to 29:59 min: 18 (number of call lights). -30 to 39:59 min: 3 -40 to 49:59 min: 3 -50 to 59:59 min: 2 -3rd Floor (44 rooms activated at least once in the 4 days and 25 rooms in total with call light response times 20 min or greater on one or more instances. -7/13/25: 25 (call light activations 20 min or greater). -7/14/25: 27 -7/15/25: 16 -7/16/25: 10 -78 total call light activations 20 min or greater. -20 to 29:59 min: 33 (number of call lights). -30 to 39:59 min: 22 -40 to 49:59 min: 9 -50 to 59:59 min: 3 -60 to 119:59 min: 9 120 to 180 min: 2 Call light audits were requested, along with any information to support the higher trending of extended call light times was acted upon prior to the survey; however, none was provided. A post-survey email from the administrator, dated 7/18/25, provided additional details related to grievances, and identified the following respective information: (month, number of grievances related to Wait Times, percentage of wait times based on their census, and average call light response times): -January: 6; 3.64%; 7 min and 54 secs. -February: 3; 2.04%; 7 min and 29 secs.	F0550		

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F0550 SS = D	Continued from page 10 -March: 5; 3.4%; 7 min 48 secs. -April: 5; 3.5%; 7 min 36 secs. -May: 3; 2.0%; 7 min 28 secs. -June: 6; 3.68%; 8 min 9 secs. -July: 1 as of 7/15/25; 0.63%; 7 min 29 secs. A post-survey email from the administrator, dated 7/18/25, provided additional details related to grievances follow-up and identified on 7/9/25, a staff meeting was held, and staff were educated on "reasonable accommodation for needs/preferences," and call lights being a "repeated grievance," along with customer service education, resident rights, dignity, and the importance of these items. An image of the education was attached which identified that on 5/27/25, multiple call lights were "ringing on the second floor for greater than six minutes," and on 5/28/25, during the morning med pass, room 253 rang for 5.5 minutes before the nursing assistant stopped her tray delivery and answered the call light. "While 5 minutes is GREAT, what was identified is that staff were passing the room while the call light was on and not acknowledging the resident." Another image identified "F585 - Grievances," and "Call lights are a repeat grievance month after month in the binder." The education provided lacked any additional information. During an interview on 7/16/25, at 11:22 a.m., R8 stated overall he had no concerns with his stay; however, call light response times "bothered" him. He expected the call light to be answered within five to 10 mins but, at times, which occurred at least weekly, the time was extended "at times up to 30 minutes." He denied any negative outcomes related to this; however, he was concerned that he may have increased pain, incontinence, or that he may go hungry, if staff did not answer it timely. During an interview, and video reviews, on 7/16/25, at 11:31 a.m., R1 expressed multiple concerns related to his stay; however, he was most concerned with extended call light response times. Most of his requests centered around his bathroom needs, where extended wait times caused increased incontinence that led to increased skin concerns, such as chafing, especially in the setting of past skin breakdown. He explained, when	F0550		

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F0550 SS = D	Continued from page 11 he "has to go," he "has to go now." He indicated wait times were as long as 58 min and expressed, "If I had a heart attack, I would be dead," and blamed a current urinary tract infection (UTI) on these wait times and having to sit in incontinent stool. He did not feel this was the fault of staff, but blamed management as they required him to have two staff for transfers [which was required when R1 became behavioral.] R1 showed the surveyor three videos. One video, dated 7/7/25, at 6:54 a.m., identified R1 yelled out for help for a few mins, and no one responded before he ended the video. A follow up video, dated 7/7/25, at 7:10 a.m., showed two staff in R1's room. R1 was agitated with elevated vocal tones with rushed speech, and argumentative with the staff. He stated to staff that he had to wait more than 20 mins and then more than 40 mins before staff assisted him. A third video, dated 7/9/25, at 10:45 a.m., showed R4 sat in a w/c in his room. He stated he pushed his call light button at 10:23 a.m., and staff had informed him they had to wait for someone as he needed two staff which he thought was "bullshit" as he could basically stand on his own. Additionally, he commented, "I cannot handle this anymore," and that he was, "Sitting here in my own piss with a chafed bottom." When interviewed on 7/16/25, at 12:11 p.m., R4 stated he was overall satisfied with his care; however, call light times could be better. Typically, staff answered his call light within 15 min, which was acceptable to him; however, there were times when it took 20 to 30 min, which was not acceptable. He indicated this elevated response time occurred "maybe once a week," and had occurred in the past few days. He explained these instances were often when he felt he needed his incontinence product changed. This concerned R4 as he wished to be free of bed sores or other skin issues. Additionally, "if there is something major and they would not respond quickly, that could be a problem." During an interview on 7/16/25, at 12:19 p.m., R5, when asked if there were any concerns with her call light, immediately stated she was "sick and tired of sitting in [her] poop." She explained that 15 min was acceptable, but anything over that was not. Call light response times were often over the 15 min expectation, and she recently was made to wait over an hour for an incontinence brief change after she experienced an episode of diarrhea. This concerned her as she stayed in bed most of the time and already had skin breakdown. Additionally, as she was at the very end of the hallway, if something serious was to happen, she would	F0550		

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F0550 SS = D	Continued from page 12 not get timely help. She indicated she had many issues, with anxiety being among them, and just thinking about them not getting to her timely increased her anxiety. R5 stated increased response times were worse prior to and after meals, but today they seemed better. She expressed this was due to the surveyor's presence in the building, and thanked the surveyor for the visit as "it saves [her]a call." During an interview on 7/17/25, at 10:58 a.m., licensed practical nurse (LPN)-A identified herself as the first-floor clinical coordinator. She stated staffing was based on census and not acuity, which concerned her, as her floor experienced higher acuity residents. Recently, in response to this concern, she redistributed assignments to assist with workflow; however, had yet to see improvements. She was unaware of any adverse outcomes related to their current staffing patterns; however, she had noticed an increase in grievances related to extended call light response times. LPN-A identified the facility had a grievance committee which met once a week; however, no official notes were taken. Despite this meeting, follow up on the grievance concerns basically was non-existent so far, other than the redistribution of assignments and instructions to staff that all staff were to answer call lights, but she stated staff already knew this expectation. LPN-A stated that initially facility expected call light times was between seven and 14 min, but when they received new administration, this increased to 20 mins. She expressed an expectation for her staff of 10 mins. LPN-A reported that around early 2022 or 2023, call light audit reports were run and any response over 13 mins was followed up on; however, this was no longer performed. Currently, call light times were only reviewed with the grievance process. LPN-A explained she felt call light grievances were increased due to "admit after admit of complex people" and her unit being "heavy." She continued with staff just did not have the time to promptly answer call lights and due to this she focused on ensuring residents were updated about expected response time frames: "This is how we manage, but it is not the greatest system." When interviewed on 7/17/25, at 1:00 p.m., R3 indicated that her call light was answered "normally within five to 10 minutes, which she expected; however, there were times when this was elevated. She verbalized, at least once, it took over 30 minutes for assistance to go to the bathroom. This significantly concerned her as she was fearful of bladder accidents if her call light was not answered in her expected timeframes. In response,	F0550		

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F0550 SS = D	Continued from page 13 she attempted to plan and put her call light on before she had to void "as you never know when they will show up." R3 stated she had filed a grievance related to call light use; however, this was in response to a staff member who brought her back to her room and just pushed her in and left her without ensuring she had her call light. She attempted to get staff's attention, as she was not well versed in operating the wheelchair (w/c) at that time, but staff did not respond until approximately 30 minutes later. This frustrated her and she continued to be concerned it may happen again, but she followed up she was better an w/c management. She had yet to hear back from the facility on any follow up to the grievance. During an interview on 7/17/25, at 1:07 p.m., R2 stated she was the resident council president. She denied any personal call light response time concerns over the past few days; however, explained that she was overall independent and did not need staff assistance that often. She identified, when she did use her call light, she often waited typically 15 min or so and had waited up to 30 min. This was unacceptable to her, as she felt if she engaged her call light, staff should be more concerned as this was not typical for her. Her expectation was 7 min or less based on a timeframe management told her approximately two years ago. She was unsure of the current management's expectations. R2 explained she observed residents who routinely engaged their call lights "all day," especially at times when "aides are not going to be available," such as mealtimes. This was going to then increase the time they had to wait. R2 stated she had heard residents who complained of call light issues recently and felt this needed to again be addressed at the next meeting. R2 denied management had approached her for conversations related to potential call light concerns. When interviewed on 7/17/25, at 1:24 p.m.., NA-C stated she was expected to answer the call light as soon as it was noted to be on. Often the call lights were on for five to 10 mins, but at times longer. She was unable to state for sure how long call lights were on, as if she were in a room, she may not know the light was on until she finished working with that resident. NA-C verbalized 20 mins was too long for a call light to go unanswered as "maybe someone was on the floor or someone needed help." She stated facility management had recently instructed staff they were required to answer the call light right away, but they have not involved her in any discussions related to extended call light response times.	F0550		

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F0550 SS = D	Continued from page 14 During an interview on 7/17/25, at 1:28 p.m., registered nurse (RN)-A stated facility expectations for answering the call light were five to eight mins, but she was not one hundred percent sure. Her own personal expectation for five to 10 mins; however, she expected staff to try as soon as possible. RN-A expressed increased call light wait times are mainly during morning cares and around mealtimes. She "struggles" with the extended wait times as residents need assistance for such things as bathroom processes and/or they may not feel well. In such cases, she wanted residents to be attended to sooner than later for fall prevention. If a resident was made to wait for extended periods of time, they were more apt to do things themselves. RN-A identified call light concerns were brought to management; however, she had yet to see action to decrease her concerns. When interviewed on 7/17/25, at 1:34 p.m., LPN-B stated facility call light response expectations were not more than 20 mins. If a call light was on, and staff answered it, but the resident needed additional staff assist [two-person transfer], the call light was kept on until both staff returned to the room. LPN-B was unaware of any extended call lights past the expected 20 mins. She explained if a call light was on for longer than this expectation, a resident was at risk for such things as falls and the importance of answering a call light timely was to know resident needs and to ensure resident safety. LPN-B denied any involvement in call light discussions; however, management had come around and informed staff that they expected all staff to answer the call lights. She was unsure as to when this instruction was provided. When interviewed on 7/17/25, at 1:56 p.m., R6 visited with a "best friend" (BF-A). BF-A stated she was here five days a week. Both R6 and BF-A expressed call light response concerns which often occurred a few days a week. At times, the wait times extended to an hour and a half and depended on who worked. Such an incident occurred "last week" when staff "just did not show up." Often, the extended wait times occurred when R6 requested to lay down, as he required a mechanical lift for transfers, and/or he "soiled" his pants. Both R6 and BF-A were concerned for R6's skin status, which currently lacked breakdown, but which he was at great risk for, and for his safety.	F0550		

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F0550 SS = D	Continued from page 15 During an interview on 7/17/25, at 2:04 p.m., R7 visited with her family member (FM)-A. FM-A translated the conversation. R7 stated "most of the time" her call light was not answered timely, or staff entered her room, shut off the light, and walked back out of her room without helping her. She expected it to be answered "right away." FM-A stated he also expected the call light to be answered right away, or at least timely, to at least inquire as to R7's needs and that a wait time above seven or eight minutes was too long. FM-A stated he was aware of call light response concerns as R7 complained to him when he visited, along with observed extended wait times when he visited. Her complaints and his observations did not occur daily but occurred enough for him to discuss concerns with staff. However, staff just gave him reasons such as they did not know what R7 wanted. R6 explained there were times she was scared, especially when she experienced SOB and wanted staff to check her oxygen levels, but staff did not respond to her call light which thus increased her anxiety. FM-A was also concerned that if staff failed to response to R7's call light, R7 may experience increased pain, hunger, and/or respiratory impairments, and, if staff continued to not answer her call light timely, R7 may "give up calling," and then "something serious may happen." When interviewed on 7/17/25, at 2:15 p.m., NA-A stated she was expected to answer the call lights as soon as possible. She expressed concerns related to longer response times which overall occurred during morning cares and around mealtimes. NA-A stated residents were at risk for falls related to this as often they needed help to the bathroom and if were made to wait, the resident may attempt to go by themselves. She had not seen an increase in falls, but she expressed an increased potential for them. NA-A stated management only talked about call light times when a grievance came up, otherwise, they just told her to answer the call light, even it if was not hers. During an interview on 7/17/25, at 2:24 p.m., social worker (SW)-A stated back in May 2025, there were many complaints related to call light response times, but since then, it had decreased. She was unaware of any recent increases. SW-A explained when a grievance was reported to her, she wrote it up or gave the already completed sheet to the grievance director. They then discussed the grievance and determined any corrective action if warranted. She indicated she participated in the grievance committee and felt that over the last month grievances for call lights had improved; however,	F0550		

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F0550 SS = D	Continued from page 16 she stated two care conferences (R1 and R6) this week brought up call light concerns. SW-A stated the expectation was for call lights to be answered within 20 mins. She was unsure who made that decision and verbalized 20 mins was a long time to wait, especially when the bathroom was required. She was concerned about this expectation and/or extended all call times as residents may attempt to get up independently and risk falling or soil themselves and feel embarrassed or angry. She had not heard of resident accidents related to this concern, but she was aware of "upset" residents. When interviewed on 7/17/25, at 2:45 p.m., the social services director (SSD) stated when a grievance came into his office, the team worked together to investigate and come up with an applicable plan if necessary. He denied he kept minutes during the meetings as the meetings were basically just a review of the grievances and what was done. When asked on any recent grievance trends, he stated call light wait times was one of them; however, he explained most of them were found unsubstantiated after review as the wait time the resident stated, was not their true wait time based on the call light logs. He identified seven grievances in June 2025, were more than a typical month but had yet to prepare his information for the July 2025, quality improvement meeting, so was unsure of any follow up on this higher trending. He expected call lights to be answered within 20 mins, which the previous director of nursing (DON) instructed. SSD identified wait times, at times, were over 20 minutes, but when he reviewed the logs after surveyor's request for them, he was impressed the average call light response times were under 10 mins. He verbalized call light times greater than the 20 mins were "too long." When extended times were reported to him during the interview, he indicated those had not come to his attention prior to the survey and thus he was not aware of such extensive concerns, but he identified the facility performed call light education in the past with staff, along with previous audits. He was unaware of any recent follow-up. During an interview on 7/17/25, at 3:18 p.m., the interim director of nursing (DON) stated grievances were brought to the "standup" meetings and a noted trend was related to call light response times. Based on their grievance investigations, they determined staff often forgot to turn the call light off right when they entered the room. The DON indicated he continued to work with LPN-A on assignment adjustment	F0550		

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F0550 SS = D	Continued from page 17 to ease staff workload as the first floor was a heavier workload floor. No additional staff were yet added, however. He hoped the adjustments would help decrease extended call light response times. The DON stated, "there is a general consensus around 20 minutes" for staff to answer the call light; however, he indicated he wanted that lower, at an overall average of seven minutes, but he recognized "things happen." He was unaware how 20 mins came to be the consensus. Call light concerns were brought up in staff meetings and he expected all staff to answer call lights as resident needs could be as simple as requests for a pen to being uncomfortable and/or needing the bathroom. "They need our help, that is why they are here." When interviewed on 7/17/25, at 3:45 p.m., the administrator stated she was not "super involved from a clinical standpoint" with the first floor and indicated the DON and LPN-A worked together to ease workload and to ensure adequate staffing. She expected call lights to be answered "as soon as reasonably possible." She indicated the previous DON's expectation was 20 mins or less which was "drilled into everyone;" however, she was unsure where this timeframe came from. She stated she had never heard of such a high expectation before. To decrease call light response times, she expected staff to work together and communicate with each other. Decreased response times helped ensure resident safety and timely meeting of needs, along with it being good customer service. The administrator explained the grievance meetings were informal, but all grievances were investigated and the process followed. She denied she attended all these meetings and explained SSD brought the information to her. She indicated there was an "uptick" in response times, along with associated grievances, for June 2025, and this went hand in hand on what the DON and LPN-A worked on. She verbalized there had yet to be a full house call light response audit and identified the building average was seven to eight mins. She stated, for the number of residents they had, she was surprised it was that good, but she felt the "outliers" (elevated call light times greater than 20 mins) still needed to be figured out. A Call Lights: Accessibility and Timely Response policy, dated in 2024, directed all staff who see or hear an activated call light were responsible for responding. If the staff was not able to provide the desired assistance, they were to notify the appropriate personnel. When staff responded to a call light, they were to turn the light off, respond accordingly, and if they were unable to meet the needs, assure them they	F0550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0550 SS = D	Continued from page 18 would notify the appropriate staff. If assistance was needed for a procedure, staff were to summon help by use of the call light, and they were to stay with the resident until help arrived. The policy lacked identification of a call light response timeframe(s). A Resident Rights policy, dated August 2024, identified residents had the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility, had the right to be treated with respect and dignity, had the right to a safe, clean, and comfortable and homelike environment which included, but was not limited to, receiving treatment and supports for daily living safety.	F0550		

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 **07/17/2025**

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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 7/15/25, through 7/17/25, a complaint survey was conducted at your facility by a surveyor from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure The following complaint was reviewed during the survey: H55189189C (MN00114533).	20000		08/29/2025

Office of Primary Care and Health Systems Management

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 **07/17/2025**

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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		