Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 9, 2025

Administrator
Green Lea Senior Living
115 North Lyndale, Rr 2 Box 49
Mabel, MN 55954

RE: CCN: 245536

Cycle Start Date: September 26, 2025

Dear Administrator:

On September 26, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J).

The Statement of Deficiencies (CMS-2567) is being electronically delivered and does not require a plan of correction (POC) because corrective action was taken prior to the survey (past non-compliance).

REMOVAL OF IMMEDIATE JEOPARDY

On September 17, 2025, the situation of immediate jeopardy to potential health and safety cited at F689 was removed.

REMEDIES

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

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

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

NURSE AIDE TRAINING PROHIBITION

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

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/ Competency Evaluation Programs or Competency Evaluation Programs for two years effective September 26, 2025. This prohibition is **not subject to appeal**. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Green Lea Senior Living is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective September 26, 2025. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a

waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

DEPARTMENT CONTACT

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

Lisa Krebs, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

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

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division

Minnesota Department of Health
Freeman Building | HRD-OLF 3B
625 Robert St. N.
P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245536	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Lea Senior Living	**115 NORTH LYNDALE, RR 2 BOX 49 , MABEL, Minnesota, 55954**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS On 9/25/25, and 9/26/25, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following complaints were reviewed: H55364761C (2624287), H55364761C (2618330), and H55364260C (2613505). A deficiency was issued at F689 at PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F0000		
F0689 SS = SQC-J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to ensure safe transfers for 1 of 1 resident (R1) while using a mechanical lift and did not follow the correct procedure for applying the straps of the sling to the lift. As a result, the sling became unhooked from the mechanical lift, R1 fell to the floor, and sustained a hematoma (collection of blood outside a blood vessel) to the back of her head, and fractures to the left 3rd, 4th, and 6th ribs which	F0689	"Past Noncompliance - no plan of correction required"	

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

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

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F0689 SS = SQC-J	Continued from page 1 resulted in an immediate jeopardy (IJ). The IJ began on 9/15/25 when facility staff failed to follow manufacturer directions for connecting a sling to a mechanical lift and R1 fell from the lift. The Administrator, nurse consultant, and director of nursing (DON) were notified of the past non-compliance (PNC) IJ on 9/26/25 at 11:35 a.m. The facility immediately implemented and began corrective action on 9/15/25, and the deficient practice was corrected on 9/17/25, prior to the start of the survey and was therefore issued as a PNC IJ. Findings include: R1's face sheet dated 9/26/25, identified diagnoses of spondylosis of the lumbosacral and cervical region (stiffening of the spine), pain in right shoulder, and muscle weakness. R1's annual Minimum Data Set (MDS) dated 8/12/25, identified R1 was cognitively intact and had no behaviors. R1 required maximum assistance to transfer between surfaces. R1's care plan revised on 9/16/25, identified R1 required two staff assistance to transfer with the mechanical lift. Staff refer to the mechanical lift sling size list posted at the nurses station and NA charting room for sling size. The facility Nursing Home Incident Report (NHIR) dated 9/19/25, identified on 9/15/25 staff used two slings and did not follow facility protocol. Staff were transferring R1 into a shower chair for a shower. Sling noted to be too small and instead of removing sling under resident the staff placed another sling under resident and hooked up both slings on the mechanical lift. R1's progress note dated 9/15/25 at 4:06 p.m., identified licensed practical nurse (LPN)-A received a call over the radio system to come to R1's room STAT (immediately). LPN-A entered the room and observed the bath chair with brakes locked, in the middle of the room. The mechanical lift was in the highest position, with two straps of the sling connected to the lift, and two straps dangling. Brakes on the mechanical lift were locked. R1 was observed below the lift with the left side of her head on the floor directly by the left front wheel of the bath chair, left side of body on the floor, left foot on the platform of the mechanical lift, with right leg crossed over the top of her left leg, left shoulder under body with left arm across	F0689		

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F0689 SS = SQC-J	Continued from page 2 chest to right shoulder, right arm was holding a nursing assistants (NA) hand. R1 stated she hit her head and LPN-A felt a quarter-sized lump on the back of her head. LPN-A took R1's vital signs. To prevent further injuries, LPN-A called for an ambulance to assist with lifting R1 and sent R1 to the emergency room for evaluation. R1's progress note dated 9/15/25 at 10:44 p.m., identified R1 returned to facility with a diagnosis of head injury. R1 complained of back pain and agreed to sleep in bed for pain management and ease of ability to make observations for further injuries. R1 was given hydromorphone (opioid given for moderate to severe pain) at 10:30 p.m. with a dose of Tylenol for pain rated 7/10. R1's emergency room After Visit Summary (AVS) dated 9/15/25, identified R1 was seen for a head injury. A Computed Tomography (CT) was done on R1's head and an x-ray of the left femur was completed. R1's progress note dated 9/16/25 at 3:06 a.m., identified R1 continued to have mild pain to left rib area and sensitivity to hematoma on the left back of head. R1's progress note dated 9/17/25 at 10:15 a.m., identified R1 was seen by her physician for follow-up from the fall on 9/15/25. R1's physician visit note dated 9/17/25, identified R1 unable to participate in rotator cuff muscle testing due to pain and limited range of motion. R1 was not able to lift her left elbow or shoulder off the bed due to pain. R1 reported significant pain all along her left side. R1 stated everything felt stiff. R1 was lying in bed for exam, which was unlike her as she typically detests her bed and prefers to sleep in her recliner. R1's progress note dated 9/21/25 at 3:30 a.m., identified R1 had 8/10 left rib pain. R1 was only able to move/shift very gently and limited in her bed. R1 refused to roll or be transferred from bed due to the pain as it intensified with upper body movement. R1 also had left upper arm pain with any left arm movement and kept the left arm resting across her chest. R1 stated the pain became worse on 9/20/25 in the afternoon. Emergency room evaluation was offered and R1 refused at this time. Reviewed emergency department after visit summary from 9/15/25, and identified no chest x-ray had been completed. R1 questioned if she had broken ribs. Area under left breast very tender to	F0689		

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F0689 SS = SQC-J	Continued from page 3 touch. Unable to determine obvious asymmetry, bulge, or deformity. Skin is pink where R1's hand was resting, otherwise no bleeding or bruising visible. Mild to moderate discomfort with deep breaths, ok with regular breathing. Not in respiratory distress and oxygen saturations were between 91-96% on room air, with respirations 17-20 breaths per minute. R1's progress note dated 9/21/25 at 9:40 a.m., identified R1 was transferred to the emergency department for 10/10 left sided pain. R1 also expressed pain with breathing, grimacing/groaning/splinting with hand, crying out in pain. No bruising noted. R1's progress note dated 9/21/25 at 2:08 p.m., identified emergency department nurse called and stated R1 had multiple fractures of the ribs on the left side and would be returning to facility. R1's emergency room AVS dated 9/21/25, identified R1 presented with left sided rib pain. R1 had exquisite tenderness (severe pain) in the left lateral chest area with no bruising, crepitation (crackling or rattling sound), or subcutaneous air (air trapped under the skin). CT scans identified subtle nondisplaced (bone cracks but maintains its alignment) fracture along the lateral (side) aspect of the left 3rd rib. Probable nondisplaced fracture along the anterolateral (front and side) aspect of the left 4th rib, minimally displaced (ends of the break are not aligned) fracture along the posterolateral (back and side) aspect of the left 5th rib. Nondisplaced fracture along the posterolateral aspect of the left 6th rib. Severe central compression fracture at T12 (spinal injury where the 12th vertebra collapses). During an interview on 9/25/25 at 3:10 p.m., R1 recalled on 9/15/25, she was in the wheelchair, and the NA's put her in the sling and R1 stated to not put her in that sling, she did not like it and it hurt. It had the crisscross on it. The NA's barely got a little way out and "all hell broke loose," the sling came apart and R1 was on the floor. R1 fell on her left side and bumped her head. R1 stated she laid on the floor for quite a while before she would let anyone move her. The first time she went to the emergency room they x-rayed her head and from her foot to her knee. The second time she went to the emergency room they discovered she had four broken ribs. R1 stated the NA's put two slings under her but had no idea how the fall occurred. During an interview on 9/25/25 at 4:25 p.m., NA-A stated on 9/15/25, NA-B asked for help to transfer R1. R1 was in the wheelchair and was going to transfer to	F0689		

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F0689 SS = SQC-J	Continued from page 4 the shower chair. R1 had a full body sling behind her. NA-B and R1 decided they did not want to use the sling that was already in place under R1 because they did not want it to get wet. NA-A and NA-B left the full body sling behind R1 and placed a crisscross sling behind R1, as well. NA-A stated she should have spoken up at that time and not placed the second sling behind R1 without removing the one that was behind her. NA-A stated she and NA-B hooked up the crisscross sling and lifted R1 into the air with no issues. NA-A pulled the wheelchair out from underneath R1 and put the shower chair under her. NA-A pulled back on R1's sling to position her in the shower chair and that is when she fell. NA-A stated the incident happened so fast and that her and NA-B should have slowed down and did the proper steps, triple checked that everything was okay. NA-A stated it was a mistake on both her and NA-B's part for not triple checking the sling prior to lifting R1. NA-A stated she could have clipped the sling onto the mechanical lift incorrectly. During an interview on 9/25/25 at 4:34 p.m., NA-B stated on 9/15/25, her and NA-A were going to transfer R1 from the wheelchair into the shower chair. They put the crisscross sling on R1 so that it could be taken out during the shower. NA-B stated she hooked the crisscrossed leg straps onto the mechanical lift and NA-A hooked the shoulder straps. NA-B began lifting R1 and they switched chairs. NA-A was pulling R1 back into the shower chair and NA-B reached for the incontinent brief to pull out and R1 fell. NA-B recalled both of R1's leg straps and one shoulder strap were still attached to the mechanical lift. The full body sling was still in the wheelchair, R1 was only attached to the crisscross sling. R1 hit the lower part of her head on the shower chair and landed on her left side on the floor. During an interview on 9/25/5 at 4:01 p.m., LPN-A stated on 9/15/25 around 4:00 p.m., LPN-A was called to come immediately to R1's room. LPN-A saw R1 on the floor and the mechanical lift in the highest position with one side of the sling connected to one side of the mechanical lift and the other side dangling. LPN-A did not want to use the mechanical lift to get R1 off the floor as she was worried afraid of cervical or spinal injuries and called emergency medical services to assist and transport R1 to the emergency room. R1 complained of left side rib and shoulder pain and had a hematoma approximately the size of a twenty-five to fifty cent piece on the back of her head. LPN-A examined the sling that was connected to the mechanical lift and did not notice any issues with it. The DON was called, and staff were not allowed to use the	F0689		

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F0689 SS = SQC-J	Continued from page 5 mechanical lift until they were re-trained on it. During an interview on 9/26/25 at 9:54 a.m., DON and Administrator were present. DON stated NA-A and NA-B explained R1 had the wrong size sling under her and was complaining about it digging into her thighs and that is why they used a different sling. The error happened when the NAs hooked both slings up to the mechanical lift to transfer R1 and did not follow protocol, contrary to NA interviews. Maintenance examined the mechanical lift prior to putting it back in use and there were no holes, tears, or rips in any of the slings. DON began training all nursing staff on mechanical lifts and correct sling sizes and would not let any staff use the mechanical lift until they had been retrained. The facility Using a Mechanical Lifting Machine policy dated 9/16/25, identified at least two NA's are needed to move a resident with a mechanical lift. Measure the resident for the proper sling size and purpose, according to manufacturer's instructions. Place the sling under the resident. Visually check to make sure it is not too large or small. Make sure the sling is securely attached to the clips and that it is properly balanced. The PNC IJ that began on 9/15/25, was removed on 9/17/25, when it was verified, the facility implemented the following: 1) NAR's immediately removed from the floor and given education on mechanical lifts, safe transfers, and sling safety with return demonstration on 9/15/25. 2) All nursing staff education on mechanical lifts, safe transfers, and sling safety with return demonstration began on 9/15/25 and continued until all staff were trained and completed on 9/17/25. 3) Disciplinary action for NAR's involved in the incident on 9/16/25. 4) Mandatory staff meeting regarding mechanical lifts and sling safety completed on 9/18/25. 5) Audits will be completed bi-weekly for three months and reviewed with the Quality Assurance and Performance Improvement team.	F0689		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 9, 2025

Administrator
Green Lea Senior Living
115 North Lyndale, Rr 2 Box 49
Mabel, MN 55954

Re: Event ID: 1D7F19-H1

Dear Administrator:

The above facility survey was completed on September 26, 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
Freeman Building | HRD-OLF 3B
625 Robert St. N.
P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us

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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 9/25/25, and 9/26/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure. The following complaints were reviewed during the survey: H55364761C (2624287), H55364761C (2618330), and H55364260C (2613505).	20000		

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Minnesota State Department of Health

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