Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
April 16, 2026

Administrator
Mission Nursing Home
3401 East Medicine Lake Boulevard
Plymouth, MN 55441

RE: CCN: 245546
Cycle Start Date: February 11, 2026

Dear Administrator:

On April 1, 2026, 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
625 Robert Street North
P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 16, 2026

Administrator
Mission Nursing Home
3401 East Medicine Lake Boulevard
Plymouth, MN 55441

RE: CCN: 245546

Cycle Start Date: February 11, 2026

Dear Administrator:

On February 12, 2026, we informed you we may impose enforcement remedies.

On March 12, 2026, the Centers for Medicare and Medicaid Services (CMS) informed you that the following enforcement remedies were being imposed:

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

- Mandatory denial of payment for new Medicare and Medicaid admissions effective May 11, 2026. (42 CFR 488.417 (b))

On March 5, 2026, the Minnesota Department of Health completed a complaint survey, and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

The deficiencies not corrected are as follows:

F0686 Treatment/Svcs to Prevent/Heal Pressure Ulcer

20900 Rehab - Pressure Ulcers

F0600 Free from Abuse and Neglect

In addition, at the time of this survey (March 5, 2026), we identified the following deficiency:

F0849 Hospice Services

ELECTRONIC PLAN OF CORRECTION (ePOC)

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

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

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

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

- Per day civil money penalty (42 CFR 488.430 through 488.444).

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by August 11, 2026 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

APPEAL RIGHTS

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

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

tamika.brown@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown at (312) 353-1502. Information may also be emailed to tamika.brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

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

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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

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

Feel free to contact me if you have questions.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us

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Electronically delivered

March 16, 2026

Administrator
Mission Nursing Home
3401 East Medicine Lake Boulevard
Plymouth, MN 55441

Re: Event ID: 1F277E-H1

Dear Administrator:

The above facility survey was completed on March 5, 2026, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
625 Robert Street North
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: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Nursing Home	**3401 EAST MEDICINE LAKE BOULEVARD , PLYMOUTH, Minnesota, 55441**

(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 2/24/26 and 2/25/26, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health. Your facility was found not in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H55466881C (2747703) and (2749297) and a deficiency was issued at F600 at HARM PAST NON-COMPLIANCE. 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		02/25/2026
F0600 SS = G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;	F0600	"Past Noncompliance - no plan of correction required"	02/25/2026

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: 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/25/2026

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F0600 SS = G	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to protect 1 of 1 resident (R1) from staff to resident abuse when R1 was physically and verbally abused by nursing aid (NA)-A which resulted in psychosocial harm to R1 who was crying and visibly upset during the abuse incident. The facility implemented corrective action, and the deficient practice was corrected on 2/19/26, prior to the survey and was issued at past non-compliance. Findings include: R1's Admission Minimum Data Set (MDS) dated 2/12/26, indicated R1 had diagnoses of stroke and cancer with prognosis less than six months to live. The MDS indicated severe cognitive impairment, no mood or behaviors, no rejection of care and required staff dependance with activities of daily living, occasionally incontinent of bladder and frequently incontinent of bowel. R1's Care Plan (CP) dated 2/19/25, indicated diagnoses of Hemiplegia (total paralysis) and hemiparesis (weakness) affecting one side of the body caused by stroke, aphasia (impaired speech and understanding), dysphagia (difficulty swallowing), post fracture unspecified part of neck of femur, depressed mood and restlessness with anxiety. The care plan indicated his ability to perform ADLs has deteriorated related to diagnosis of right sided hemiplegia and is expected to decline due to end of life. Staff are directed to have consistent approach amongst caregivers, monitor for presence of pain during self-care, provide adequate rest periods between activities, assist of one with incontinent care, Hoyer lift with transfers. The CP also indicated R1 had difficulty with communication following his stroke and directed staff to face him when speaking, obtain his attention before speaking and provide a quiet, non-hurried environment, free of distractions for conversation. The CP further revealed R1 had physical behavioral symptoms, rejection of care, refusal to leave his room, avoid over-stimulation, convey an attitude of acceptance towards the resident, maintain a calm environment and approach to the resident offer choices. He is identified as a vulnerable adult and to be free of abuse, neglect and exploitation, staff to monitor emotional status, monitor for signs and symptoms of abuse, neglect and exploitation. A Facility Reported Incident dated 2/18/26, indicated R1 was lying in bed, nursing assistant (NA)-A took unused briefs out from under resident’s pillow and threw them on the floor. NA-A gestured to hit resident with call light cord and began making facial expressions towards the resident who was non-verbal. NA-A stuck middle finger	F0600		

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F0600 SS = G	Continued from page 2 up at resident and cursed at him. On 2/24/26 at 8:15 p.m. video footage of incident on 2/18/26 at 5:44 p.m., indicated the following: -5:44 p.m., R1 in his room lying in bed with incontinent pad on with no other clothing and a sheet half covering him. NA-A was observed to take a clean incontinent pad from under his pillow and toss it on the floor then with her hip, push his bed towards the wall. R1 was observed in a soft voice saying "no, no, no" while looking at the floor at his pad that was tossed. NA-A stated, "you already have one on your body you don't need that one." NA-A was then observed grabbing R1's call light and moving to the other side of his bed towards the wall while R1 raised his left hand, NA-A hit his hand with the call light and said "stop" and plugged the call light into the wall and stated, "I am just trying to help you." NA then moved back to the other side of the bed, picked a pillow up off the floor and lowered R1's bed to floor with his bed remote and placed it on his bedside dresser top handle. -At 5:45 p.m., NA-A started picking up dirty items and the clean incontinent pad off the floor and placed in a clear plastic bag while R1 began pointing at the floor and was heard saying faintly, "here, here, here!" NA-A was then observed to be standing at the foot of the bed, dropped the clear bag on the floor raised and lowered her right hand and put out her middle finger at R1 three times, then stuck her tongue out at him. -5:46 p.m., NA-A walked past R1 mocking him with facial expressions while grabbing another clear bag picking up dirty linen. R1 then pointed his finger saying "no, no, no" and NA-A walked out of the room while R1 started crying and placed his left hand over his forehead, his expression was visibly upset. R1 then began to struggle to reach for his bedside remote that was attached to the top handle of his nightstand and raised his bed so he could see his television. -At 5:47 p.m., NA-A was observed to re-enter the room with a blue bedspread in her hands and grunting sounds (mimicking R1,) threw the comforter over him and lowered his bed back to the floor before she placed the bed remote inside his bedside stand, then walked out, leaving all the lights on in the room. R1 never addressed or spoke to R1 while in the room. R1 was then again observed trying to grab his bedside remote, leaning over struggling to grab the cord and pull it out of the drawer. R1 remained laying on his side looking at the floor with the bed still in lowered position on the floor and never raised his bed back up. During interview on 2/24/26, at 12:40 p.m., director of nursing (DON) stated registered nurse (RN)-A was on call on 2/18/26, and was notified by RN-A via text message of rough staff care by NA-A. The DON stated the family had placed a camera in R1's room per their request. The DON stated NA-A	F0600		

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F0600 SS = G	Continued from page 3 was immediately suspended pending investigation. R1's family member (FM)-A called the facility informing him she had seen NA-A pointing the middle finger at R1 and told the facility she wanted it to be reported in the morning. The DON stated they filed a report to the state immediately and notified the local police department. In addition, the DON stated re-education was completed to all staff on vulnerable adults, and staff and resident interviews were conducted to see if there were any concerns of abuse in the facility which there were none. The DON stated there were no injuries noted on R1 and after the facility investigation and review of the video footage was completed their decision was to terminate NA-A's employment due to abuse and according to facility policy. During interview on 2/24/26 at 7:04 p.m., family member (FM)-A stated she periodically checks the camera she placed in R1's room and on 2/18/26 she noticed his bedding torn apart and that was usually a sign he had a wet brief or needed to be changed. FM-A stated she called the facility so someone could help him and then turned the camera on and observed the incident in his room. FM-A stated she then immediately reported the incident to the nurse on duty. FM-A stated he likes to try to be independent and liked his incontinent pad under his pillow since he will try to change himself and that was why in the video he became so upset when the staff took it away and threw it on the floor. In a follow up interview with FM-A on 2/25/26 at 8:05 a.m., she stated R1 briefly cried because of the way he was being treated by NA-A and not being able to communicate or speak up upset him further. FM-A further stated when the staff member threw his diaper across the floor, he wanted it back and that is why he pointed at it. That is what made him very upset and he felt very defeated. FM-A stated in the beginning she felt he was angry and frustrated, then defeated but ultimately, he was so upset he was crying and tearful, that is when NA-A had flipped him off, he just got really worked up and sad. FM-A stated prior to his strokes he was a very passive man who would have laughed at her and made fun of her. FM-A continued to state R1 loved art, painting, and loved to talk. It is so frustrating for him that he cannot talk, he is a kind man, very gentle. He used to live off the grid, he rode his bike to work, was just a free spirt and would never treat anybody like she treated him. FM-A added there was also a note on his door to please keep a pad under his bed and she could just not understand why NA-A would do what she did. During interview on 2/25/26 at 9:15 a.m., FM-B stated the incident that occurred on 2/18/26, made R1 more distrustful of staff, withdrawn and in the moment, it made him cower and cry. FM-B further stated she was certain he felt disrespected,	F0600		

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F0600 SS = G	Continued from page 4 helpless and in danger physically. The facility corrected the deficient practice on 2/19/26, prior to survey entrance 2/24/26, therefore the deficiency is being issued at Past Non-Compliance. Abuse Prevention and Prohibition reviewed 6/20222, indicated Mission Nursing Home (MNH) will not tolerate the maltreatment of its residents, whether overtly by abuse, through omission by neglect or by financial exploitation of a resident's property or funds. Persons found to be maltreating residents will be dealt with to the limits permitted by law. All employees of MNH are responsible for assuring that all residents are free of maltreatment, (see definitions). All employees are expected to be knowledgeable of these policies and procedures and for reporting actual or suspected incidents of maltreatment in accordance with these policies and procedures. MNH also expects other providers of service to its residents, as well as volunteers, to abide by these policies and procedures. MNH will not knowingly employ or contract with individuals who have been convicted of abusing, neglecting or mistreating individuals. MNH will plan for the prevention of abuse of its residents through a Facility Abuse Prohibition and Vulnerable Adults Protection Plan. Reports of maltreatment are promptly and thoroughly investigated. The Director of Nursing and the Social Services Director are designated as the primary investigators for incidents of maltreatment. MNH will cooperate completely with law enforcement authorities and the maltreatment. Prior to the start of the survey the facility-initiated education related to Vulnerable Adult Policy and reporting. The education was verified through interview and document review.	F0600		

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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 2/24/26 and 2/25/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure. The following complaints were reviewed during the survey. H55466881C (2747703) and (2749297). Minnesota Department of Health is documenting the State	20000		02/25/2026

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 **02/25/2026**

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20000	Continued from page 1 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		