



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.

A handwritten signature in black ink that reads 'H. Zahler'.

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](mailto: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](mailto: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](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  
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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,

A handwritten signature in black ink that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
625 Robert Street North  
P.O. Box 64975  
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245546</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>03/05/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Mission Nursing Home</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3401 EAST MEDICINE LAKE BOULEVARD , PLYMOUTH, Minnesota, 55441</b>	
(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 3/4/26 through 3/5/26, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. 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: H55467683C (2793256) with deficiency issued at F849.  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.	F0000		03/26/2026
F0849 SS = D	Hospice Services  CFR(s): 483.70(n)(1)-(4)  §483.70(n) Hospice services.  §483.70(n)(1) A long-term care (LTC) facility may do either of the following:  (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices.  (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.  §483.70(n)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements:  (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the	F0849	Plan of Correction – Tag F0849  Compliance Completion Date: 03/26/2026  1. Corrective Action for Resident(s) Affected:  Resident R1 has been discharged (DC) from the facility.  2. How the Facility Will Identify Other Residents Affected:  All current hospice residents were reviewed to ensure temporary care plans include specific goals of care related to hospice services.  3. Measures Put Into Place to Ensure Compliance:  - Temporary care plans were updated to include specific, individualized goals of care for hospice	03/26/2026

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
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NAME OF PROVIDER OR SUPPLIER <b>Mission Nursing Home</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3401 EAST MEDICINE LAKE BOULEVARD , PLYMOUTH, Minnesota, 55441</b>	
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F0849 SS = D	Continued from page 1 timeliness of the services.  (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:  (A) The services the hospice will provide.  (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter.  (C) The services the LTC facility will continue to provide based on each resident's plan of care.  (D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.  (E) A provision that the LTC facility immediately notifies the hospice about the following:  (1) A significant change in the resident's physical, mental, social, or emotional status.  (2) Clinical complications that suggest a need to alter the plan of care.  (3) A need to transfer the resident from the facility for any condition.  (4) The resident's death.  (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.  (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.  (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies,	F0849	Continued from page 1  residents.  - Certified Nursing Assistants (CNAs) were educated on the location of hospice status within the  care guide.  - Licensed nurses were educated on how to access and review the temporary care plan to ensure  continuity and compliance.  4. Monitoring Plan:  The Director of Nursing or designee will audit hospice residents' temporary care plans to ensure  compliance. Audits will be conducted on each new hospice admit x4 weeks, then monthly thereafter.  5. Date of Compliance:  The facility alleges compliance on 03/26/2026	

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F0849 SS = D	<p>Continued from page 2 durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.</p> <p>(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p> <p>(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p> <p>(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p> <p>§483.70(n)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.</p> <p>The designated interdisciplinary team member is responsible for the following:</p> <p>(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.</p> <p>(ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.</p>	F0849		

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F0849 SS = D	<p>Continued from page 3</p> <p>(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.</p> <p>(iv) Obtaining the following information from the hospice:</p> <p>(A) The most recent hospice plan of care specific to each patient.</p> <p>(B) Hospice election form.</p> <p>(C) Physician certification and recertification of the terminal illness specific to each patient.</p> <p>(D) Names and contact information for hospice personnel involved in hospice care of each patient.</p> <p>(E) Instructions on how to access the hospice's 24-hour on-call system.</p> <p>(F) Hospice medication information specific to each patient.</p> <p>(G) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>§483.70(n)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that each resident receiving hospice services had a comprehensive written plan of care included both the most recent hospice plan of care and a description of the services furnished by the facility to help the resident attain or maintain their highest</p>	F0849		

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F0849 SS = D	<p>Continued from page 4</p> <p>practicable physical, mental, and psychosocial well being for 1 of 3 residents (R1) reviewed for hospice services.</p> <p>Findings include:</p> <p>R1's hospital discharge summary dated 2/10/26, identified R1's primary diagnoses included repeated falls, Parkinson's disease with dyskinesia and dementia with hospice care as discharge disposition.</p> <p>R1's hospice initial coordination note dated 2/10/26 indicated goals related to pain management as well as the initial visit frequency (once a week for nursing staff and once a month for social workers) but none of these goals or interventions were integrated into the facility's care plan. The note further indicated hospice will deliver to the facility the initial plan of care for R1 which was not provided to the surveyor upon request.</p> <p>R1's activity of daily living (ADLs) care plan dated 2/10/26 showed no inclusion of the most recent hospice plan of care (POC) and did not contain any documentation of how the facility would coordinate or provide services to support the hospice interventions.</p> <p>Review of the February R1's medical record showed R1 did not have a comprehensive written plan of care including both the most recent hospice and the services the facility would provide to support the hospice plan of care such as nursing interventions, activities of daily living assistance and pain monitoring.</p> <p>During an interview on 3/5/26 at 1:04 p.m., a nursing assistant (NA)-A stated she knew R1 was on hospice but did not know the specifics of his hospice care needs. NA-A explained she had not been informed of hospice-specific interventions such as the required frequency of pain monitoring or comfort-focused approaches to assisting with (ADLs).</p> <p>During an interview on 3/5/26 at 1:59 p.m., a registered nurse (RN)-A, stated R1 was on hospice care when he was admitted to the facility. RN-B explained R1's comprehensive care plan should reflect individualized goals and interventions to address his hospice care needs. RN-B confirmed she was unable to locate a comprehensive hospice care plan in R1's medical record, explaining that R1's care plan did not include the hospice-specific goals or interventions necessary to guide staff in meeting R1's needs.</p> <p>During an interview on 3/5/26 at 2:50 p.m., RN-B, a</p>	F0849		

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F0849 SS = D	<p>Continued from page 5 hospice nurse stated R1 was enrolled in a hospice care when he was admitted to the facility on 2/10/26. RN-A explained she did not provide R1's comprehensive hospice plan of care to the facility, explaining that her primary focus at the time was on R1's medication management. RN-A stated staff should have access to a hospice plan of care which identified R1's needs and focus interventions to prevent unnecessary decline.</p> <p>During an interview on 3/5/26 at 3:55 p.m., the director of nursing (DON) stated the facility relied on hospice to manage their plan of care. The DON reported she was unaware whether the hospice plan of care had been integrated into R1's comprehensive care plan. The DON explained she expected nursing staff to follow R1's individualized care plan, including his hospice related goals and interventions. The DON stated nurse manager should have initiated R1's comprehensive care plan, including the hospice plan of care, but she did not recall whether this had been completed. The DON further explained hospice residents' care plans should include interventions for pain management, anxiety, shortness of breath management, and psychosocial support, but she could not confirm whether these interventions were present in R1's care plan.</p> <p>The facility comprehensive care plan policy was request but not provided.</p> <p>The facility resident assessment policy with no date required a comprehensive care plan for all residents admitted to the facility.</p>	F0849		

Minnesota State Department of Health

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NAME OF PROVIDER OR SUPPLIER <b>Mission Nursing Home</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3401 EAST MEDICINE LAKE BOULEVARD , PLYMOUTH, Minnesota, 55441</b>	
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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 3/4/26 through 3/5/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaint was reviewed: H55467683C (2793256) with no licensing orders issued.</p> <p>Minnesota Department of Health is documenting the State</p>	20000		03/26/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>03/05/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Mission Nursing Home</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3401 EAST MEDICINE LAKE BOULEVARD , PLYMOUTH, Minnesota, 55441</b>	
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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		