DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 10, 2026

Administrator
Renvilla Health Center
205 SOUTHEAST ELM AVENUE
RENVILLE, MN 56284

RE: CCN: 245554
Cycle Start Date: November 21, 2025

Dear Administrator:

On December 10, 2025 we notified you a remedy was imposed. On January 28, 2026 the Minnesota Departments of Health and Public Safety completed revisits to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of January 12, 2026.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions

effective February 21, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter of December 10, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 21, 2026 due to denial of payment for new admissions. Since your facility attained substantial compliance on January 12, 2026, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 10, 2026

Administrator
Renvilla Health Center
205 SOUTHEAST ELM AVENUE
RENVILLE, MN 56284

Re: Reinspection Results
Event ID: 1D9A52-H2

Dear Administrator:

On January 28, 2026 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on December 10, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 10, 2025

Administrator
Renvilla Health Center
205 SOUTHEAST ELM AVENUE
RENVILLE, MN 56284

RE: CCN: 245554
Cycle Start Date: November 21, 2025

Dear Administrator:

On November 21, 2025, we informed you that we may impose enforcement remedies.

On December 10, 2025, the Minnesota Department of Health completed a survey and it has been determined that your facility is not 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.

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(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective February 21, 2025.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 21, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 21, 2025.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

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.

If you have not achieved substantial compliance by February 21, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Renvilla Health Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 21, 2025. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. 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.

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 February 21, 2026 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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 Steven Delich, Program Representative at (312) 886-5216. 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.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 10, 2025

Administrator
Renvilla Health Center
205 SOUTHEAST ELM AVENUE
RENVILLE, MN 56284

Re: State Nursing Home Licensing Orders
Event ID: 1D9A52-H1

Dear Administrator:

The above facility survey was completed on 12/10/2025 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 one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html.

The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

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

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.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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 10/21/25, 10/22/25, 10/23/25, and 10/24/25, 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 complaints were reviewed: H55545993C (2645986), and H55545849C (2643060) with deficiencies issued at: F580, F656, F684, and F686 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		01/12/2026
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due	F0580	Resident #1 is no longer a resident at our facility All residents have the potential to be affected by this. All residents with impaired skin integrity will have their health record reviewed regarding provider notification of any new skin issues. Skin Integrity Policy will be reviewed, and nursing staff will be educated on this policy. New skin issues will be audited for provider notification 2x/week for 4 weeks then weekly for 4 weeks. Audit results will be brought to monthly QA for further recommendations. To ensure that this deficiency does not recur any new changes with a resident that are identified after reading the 24 hour report will be brought up at standup to review to ensure that notifications to provider were completed timely and properly. DON or designee will be responsible.	01/12/2026

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: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0580 SS = D	Continued from page 1 to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to notify the physician of new wounds for 1 of 3 residents (R1) reviewed for pressure ulcers and impaired skin integrity. Findings include: R1's face sheet identified diagnoses of non-ST elevation myocardial infarction (heart attack from blockage of artery), chronic atrial fibrillation (heart flutter), cellulitis (bacterial infection) of left lower limb, type 2 diabetes, stage 5 chronic kidney	F0580	Continued from page 1 Compliance date 1/12/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0580 SS = D	Continued from page 2 disease dependent on renal dialysis, left below knee amputation, and cardiomyopathy (heart disease). R1's admission Minimum Data Set (MDS) dated 10/13/25, indicated R1 did not have cognitive impairment, no behaviors, but would reject evaluation or care four to six days. R1 required maximum to complete assistance with activities of daily living. R1 had one stage two pressure ulcer on admission (right lateral foot). R1's facility admission skin/wound assessment dated 10/7/25, identified fourteen wounds. One of the fourteen wounds assessed identified a blister to right dorsum 4th digit toe, not applicable to stage, present on admission. Measured 4.1 cm x 3.3 cm with depth, undermining, tunnelling marked as not applicable. Wound bed had granulation tissue but was unmarked how much of the wound was filled, no evidence of infection, moderate serous exudate, attached edges, surrounding tissue was excoriated and normal temperature, no edema, induration, or pain. Dressing was intact and non-adherent synthetic. R1's signed physician orders dated 10/7/25, identified wound care orders for four of the fourteen wounds identified on admission. These orders were for the wounds identified at the hospital and treated at the hospital and did not include orders for the right 4th toe. During a phone interview on 10/22/25 at 12:56 p.m., registered nurse (RN)-B stated he was the admission nurse for R1 when he came to the facility on 10/7/25. R1 arrived at the facility from the hospital with wound care that was being done for "a bunch of wounds". On admission, R1's toes on his right foot were covered in a dressing. RN-B removed the dressing and the toes were macerated with drainage around them and built up between the toes. The three middle toes, on the tops of them had drainage from those wounds, and a reddish color around the wounds. The dressing change for the toes was done on the same schedule as the heel dressing. RN-B could not recall what the order was for the toes but thought it was silver alginate and cover with gauze. RN-B stated he put the orders for R1 in the computer. RN-B did not notify the physician of the wounds. During an interview on 10/22/25 at 1:15 p.m., licensed practical nurse (LPN)-B stated during the night on 10/8/25, the kerlix wrapped around the toes had fallen off. There was no order in the medication administration record (MAR) for a dressing change, but she reapplied the wrap as they were.	F0580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0580 SS = D	Continued from page 3 During a phone interview on 10/22/25 a 2:56 p.m., LPN-A stated on 10/11/25, R1's third and fourth toes were near black with a thick, white drainage coming from between the toes and the pinkie toe was gray. LPN-A was unable to separate the toes and cleaned the drainage as best as she could. LPN-A did not notify the physician of the wounds or the appearance of them as she assumed the physician was already aware of them. 10/16/25, LPN-A worked and stated she did not look at or do wound care on his toes as the physician had seen R1 and LPN-A thought the physician did the wound care on them. During a phone interview on 10/23/25 at 9:53 a.m., R1's primary care physician (PCP)-A stated she saw R1 on 10/16/25. PCP-A did not evaluate or look at R1's toes as they were wrapped and done by wound care. PCP-A did not recall receiving any information from the facility about wounds on R1 since his admission. During an interview on 10/24/25 at 9:47 a.m., Administrator stated it was an expectation that all areas on the body that have a dressing on them have a corresponding treatment plan in place and the physician notified. It is also an expectation that staff follow standing orders for new wound treatments, include the order in the resident MAR, notify physician, include interventions in care plan, and complete skin/wound assessment. The facility policy titled Skin Integrity dated 5/21/25, identified care center staff will notify the licensed nurse when a new skin integrity issue is observed. Licensed nurse will: assess the area and identify the cause, remove any source of pressure or trauma to the area, clean the area and provide treatment per House Standing Orders, complete a skin incident report in residents electronic health record, notify resident/responsible party, notify provider and request treatment orders, notify nurse manager/wound nurse, initiate a new tissue tolerance, initiate appropriate preventative measures based on the immediate root cause.	F0580		
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes	F0656	Resident #1 and Resident #2 are no longer residents at our facility All residents have the potential to be affected by this. All resident Care Plans will be reviewed regarding their interventions for skin integrity. Person-Centered Care Planning Policy will be reviewed, and nursing staff will be educated on this policy.	01/12/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	**205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284**

(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
F0656 SS = D	Continued from page 4 measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to incorporate skin integrity interventions into care plans for 2 of 3 residents (R1, R2) who were reviewed for skin. Findings include:	F0656	Continued from page 4 Care Plan focus related to skin integrity will be audited 2x/week for 4 weeks then weekly for 4 weeks. Audit results will be brought to monthly QA for further recommendations. To ensure that this deficiency does not recur the care plan process has been enhanced to ensure that any changes of condition are brought up at standup. DON or designee will be responsible. Compliance date 1/12/2026	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0656 SS = D	Continued from page 5 R1's face sheet identified diagnoses of non-ST elevation myocardial infarction (heart attack from blockage of artery), chronic atrial fibrillation (heart flutter), cellulitis (bacterial infection) of left lower limb, type 2 diabetes, stage 5 chronic kidney disease dependent on renal dialysis, left below knee amputation, cardiomyopathy (heart disease), sleep apnea, and hypertension. R1's admission Minimum Data Set (MDS) dated 10/13/25, identified no cognitive deficits, no behaviors, but would reject evaluation or care four to six days. R1 required maximum to complete assistance with activities of daily living. R1 had one stage two pressure ulcer on admission (right lateral foot). Care Area Assessment (CAA) triggered pressure ulcer, care planning decision dated 10/20/25. R1's facility admission skin/wound assessment dated 10/7/25, identified fourteen wounds. R1's care plan dated 10/8/25, identified R1 was on enhanced barrier precautions (EBP) related to pressure sores. Review of R1's care plan did not identify wounds, wound care, or interventions to prevent deterioration of skin integrity. R2 R2's face sheet dated 10/22/25, identified diagnoses of non-pressure chronic ulcer of unspecified part of right lower leg, non-pressure chronic ulcer of unspecified part of left lower leg, varicose veins of left lower extremity with ulcer of unspecified site, stage 3 pressure ulcer of left heel, and localized edema. R2's admission MDS dated 9/29/25, identified R1 had some cognitive deficits, required assistance with activities of daily living, had pressure injuries and was at risk to develop pressure injuries. R2's care plan dated 10/22/25, identified impairment to skin integrity upon admission included venous stasis ulcers on bilateral lower extremities, pressure ulcer on left heel, pressure ulcer on right heel healed on 10/21/25. Interventions included air mattress, encourage good nutrition and hydration, float heels in bed, turn and reposition every 2.5 hours to prevent skin breakdown, treatment per provider orders, seen weekly by wound care nurse, weekly treatment documentation to include measurement of each area of	F0656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0656 SS = D	Continued from page 6 skin breakdowns width, length, depth, type of tissue and exudate, and any other notable changes or observations. R2's Kardex for nursing assistants dated 10/22/25, identified enhanced barrier precautions (EBP), and air mattress on bed. R2's physician orders dated 9/30/25, identified an order for heel protectors to bilateral heels. R2's physician wound care orders dated 10/1/25, identified treatment recommendations of heel protectors to bilateral heels. R2's physician wound care orders dated 10/7/25, identified treatment recommendations of heel protectors to bilateral heels. R2's physician wound care orders dated 10/14/25, identified treatment recommendations of heel protectors to bilateral heels. R2's physician wound care orders dated 10/21/25, identified treatment recommendations of heel protectors to bilateral heels. R2's progress note dated 10/11/25, identified dressing was not intact to left heel and had moved completely away from the heel. Heel boots were not in place due to drainage and odor. Pillows were placed. During a phone interview on 10/23/25 at 2:29 p.m., RN-D stated the facility charting needs to improve. Management is working on care planning and getting a plan for improvement with them. During an interview on 10/24/25 at 9:47 a.m., administrator stated all interventions for prevention of skin breakdown, wound management, and wounds should be included in the care plan. The facility Person Centered Care Planning policy dated 12/18/23, identified each residents care plan will include measurable objectives and timeframes to meet a residents medical, nursing, mental, and psychosocial needs identified through the residents comprehensive assessment. The plan of care will describe: services that are to be furnished to attain or maintain the residents highest practicable wellbeing, management of risk factors and prevent avoidable declines in function	F0656		
F0684 SS = D	Quality of Care	F0684	Resident #1 is no longer a resident at our facility	01/12/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0684 SS = D	Continued from page 7 CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to initiate, monitor, and notify the physician of wounds for 1 of 1 resident (R1) who was assessed on admission to have multiple wounds reviewed for impaired skin integrity. Findings include: R1's face sheet identified diagnoses of non-ST elevation myocardial infarction (heart attack from blockage of artery), chronic atrial fibrillation (heart flutter), cellulitis (bacterial infection) of left lower limb, type 2 diabetes, stage 5 chronic kidney disease dependent on renal dialysis, left below knee amputation, and cardiomyopathy (heart disease). R1's hospital discharge summary dated 10/7/25, identified six skin issues on discharge but did not identify skin injury to right 4th toe. Wounds identified included: 1. Full thickness wound due to infection/edema of left residual limb 2. Full thickness wound to right leg (edema) 3. Right ear (unclear) 4. Right arm/back/neck (trauma) 5. Non-pressure open wounds due to perforating dermatitis of right anterior leg and left ear 6. Partial thickness wound due to friction/shear of buttocks, pressure ulcer buttocks R1's admission Minimum Data Set (MDS) dated 10/13/25, identified no cognitive deficits, no behaviors, but would reject evaluation or care four to six days. R1 required maximum to complete assistance with activities	F0684	Continued from page 7 All residents have the potential to be affected by this. All residents with impaired skin integrity will have their health record reviewed regarding provider notification of any new skin issues. All residents' health records will be reviewed for continued monitoring of skin issues. Skin Integrity Policy will be reviewed, and nursing staff will be educated on this policy. Health records will be audited to ensure provider notification and monitoring of skin issues are completed 2x/week for 4 weeks then weekly for 4 weeks. Audit results will be brought to monthly QA for further recommendations. To ensure that this deficiency does not recur IDT will review new admission and current residents with any new concerns or change of conditions and to ensure that there is prompt communication with the provider, follow thru and that verification of treatments are in place. DON or designee will be responsible. Compliance date 1/12/2026	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0684 SS = D	Continued from page 8 of daily living. R1 had one stage two pressure ulcer on admission (right lateral foot). Care Area Assessment (CAA) triggered pressure ulcer, care planning decision dated 10/20/25. R1's skin and wound evaluation dated 10/7/25, identified blister to right dorsum 4th digit toe, not applicable to stage, present on admission. Measured 4.1 cm x 3.3 cm with depth, undermining, tunnelling marked as not applicable. Wound bed had granulation tissue but was unmarked how much of the wound was filled, no evidence of infection, moderate serous exudate, attached edges, surrounding tissue was excoriated and normal temperature, no edema, induration, or pain. Dressing was intact and non-adherent synthetic. Included in the admission skin/wound assessment were the following: 1. Front right knee abrasion 1.4x1.8x1.3cm light exudate attached edges; dressing intact foam 2. Blister right dorsum 4th digit toe 4.5x4.1x3.3cm granulation wound bed; moderate exudate serous, excoriated surrounding tissue; dressing intact non-adherent synthetic 3. Right shin abrasion 2.2x2.4x1.3cm; granulation wound bed; foam dressing intact 4. Stage 2 pressure ulcer right lateral foot 0.9x 1.4x0.9 no depth; wound bed is epithelial no dressing applied 5. Left below knee amputation (BKA) site 9.6 x 4.2 x 3.0; wound bed granulation; light exudate serous; foam dressing intact 6. Abrasion left BKA amputation site proximal no measurements; granulation wound bed, light exudate; foam dressing intact 7. Abrasion patella 4.3x4.7x1.7; scab no drainage foam dressing intact 8. Left antecubital space abrasion 1.1 x 1.5 x 1.0; scab; fragile skin at risk for breakdown; no dressing 9. Left inner forearm bruise not measured 10. Left antecubital space bruise 29.5x9.8x4.6 11. Right shoulder abrasion not measured no dressing 12. Upper outer right arm abrasion not measured no	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0684 SS = D	Continued from page 9 dressing 13. Right scapula abrasion not measured no dressing 14. Sacrococcygeal open lesion 2.3x3.8x2.0; light serous exudate foam dressing intact Review of R1's signed physician orders dated 10/7/25, did not identify orders for wound care treatment to right 4th digit toe R1's care plan dated 10/8/25, identified R1 was on enhanced barrier precautions due to pressure sores. Review of R1's care plan did not identify specified wound locations, treatments, or interventions identified on the care plan. .R1's progress note dated 10/11/25 at 12:59 a.m., R1's toes were dark purple in appears and stuck to the kerlix and it took some time to remove the old dressing. At 1:55 p.m., identified R1 had purulent (thick, milky discharge, often signals infection) drainage coming from the right third, fourth, and fifth toes that was covered with telfa (nonadherent dressing) and kerlix (gauze bandage). R1's progress note dated 10/12/25 at 11:43 p.m., identified right foot redressed as it was draining outside of the dressing. The note did not identify what treatment was applied. R1's emergency room discharge dated 10/13/25, identified open wounds to left anterior toes with discoloration noted to the toes, positive dorsalis pedis (top of foot by big toe) pulse and able to move toes. X-ray of right foot showed extensive vascular calcifications (calcium salts in walls of blood vessels), no osteomyelitis (bone infection), skin ulceration noted along the plantar aspect deep to the calcaneus (bottom of foot to heel). Discharged to facility with scheduled Tylenol for pain and recommendations for wound care. Iodosorb (iodine) gel 0.9% apply topically as needed for wound care to reduce germ load was listed as patient not taking and reported on 10/10/25 from an order on 10/7/25. R1's progress note dated 10/13/25 at 11:55 p.m., identified R1 returned from ED with new orders to change wound dressings daily and change small pads between right toes daily. R1's skin and wound evaluation dated 10/14/25,	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0684 SS = D	Continued from page 10 identified a blister to front right lateral lower leg that was acquired at facility. Wound measured 7.1 cm x 1.3 cm. The evaluation did not include any further characteristics of the wound such as appearance of wound bed, signs and symptoms of infection, presence of drainage, surrounding wound tissue, dressing/treatment provided. Notification made to medical doctor (MD). R1's physician visit note dated 10/16/25, identified review of emergency room visit which included X-ray of right foot showed extensive vascular calcifications, no osteomyelitis, skin ulceration noted along the plantar aspect deep to the calcaneus. Discharged to facility with scheduled Tylenol for pain and recommendations for wound care. Facility notified via phone call regarding right foot wound on 10/14/25, and R1 began a 10-day course of Keflex (antibiotic) and an urgent general surgery referral was place and an appt made for 10/16/25. Per nursing staff, he has had a continued foot wound being wrapped by wound care at the facility. An addendum to the note at 3:50 p.m., included the facility notified that general surgery declined to see R1 due to his complex medical history and requested a higher level of care. A second wound care center was referred and also declined to care due to concern for necrosis of toes and recommended evaluation in the emergency room for potential interventions including intravenous (IV) antibiotics, drawing a lactic acid level, and potential transfer to higher level of care which would include vascular surgery interventions. R1 was informed that the risks of not being evaluated include worsening infection, spread of infection to the bone/bloodstream which could result in disability, stroke or death; necrosis, loss of toes and potential loss of his leg. R1 elected to be evaluated in the emergency room. R1's hospitalization record dated 10/23/25, identified medical doctor (MD)-A performed a transmetatarsal (removal of the toes to the five long bones connected to the ankle) amputation for wet gangrene (lack of blood flow) and peripheral vascular disease (PVD) (affects blood flow) of R1's right toes. During a phone interview on 10/23/25 at 8:28 a.m., hospital RN-E stated R1 came to the hospital and all five of the toes were bloody and black with drainage. RN-E took 25 pictures of wounds on R1's body and there were multiple wounds in each picture, a mixture of pressure and non-pressure skin injuries. R1 had bad blood supply to his toes. R1 had all five of his toes amputated at the hospital. During an interview on 10/21/25 at 12:20 p.m., nursing	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0684 SS = D	Continued from page 11 assistant (NA)-A stated R1 complained and refused cares a lot. R1 came to the facility with a lot of sores on his body. R1's toes were always wrapped. During an interview on 10/22/25 at 10:00 a.m., NA-B stated R1 always had a bandage on his right foot, and it covered his toes. On 10/11/25, NA-B gave R1 his bath and his toes were red, weepy, and looked sore. During a phone interview on 10/22/25 at 12:56 p.m., registered nurse (RN)-B stated he was the admission nurse for R1 when he came to the facility on 10/7/25. R1 arrived at the facility from the hospital with wound care that was being done for "a bunch of wounds". On admission, R1's toes on his right foot were covered in a dressing. RN-B removed the dressing and the toes were macerated with drainage around them and built up between the toes. The three middle toes, on the tops of them had drainage from those wounds, and a reddish color around the wounds. The dressing change for the toes was done on the same schedule as the heel dressing. RN-B could not recall what the order was for the toes but thought it was silver alginate and cover with gauze. RN-B stated he put the orders for R1 in the computer. RN-B did not notify the physician of the wounds. Wounds without specific wound care orders are observed and assessed weekly on bath day. If a wound was not marked as resolved the nurse should assess each wound on bath day and notify the physician if the wound looked better or worse. RN-B did not consider a blister a pressure ulcer. During a follow-up phone interview on 10/23/25 at 12:04 p.m., RN-B stated he changed R1's dressing on his toes on 10/13/25, 10/14/25, and 10/15/25. RN-B stated the wounds were bruise colored with clear drainage, kind of open, but did not seem as if they had deteriorated. There was no order for a dressing on the toes, it was just something "we" were doing until R1 was seen by the doctor. An order is not needed to treat everything. During an interview on 10/22/25 at 1:15 p.m., licensed practical nurse (LPN)-B stated during the night on 10/8/25, the kerlix wrapped around the toes had fallen off. There was no order in the medication administration record (MAR) for a dressing change, but she reapplied the wrap as they were. On 10/14/25, when R1 returned from the emergency room, LPN-B did not put the new orders for wound care in the MAR because she was not sure how to put orders for wounds in the MAR. Review of the skin assessments only shows the wounds were assessed on 10/7/25. During an interview on 10/21/25 at 2:35 p.m., RN-A	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0684 SS = D	Continued from page 12 stated R1's toe wounds were assessed and the skin and wound assessment updated on 10/14/25 by LPN-B. R1 went to the emergency room on 10/13/25 and returned. Care plan included turn and reposition, enhanced barrier precautions for wounds, standard pressure relieving mattress in bed. During a phone interview on 10/23/25 at 8:13 a.m., RN-C stated on 10/11/25, R1's toes were brownish/purple in color. RN-C was unsure how to know if a wound was worse. The orders would be followed from the MAR, if the wound looked different than what was last charted RN-C would relay the information to the next shift. During a phone interview on 10/22/25 a 2:56 p.m., LPN-A stated on 10/11/25 she removed the bandages on R1's toes for his bath. R1's third and fourth toes were near black with a thick, white drainage coming from between the toes and the pinkie toe was gray. LPN-A wore a mask when she did this because she had been told the wounds smelled foul, with the mask on she did not smell anything. LPN-A was unable to separate the toes and cleaned the drainage as best as she could. LPN-A did not notify the physician of the wounds or the appearance of them as she assumed the physician was already aware of them. 10/16/25, LPN-A worked and stated she did not look at or do wound care on his toes as the physician had seen R1 and LPN-A thought the physician did the wound care on them. During a phone interview on 10/23/25 at 9:53 a.m., R1's primary care physician (PCP)-A stated she saw R1 on 10/16/25. PCP-A did not evaluate or look at R1's toes as they were wrapped and done by wound care. PCP-A did not recall receiving any information from the facility about wounds on R1 since his admission. During an interview on 10/24/25 at 9:47 a.m., Administrator stated it was an expectation that all areas on the body that have a dressing on them have a corresponding treatment plan in place and the physician notified. It is also an expectation that staff follow standing orders for new wound treatments, include the order in the resident MAR, notify physician, include interventions in care plan, and complete skin/wound assessment. The facility policy titled Skin Integrity dated 5/21/25, identified care center staff will notify the licensed nurse when a new skin integrity issue is observed. Licensed nurse will: assess the area and identify the cause, remove any source of pressure or trauma to the area, clean the area and provide treatment per House Standing Orders, complete a skin	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0684 SS = D	Continued from page 13 incident report in residents electronic health record, notify resident/responsible party, notify provider and request treatment orders, notify nurse manager/wound nurse, initiate a new tissue tolerance, initiate appropriate preventative measures based on the immediate root cause. The facility House Standing Orders policy dated 10/10/23, identified Wound care: 1.Cleanse all wounds with normal saline or wound cleanser. 2.Treatment for open wound with skin flap: use sterile Q-tip to approximate the edges and apply steri-strips or clear dressing (e.g. Tegaderm absorbent). May cover with a secondary cover dressing PRN. 3.Treatment for high friction areas, blisters and abrasions: Apply skin prep or transparent dressing to affected area, change every 3-5 days and PRN until healed, or Wound Nurse changes the treatment. 4.Treatment for moisture associated skin with/without superficial open areas: Apply protective ointment to area. 5.Treatment for open wound, shallow crater: a.With minimal drainage, apply generous layer of protective ointment b.With light to moderate drainage, apply composite dressing, change every 3-5d and PRN. For fragile skin apply non-adhering foam dressing and secure with kerlix. Change every 3-5d and PRN. c.With heavier drainage, cover with calcium alginate & foam, secure with wrap or conforming bandage. Change qd and PRN. d.For suspected deep tissue injury (DTI), apply transparent dressing, protective booties, etc. 6.Wound Nurse will be notified to conduct a root cause analysis (RCA) to determine wound type and recommend dressings. MD/NP will be notified.	F0684		
F0686 SS = D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity	F0686	Skin concern for Resident #3 was assessed. Area was healed within one week with no further concerns. All residents at risk of pressure ulcers have the potential to be affected by this. All residents with skin issues will be reviewed to identify and assess if	01/12/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0686 SS = D	Continued from page 14 §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review the facility failed to identify and comprehensively assess a pressure ulcer for 1 of 3 residents (R3) reviewed for pressure ulcers. Findings include: R3's face sheet dated 10/22/25, identified diagnoses of fracture of lower end of right femur, type 2 diabetes. R3's admission Minimum Data Set (MDS) dated 7/31/25, identified no cognition issue, refused cares four to six days a week, substantial assistance with activities of daily living, always incontinent of bowel and bladder, and had no skin conditions. R3's care plan dated 7/10/25, identified impairment to skin integrity. Interventions included to encourage good nutrition and hydration to promote healthier skin, and skin treatments per provider, update as needed. Check all of body for breaks in skin and treat promptly. R3's Braden scale dated 7/30/25, identified a score of 15, which is at risk for skin impairment. R3's skin and wound evaluation dated 10/21/25, did not identify an open area to R3's coccyx. R3's progress note dated 10/21/25 at 7:53 p.m., identified R3 had a bed bath, see skin and wound note for details. During an observation and interview on 10/22/25 at 10:00 a.m., R3 was in bed and nursing assistants (NA)-A and NA-B were assisting R3 with dressing and pericares.	F0686	Continued from page 14 potentially pressure related. Skin Integrity Policy will be reviewed and nursing staff will be educated on this policy. New skin issues will be reviewed and audited 2x/week for 4 weeks then weekly for 4 weeks. Audit results will be brought to monthly QA for further recommendations. To ensure that this deficiency does not recur education on immediate reporting of any skin changes during skin checks are communicated on bath days. DON or designee will be responsible. Compliance date 1/12/2026	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245554	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284

(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
F0686 SS = D	Continued from page 15 While NA-B turned R3 on her left side R3 was observed to have an open spot on her coccyx with some fresh blood noted. R3 stated “nurse knows about the spot, she was in here last night and did not think it was bad enough to need photos taken”. NA-B applied barrier cream to coccyx. R3 did not want the nurse called to the room to look at the area as she was leaving for an appointment. During an observation and interview on 10/23/25 at 9:18 a.m., R3 was in bed. licensed practical nurse (LPN-A) stated she was not aware that R3 had a reddened area on her coccyx. R3 stated “it is red, not opened”. LPN-A informed R3 the area was open. LPN-A measured the area as 0.5 cm x 0.5 cm. LPN-A stated a wound should have a picture taken of it, and the wound covered with Vaseline then a bordered foam dressing applied. An order for a dressing change should be in the computer, and the wound should be assessed on bath days. NA’s would look at the wound daily with peri cares. R3’s progress note dated 10/23/25 at 10:15 a.m., identified LPN-A was alerted for a reddened spot on coccyx. Upon evaluation, there was a 0.5 centimeters (cm) by (x) 0.5 cm open area. No pain, not bleeding, no drainage. R3 requested to only treat with barrier cream and no bandage. During an interview on 10/23/25 at 2:57 p.m., NA-A stated R3’s wound was there yesterday. NA-A indicated when it was reported to the nurse, the nurse was dismissive and walked away During a phone interview on 10/23/25 at 3:18 p.m., registered nurse (RN)-D stated the facility has not had a lot of wounds, and they are working towards improvements with wound care. The expectation of floor nurses was to not stage wounds, notify director of nursing, and wound nurse of skin impairment and have one of them stage the wound for accuracy. During an interview on 10/24/25 at 9:47 a.m., Administrator stated management staff reviews all pressure sores in risk management weekly. The facility Skin Integrity policy dated 11/26/24, identified nursing staff will monitor residents skin integrity and address issues promptly while providing care and services consistent with professional standards of practice.	F0686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/10/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	**205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284**

(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
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 10/21/25, 10/22/25, 10/23/25, and 10/24/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	20000		01/12/2026

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 **12/10/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	**205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284**

(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
20000	Continued from page 1 The following complaints were reviewed: H55545993C (2645986), and H55545849C (2643060) with licensing orders issued at: 0565 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	20000		
20560	Comprehensive Plan of Care; Contents CFR(s): MN Rule 4658.0405 Subp. 2 Subp. 2. Contents of plan of care. The comprehensive plan of care must list measurable objectives and timetables to meet the resident's long- and short-term goals for medical, nursing, and mental and psychosocial needs that are identified in the comprehensive resident assessment. The comprehensive plan of care must include the individual abuse prevention plan required by Minnesota Statutes, section 626.557, subdivision 14,	20560	Corrected	01/12/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/10/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	**205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284**

(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
20560	Continued from page 2 paragraph (b). This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review the facility failed to incorporate skin integrity interventions into care plans for 2 of 3 residents (R1, R2) who were reviewed for skin. R1's face sheet identified diagnoses of non-ST elevation myocardial infarction (heart attack from blockage of artery), chronic atrial fibrillation (heart flutter), cellulitis (bacterial infection) of left lower limb, type 2 diabetes, stage 5 chronic kidney disease dependent on renal dialysis, left below knee amputation, cardiomyopathy (heart disease), sleep apnea, and hypertension. R1's admission Minimum Data Set (MDS) dated 10/13/25, identified no cognitive deficits, no behaviors, but would reject evaluation or care four to six days. R1 required maximum to complete assistance with activities of daily living. R1 had one stage two pressure ulcer on admission (right lateral foot). Care Area Assessment (CAA) triggered pressure ulcer, care planning decision dated 10/20/25. R1's facility admission skin/wound assessment dated 10/7/25, identified fourteen wounds. R1's care plan dated 10/8/25, identified R1 was on enhanced barrier precautions (EBP) related to pressure sores. Review of R1's care plan did not identify wounds, wound care, or interventions to prevent deterioration of skin integrity. R2 R2's face sheet dated 10/22/25, identified diagnoses of non-pressure chronic ulcer of unspecified part of right lower leg, non-pressure chronic ulcer of unspecified part of left lower leg, varicose veins of left lower extremity with ulcer of unspecified site, stage 3 pressure ulcer of left heel, and localized edema. R2's admission MDS dated 9/29/25, identified R1 had some cognitive deficits, required assistance with activities of daily living, had pressure injuries and was at risk to develop pressure injuries. R2's care plan dated 10/22/25, identified impairment to skin integrity upon admission included venous stasis	20560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/10/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	**205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284**

(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
20560	Continued from page 3 ulcers on bilateral lower extremities, pressure ulcer on left heel, pressure ulcer on right heel healed on 10/21/25. Interventions included air mattress, encourage good nutrition and hydration, float heels in bed, turn and reposition every 2.5 hours to prevent skin breakdown, treatment per provider orders, seen weekly by wound care nurse, weekly treatment documentation to include measurement of each area of skin breakdowns width, length, depth, type of tissue and exudate, and any other notable changes or observations. R2's Kardex for nursing assistants dated 10/22/25, identified enhanced barrier precautions (EBP), and air mattress on bed. R2's physician orders dated 9/30/25, identified an order for heel protectors to bilateral heels. R2's physician wound care orders dated 10/1/25, identified treatment recommendations of heel protectors to bilateral heels. R2's physician wound care orders dated 10/7/25, identified treatment recommendations of heel protectors to bilateral heels. R2's physician wound care orders dated 10/14/25, identified treatment recommendations of heel protectors to bilateral heels. R2's physician wound care orders dated 10/21/25, identified treatment recommendations of heel protectors to bilateral heels. R2's progress note dated 10/11/25, identified dressing was not intact to left heel and had moved completely away from the heel. Heel boots were not in place due to drainage and odor. Pillows were placed. During a phone interview on 10/23/25 at 2:29 p.m., RN-D stated the facility charting needs to improve. Management is working on care planning and getting a plan for improvement with them. During an interview on 10/24/25 at 9:47 a.m., administrator stated all interventions for prevention of skin breakdown, wound management, and wounds should be included in the care plan. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to ensuring the care plan for each individual resident is updated and maintained. The DON	20560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/10/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renvilla Health Center	**205 SOUTHEAST ELM AVENUE , RENVILLE, Minnesota, 56284**

(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
20560	Continued from page 4 or designee could develop a system to educate staff and develop a monitoring system to ensure staff are providing care as directed by the written plan of care. The facility should perform measurable audits and report findings of the audits to the Quality Assessment and Performance Improvement (QAPI) committee to ensure compliance and determine the need for further improvement. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	20560		