Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 20, 2026

Administrator
THE LUTHERAN HOME: BELLE PLAINE

611 WEST MAIN STREET
BELLE PLAINE, MN 56011

RE: CCN: 245590
Cycle Start Date: December 30, 2025

Dear Administrator:

On December 30, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G),

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

REMEDIES

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

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

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

NURSE AIDE TRAINING PROHIBITION

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

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/ Competency Evaluation Programs or Competency Evaluation Programs for two years effective December 30, 2025. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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

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:

Susie Haben, Regional Operations Supervisor RR
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us

Office: (320) 223-7356 Mobile: (651) 230-2334

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

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

Sincerely,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308   Fax: 651-215-9697

Email: sarah.lane@state.mn.us

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THE LUTHERAN HOME: BELLE PLAINE
611 WEST MAIN STREET
BELLE PLAINE, MN 56011

Re: Event ID: 1DF698-H1

Dear Administrator:

The above facility survey was completed on December 30, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900

Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697

Email: sarah.lane@state.mn.us

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245590	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LUTHERAN HOME: BELLE PLAINE	**611 WEST MAIN STREET , BELLE PLAINE, Minnesota, 56011**

(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 12/30/25, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health. Your facility was found in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H55902201C (2701153) and a deficiency was issued at F689 at HARM PAST NON-COMPLIANCE. Although the provider had implemented corrective action prior to survey, noncompliance was sustained prior to the survey. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F0000		
F0689 SS = G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to follow care plan interventions related to a resident transfer. Nursing assistant (NA)-A independently transferred 1 of 3 residents (R1) who required assist of 2 staff. This resulted in actual harm when R1 fell during a transfer in a lift, was sent to the emergency department for increased pain to her right arm and was diagnosed with a closed fracture of proximal end of right humerus (fracture of the shoulder	F0689	"Past Noncompliance - no plan of correction required"	

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **245590**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/30/2025**

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THE LUTHERAN HOME: BELLE PLAINE	**611 WEST MAIN STREET , BELLE PLAINE, Minnesota, 56011**

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F0689 SS = G	Continued from page 1 joint). The facility took action to correct the deficient practice on 12/29/25, prior to start of the survey. Therefore, the deficiency was issued at past noncompliance (PNC) Findings include: R1's quarterly Minimum Data Set (MDS) dated 11/5/25, indicated R1 had mild cognitive impairment and required staff assistance with transfers, toileting, dressing, and bed mobility. R1 used a wheelchair, and diagnoses included vascular dementia, hemiplegia (paralysis on one side of the body), history of transient ischemic attacks ((temporary disruption of blood flow to the brain that resolves without permanent damage), chronic pain, and age-related osteoporosis. R1's Functional Abilities Assessment dated 11/5/25, identified she transferred with an EZ stand (mechanical sit to stand lift) and required assist of two for all transfers. R1 was non-ambulatory. R1's care plan intervention dated 12/17/23, identified R1's transfer intervention as total assist of two with EZ stand for transfers on/off toilet/commode. R1's progress notes indicated: -12/24/25 at 12:38 p.m., R1 received a shower; was very sleepy on bath days; did not go out to dining room for lunch until 12:15 p.m. -12/24/25 at 11:15 p.m., indicated R1 had a fall at 1:15 p.m., (late entry) unknown if resident hit her head, was being transferred in the EZ stand and let go of the handles. When the resident let go, the NA tried to get the wheelchair behind her and resident fell. Resident stated her shoulder hurt initially and by 3:30 p.m. resident stated her whole right side of her body was hurting. Ambulance was called due to not knowing the extent of her injuries. R1 returned from the ER (emergency room) at 9:05 p.m. with diagnoses of closed fracture of proximal end of right humerus. R1 had a right arm sling on; morphine (narcotic pain medication) given in ER; new order for hydrocodone-acetminophen5-325mg (milligrams) take one tablet by mouth every 6 [six] hours as needed for pain (narcotic pain medication).	F0689		

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F0689 SS = G	Continued from page 2 R1’s After Visit Summary from the emergency department dated 12/24/25, identified the reason for visit was fall with shoulder pain and diagnoses of closed fracture of proximal end of right humerus. R1’s Physician order dated 12/24/25 at 7:25 p.m., instructed give one Norco (narcotic pain medication) every six hours as needed for pain; please be very gentle with movement of right arm as this arm/shoulder is broken; sling applied over clothes to right arm for comfort. The facility’s document titled LTC (long term care) Floor Cards last updated 12/22/25, identified R1’s transfer instructions as assist of two EZ stand or EZ lift when weaker, medium harness. The facility’s Event Report closed on 12/29/25 at 7:47 p.m., identified on 12/24/25 at 1:15 p.m., R1 was transferred with EZ stand, let go, and fell against bed; unknown if R1 hit head. Pain observation was a 10 (ten) defined as excruciating pain, worst possible, interfered with ability to carry on with daily routines, socialization, or sleep. R1 refused to allow nurse to complete ROM (range of motion) to right arm. R1 sent to ED for evaluation. The facility evaluation included R1 let go of the handles of the EZ stand during a transfer; complained of right arm pain and later right leg pain after the incident; sent to the ER; diagnoses of humerus fracture; returned to the facility and changed to an EZ lift for transfers; sent back to the ER the following day due to low O2 (oxygen) sats (saturations) and increased respirations; died during hospital stay. When interviewed on 12/30/25 at 1:40 p.m., NA-B stated R1 always needed assist of two staff with the EZ stand transfer because R1 had “a habit of just letting go of the handles” NA-B further identified R1 would have “spells where she just went blank” and would take a few minutes to respond to them. NA-B stated the second person that assisted R1 with the transfer would be responsible to watch R1’s hands closely and either remind R1 to keep her hands on the handlebar or put hand over R1’s hand as a reminder; “without that second person, she was likely to fall if she let go”. NA-B also stated if R1 was tired like after her bath, she would not be able to stand or hold on so staff would transfer her with the EZ lift. NA-B stated she heard about R1’s fall from the lift on 12/24/25 but was not	F0689		

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F0689 SS = G	Continued from page 3 working at the time. When interviewed on 12/30/25 at 1:49 p.m., director of nursing (DON) stated the facility investigation into R1's fall identified that NA-A transferred R1 independently when R1 was supposed to have two people to assist during transfers. The facility floor cards (care cheat sheets) had two (staff) assists with EZ stand transfers and the care plan said two assist with EZ stand transfers. The DON said it was her expectation that all staff followed the care planned interventions. The DON stated NA-A was a "newer NA" but had completed her initial education and orientation . When interviewed on 12/30/25 at 1:51 p.m., social worker (SW) indicated R1 required assist of two staff for transfers with the EZ stand because of a history of letting go of the handles during a transfer. The SW identified the care cards, and the care plan instructed to have two staff assist with transfers. When interviewed on 12/30/25 at 2:23 p.m., registered nurse (RN)-A stated she was the RN on call for 12/24/25 when R1 fell and went to the ED. RN-A stated R1 required two staff assist with EZ stand but NA-A transferred R1 without a second staff person and R1 let go of the handles and fell. RN-A further identified R1's care plan and the care cards (Floor Cards) identified two staff assist with all transfers. All staff are expected to follow the care plan and was not sure why NA-A did not. When interviewed on 12/30/25 at 2:25 p.m., NA-A identified she transferred R1 with the EZ stand without a second person in the room when R1 fell and was injured. NA-A further indicated she had attached the harness and straps to the EZ stand and had to help R1 hold on to the handlebars but then R1 let go of the handlebars and started slipping out of the harness. NA-A stated they were one to two feet from R1's wheelchair so she tried to get the wheelchair but was too late and R1 was on the floor. NA-A stated R1 had "just completely let go of the handlebars". NA- A identified she had been a NA for "just a couple of weeks" and was aware that the care plan and the care cards said assist of two staff but "everyone else was doing it [transfers] with one person and had been told by other NA's that R1 could be done with one staff assist so I assumed it was one or two assist [for R1's	F0689		

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F0689 SS = G	Continued from page 4 transfers]”. NA-A indicated she was not aware of R1’s history of letting go of the handlebars on the EZ stand lift. When interviewed on 12/30/25 at 3:30 p.m., RN-B indicated R1’s care plan had changed to two staff assist a “couple of months prior because sometimes she [R1] was not able to do it [transfer] safely” and required a second person to hold R1’s hands on the handlebars. RN-B also identified if R1 was tired, she did not have the strength to hold on to the bars or stand up then staff were to use the EZ lift. RN-B indicated R1’s illness was a factor in the fall, but root cause of the fall was NA-A did not use two assist like the care plan instructed. When interviewed on 12/31/25 at 7:35 a.m., licensed practical nurse (LPN)-A identified she responded immediately after R1 fell and found R1 on her back at the end of the bed. LPN-A stated R1 did not have any initial complaints of pain but did have a rug burn on her right side around the rib cage area; one hour later R1 started to complain about having “extreme pain” in her right arm and thought R1 must be more seriously injured that initially thought. LPN-A called ambulance and R1’s daughter. LPN-A stated initial investigation indicated NA-A transferred R1 alone instead of getting another staff as directed by the care plan. LPN-A stated, “we had ample people to help that night, but [NA-A] said she was told if she felt comfortable doing it [EZ stand transfer] with one, she could.” LPN-A stated R1 had switched to assist of two with EZ stand transfers because she was getting weaker and had let go of the handlebars. Facility Policy titled Safe Resident Handling last revised 4/25, identified EZ stand transfers with an assist of 1-2 depending on recommendations from therapy. The facility policy was updated 12/25 (after R1 fall) to reflect all EZ stands transfers require an assist of two staff. Facility policy titled Abuse Prohibition Plan and Vulnerable Adult Incident Reporting last revised 5/23/24, identified neglect was the failure of the facility, its employees or service providers to provide goods and services to a resident that were necessary to avoid physical harm, mental anguish, or emotional distress. Serious bodily injury included an injury involving extreme physical pain and involving loss or	F0689		

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F0689 SS = G	Continued from page 5 impairment of the function of a bodily member. The facility implemented the following corrective actions dated prior to the survey and were verified during survey as completed identifying past non-compliance: -NA-A had immediate re-education -Safe Patient Handling policy changed, implemented, and educated to staff. Policy now reflects two staff assist for all transfers. -All resident care plans were updated. -DON provided corrective action, re-education with return demonstration to NA-A. -Random transfer audits by nursing leadership implemented	F0689		

Minnesota State Department of Health

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20000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 12/30/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was in compliance with the MN State Licensure. The following complaints were reviewed during the survey. H55902201C (2701153). Minnesota Department of Health is documenting the State	20000		

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

Minnesota State Department of Health

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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		