DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 6, 2026

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

RE: CCN: 245590
Cycle Start Date: November 04, 2025

Dear Administrator:

On November 24, 2025, we notified you a remedy was imposed. On December 09, 2025, the Minnesota Departments of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of December 03, 2025.

As authorized by CMS the remedy of:

• Discretionary denial of payment for new Medicare and Medicaid admissions effective December 09, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of November 24, 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 is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from November 4, 2025. 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,

Sarah Lane

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 6, 2026

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

Re: Reinspection Results
Event ID: 1DA29B-H1

Dear Administrator:

On December 11, 2025 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 November 4, 2025. At this time these correction orders were found corrected.

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

An equal opportunity employer.

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted

November 24, 2025

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

RE: CCN: 751243100

Cycle Start Date: November 24, 2025

Dear Administrator:

On November 24, 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.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted both substandard quality of care and **immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On November 4, 2025, the situation of immediate jeopardy to potential health and safety cited at F684 - Quality of Care was removed. However, continued non-compliance remains at the lower scope and severity of D.

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:

• Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective December 9, 2025.

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

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective December 9, 2025, (42 CFR 488.417 (b)), (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective December 9, 2025, (42 CFR 488.417 (b)).

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.

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 November 24, 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.

SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR

488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

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

Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, THE LUTHERAN HOME: BELLE PLAINE is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective November 24, 2025. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

ELECTRONIC PLAN OF CORRECTION (ePOC)

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

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

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

The date that each deficiency will be corrected.

An electronic acknowledgement signature and date by an official facility representative.

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 "E" tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Regional Operations Supervisor RR
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, Licensing and Certification Program 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 May 24, 2026, (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

APPEAL RIGHTS DENIAL OF PAYMENT

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

tamika.brown@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions

are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown at (312) 353-1502. Information may also be emailed to tamika.brown@cms.hhs.gov.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

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,

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 24, 2025

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

Re: State Nursing Home Licensing Orders
Event ID: 1DA29B-H1

Dear Administrator:

The above facility survey was completed on November 24, 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 Operations Supervisor RR
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,

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

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 11/24/2025

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 10/28/25, 10/29/25, 10/30/25, and 10/31/25, 11/3/25, and 11/4/25, 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: H55906483C (2652686) with a deficiency issued at F684. The survey resulted in an Immediate Jeopardy (IJ) at F684 when the facility failed to recognize R1's weight gain and notify physician to potentially adjust treatment. The IJ began on 10/22/25, and the immediacy was removed on 11/4/25. The above findings constituted substandard quality of care, and an extended survey was conducted on 10/31/25. 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		
F0684 SS = SQC-J	Quality of Care 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:	F0684	It is the policy, and intention, of The Lutheran Home: Belle Plaine, to remain in full compliance with all regulations and requirements of both the Medicaid and Medicare Programs. These plans and responses to the departments allegations are submitted as a requirement of participation in the Medicare and Medicaid Programs and, are the facility's CREDIBLE ALLEGATION OF COMPLIANCE. This written response does not constitute an admission of noncompliance with any requirement. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The facility wishes to preserve its right to dispute these findings in their entirety should any remedies be imposed and is appealing the same.	11/21/2025

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 11/24/2025

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
F0684 SS = SQC-J	Continued from page 1 Based on interview and document review, the facility failed to comprehensively assess and monitor for signs and symptoms of fluid overload for 1 of 3 residents (R1) who had diagnoses of congestive heart failure (CHF), was administered diuretics, and required daily weights. This resulted in an Immediate Jeopardy (IJ) for R1 who had 16-pound weight gain in 10 days, required hospitalization for diuresis then discharged home on hospice with acute renal (kidney) failure. The IJ began on 10/19/25, after the facility failed to comprehensively assess and notify the physician of nearly 7.5-pound weight gain which led to hospitalization on 10/23/25. The Administrator and director of nursing (DON) were notified of the IJ on 10/30/25 at 2:22 p.m. The IJ was removed on 11/4/25 at 3:00 p.m., but non-compliance remained at the lower scope and severity level D, which indicated no actual harm with the potential for more than minimal harm that is not immediate jeopardy. R1’s face sheet dated 10/29/25, identified diagnoses of heart failure (heart does not pump blood as it should), hypertension (elevated blood pressure), and localized edema (swelling caused by fluid trapped in the tissues). R1’s hospital discharge summary dated 10/13/25, identified R1 was hospitalized for cellulitis (skin infection). The summary identified R1 was discharged to the facility on 10/13/25 with a new order for torsemide (diuretic medication) 80 milligrams (mg) daily to begin 10/14/25 (changed from previous diuretic of Furosemide 80 mg daily; summary did not include why this medication was changed). R1’s first dose of the torsemide 80 mg was administered at the hospital. Diet orders included daily fluid intake of 2,000 milliliters (mL)/day. R1’s physician orders dated 10/13/25, identified Torsemide 80 mg daily, fluid restriction of 2,000 mL, and daily weights (no parameters identified). The facility standing orders dated 9/25/25, included under heart failure management to call for weight gain 3 pounds (lbs..) or greater in 24 hours or 5lbs. in one week, assess lung sounds, peripheral edema, and respiratory status daily unless directed otherwise. This order set was not transcribed into R1’s electronic physician orders. R1’s admission Minimum Data Set (MDS) dated 10/19/25, identified R1 had no cognitive deficits, no behaviors,	F0684	Continued from page 1 It is the intention of The Lutheran Home: Belle Plaine, to remain compliant with the requirements at F0684 Quality of Care CFR(s): 483.25. Based on the comprehensive assessment of a resident, The Lutheran Home: Belle Plaine provides treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and residents' choices. Contributing factors to this finding is that R1 was admitted from the hospital without a CHF/heart failure diagnosis and without lab and daily weight orders. The hospital provider ordered torsemide 80 mg daily previous to R1's admission to the facility. Daily weights were initiated as a nursing order initiated by the facility's clinical coordinator (RN). The facility's electronic health record is designed to flag weight gains of five percent per industry standard for residents who do not have a CHF diagnosis, thus R1's weight gain did not trigger in the system, which also contributed to the allegation. R1 was hospitalized on 10/23/2025 and was subsequently discharged from the facility. Residents with similar diagnoses like heart failure, edema, and similar diagnosis having the potential for fluid retention were identified. Facility has reviewed all of our current residents and have identified 23 similar residents. Facility Wide Response Addressing Other Residents with the Potential to be Affected include: Although not required, the facility developed a Significant Weight Change Policy. Facility also reviewed other applicable policies such as Weight Management Policy and the facility’s Vital Sign Policy. No changes were made to those policies since they meet applicable standards. Additionally, and although not required, the facility developed a fluid restriction guidelines/worksheet. A new resident admission order set was created for residents admitting with the diagnosis of CHF, edema, use of diuretics, and compression. This includes edema checks daily, lung sounds, daily weights with	

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 11/24/2025

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
F0684 SS = SQC-J	Continued from page 2 and was dependent on staff to bring drinks to her mouth. R1's baseline care plan dated 10/13/25, identified a 2,000 mL fluid restriction, low sodium, and needs to be fed. R1's care plan identified on 10/19/25, interventions of daily wt., however there were no other interventions identified for the management of fluid volume status. Review of R1's weight (wt..) record in conjunction with fluid intake and urine output included the following recorded values between 10/13/25 through 10/23/25, there was no indication comprehensive assessments were completed to determine if weight gain was fluid gains versus nutritional gains, no indication fluid intake was compared with urine output to determine adequate hydration needs and/or renal function status. On 10/13/25: 185.5 lbs., with intake of 680 mL, and urine out was not recorded. 10/14/25: 183.9 lbs., with intake of 1,160 mL, and medium amount of urine output at 8:07 p.m. 10/15/25: 187.6 lbs., with intake of 960 mL, and urine out was not recorded. 10/16/25: 188 lbs., with intake of 2,680 mL, and urine out was not recorded. 10/17/25: 190.8 lbs., with intake of 1,380 mL, and urine out was not recorded. 10/18/25: 189 lbs., with intake of 800 mL, and urine out was not recorded. 10/19/25: 193 lbs., with intake of 860 mL, and urine out was not recorded. 10/20/25: no weight recorded, with intake of 720 mL, and urine out was not recorded. 10/21/25: 198.6 lbs., with intake of 1,540 mL, and medium amount of urine output at 2:14 p.m. 10/22/25: 200.4 lbs., with intake of 1,620 mL, and large amount of urine output at 1:59 p.m. 10/23/25: 202.4 lbs., with intake of 300 mL, and urine out was not recorded. Review of R1's record between 10/13/25 through	F0684	Continued from page 2 parameters daily for 7 days. The facility added baseline weight to their daily weight orders, along with parameters for weight gain and to contact the physician for a 3-pound weight increase in 24 hours or a 5-pound weight increase in a week. Edema assessments with baseline edema listed in the physician's order. Lung sounds added to interventions and care plans were updated. For residents who have a diagnosis of heart failure and edema, but currently not at risk, the facility has added baseline weights on their weekly weight and edema checks with primary bath/skin checks of the week. The Clinical Coordinators are responsible for assessing and monitoring the resident for a change in condition with subsequent notification of the medical provider. Staff completed review of newly developed Significant Weight Change policy and procedure. Direct re-education completed 11/21/2025, reviewing how to assess for edema along with early recognition of heart failure symptoms. Education completed by DON, or designee, before each licensed nursing staff's next shift and by availability of staff not regularly scheduled. This education/training is also included in the orientation of all newly hired staff. Ongoing random audits of residents having the diagnosis of heart failure, edema, and similar diagnosis having the potential for fluid retention will be conducted quarterly by the director of nursing and clinical coordinators to ensure the facility added baseline weight to their daily weight orders, along with parameters for weight gain and to contact the physician for a 3-pound weight increase in 24 hours or a 5-pound weight increase in a week. Lung sounds added to interventions and care plans were updated. Random quarterly audits will also include for residents who have a diagnosis of heart failure and edema, but currently not at risk, that the facility has added baseline weights on their weekly weights and edema checks with primary bath/skin checks of the week. The Clinical Coordinators are responsible for assessing and monitoring the resident for a change in condition with subsequent notification of the medical provider. Data obtained from the aforementioned audits will be incorporated into the facility's Quality Assurance and Performance Improvement (QAPI) Program. Recommendations, including recommendations based upon observed data, will be integrated into the QAPI process. After 1 year of these quarterly audits, the	

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 11/24/2025

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
F0684 SS = SQC-J	Continued from page 3 10/18/25, did not identify physician notification of the 4 lbs. weight increase. Further, there was no indication the physician was made aware of R1's weight gains since admission to the facility on 10/13/25. In addition, the record did not include any assessments and/or monitoring for signs/symptoms of fluid volume overload and renal failure. R1's physician visit dated 10/18/25 directed staff to continue torsemide 60 mg daily every a.m., follow-up labs, continue daily weights, and consider discontinuing fluid restriction. (The visit note did not address weight gain of 4 lbs. since admit nor identify why R1's Furosemide was changed to Torsemide upon discharge from the hospital). During a phone interview on 10/30/25 at 9:02 a.m., physician assistant (PA)-A verified that the 60 mg was written in error, and he expected R1 to continue with torsemide 80mg daily. PA-A stated at the time of the visit he was not aware R1's weight had increased 4 lbs. since admission on 10/13/25. During a phone interview on 10/30/25 at 8:57 a.m., pharmacist (PC) stated torsemide is stronger than furosemide and that furosemide is usually discontinued and torsemide started if a person is not seeing results from furosemide. The combination of fluid restriction and high dose of torsemide would dehydrate R1. PC thought if the rounding physicians at the facility were aware of R1's wt. gain, they would have adjusted the diuretic. R1's medication administration record (MAR) dated 10/29/25, identified R1 received torsemide 80 mg daily every morning from 10/14/25-10/23/25. R1's nutrition assessment progress note dated 10/19/25 at 8:31 p.m., identified even though R1's recorded weight on 10/19/18 was 194 lbs. (increase of 7.5 lbs..) the assessment indicated R1's Current Body weight "(CBW)-187.6 # (10/15/25)". Additionally, R1 was at increased risk for malnutrition. No nutritional changes warranted at this time. Registered dietician to monitor intake, weights, vitals, signs/symptoms of dehydration, skin integrity. R1's record reviewed between 10/19/25 through 10/22/25 there was no indication the physician was made aware of R1's weight gains since admission to the facility on 10/13/25. In addition, the record did not include any assessments and/or monitoring for signs/symptoms of fluid volume overload and renal failure.	F0684	Continued from page 3 facility will conduct such audits every 6 months for the next year.	

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 11/24/2025

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
F0684 SS = SQC-J	Continued from page 4 R1's physician notification from the online patient portal dated 10/22/25, at 11:50 a.m., facility updated R1's clinic with lab results. Physician Assistant (PA) responded on 10/23/25 at 9:51 a.m., suspect R1 has acute kidney injury and sudden onset of dehydration. The note indicated R1's Creatinine level on 9/26/25 was 0.88 (baseline creatinine for females is 0.5-1.0) and current was 1.63, will plan to redraw labs next week. R1's occupational therapy (OT) treatment encounter note dated 10/23/25, identified R1 was approached after lunch for therapy. R1 was asleep in recliner and reported feeling weak today, which was consistent with physical therapy assistants encounter with R1 during morning therapy session in which R1 was unable to complete stand at 4 wheeled walker and required maximum assistant to stand with a sit to stand machine and tolerance was one minute maximum. R1 was unable to successfully transfer from her recliner with the sit to stand machine and used the mechanical lift and stood for 2:00 minutes and 2:30 requiring increased time for rest between each set. Notable SOB (shortness of breath) and increased fatigue. Notified registered nurse (RN) who was monitoring R1's increased weight as well. Shortened treatment session due to increased fatigue. R1's progress note dated 10/23/25 at 4:01 p.m., identified OT reported that during therapy session R1 was weak and had shortness of breath (SOB). R1 had audible, labored breathing, pale skin, warm and dry. Noted to have 17 lbs. wt. gain since admission and notified nurse practitioner (NP). NP requested R1 be sent to the hospital for evaluation. R1 left via ambulance. At 7:50 p.m., R1 was admitted to the hospital with congestive heart failure (CHF) exacerbation (heart cannot pump blood effectively to meet body's needs). R1's hospital record dated 10/27/25, identified R1 was admitted on 10/23/25 with diagnoses of CHF, fluid retention, and acute kidney injury. R1 reported SOB for the past couple days that worsened in the last 24 hours and was not able to participate in therapy d/t increased SOB. Chest x-ray showed CHF and/or fluid volume overload. Bumex (diuretic) intravenous (IV) with total dose 8 mg since admission with suboptimal diuresis and kidney function trending worse, respiratory status and upper extremity edema with no improvement. R1 had mild distress with tachypnea and 2–3-word conversational dyspnea, rales, general 2+ edema, R1 decided to do comfort cares and discharged home on hospice on 10/27/25.	F0684		

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 11/24/2025

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
F0684 SS = SQC-J	Continued from page 5 During a phone interview on 10/29/25 at 9:36 a.m., R1's family member (FM)-A stated since R1's hospitalization R1 had not been able to move her arms and was totally dependent on staff to provide fluids. On 10/23/25, R1 told her she felt like she had a urinary tract infection and that she could not urinate. At 3:00 p.m., RN-A called FM-A and stated she had quite a bit of a weight gain and the physician wanted her to go to the hospital to diuresed. FM-A stated R1 is at home and dying of acute kidney and heart failure. R1 ballooned up so much in her abdomen, arms, fingers, and thighs at the hospital. At the hospital, R1 was on intravenous bumex (medication used to get rid of extra fluid in the body) and it was not effective with no urine output and nothing in her bladder. During an interview on 10/28/25 at 1:38 p.m., nursing assistant (NA)-A stated on 10/13/25, she assisted R1 with eating and R1's hands were very puffy. She did not report this to the nurse. During a phone interview on 10/29/25 at 11:57 a.m., NA-C stated she worked during the day on 10/23/25 and thought R1 looked very puffy in general-every part of her looked puffy. NA-C could not recall if she helped R1 to the bathroom on 10/23/25 or if she was short of breath. During a phone interview on 10/29/25 at 11:34 a.m., NA-G stated she worked night shift and R1 rarely used the bathroom when she worked. NA-G could not recall if R1 used the bathroom at all on 10/22/25, but did not think R1 did. NA-G was unable to recall what R1 looked like. During a phone interview on 10/29/25 at 11:13 a.m., NA-H stated she worked day shift on 10/23/25 with R1. NA-H recalled taking R1 to the toilet after lunch and R1 urinated. NA-H did not recall R1 having shortness of breath or feeling weaker. During an interview on 10/28/25 at 1:47 p.m., OT-A stated since admission, R1 had been showing progress in both therapies. On 10/23/25, with both therapies, R1 complained of feeling weak, needing maximum assist to transfer, and had a hard time getting up. OT-A did not notice fluid in her extremities but did not examine them, noted shortness of breath and obtained 02 and pulse and they were unremarkable. OT-A treated R1 for about 15 minutes and she was very fatigued, so OT-A notified the floor nurse and RN-A of R1's weakness and SOB. During an interview on 10/28/25 at 1:15 p.m., licensed	F0684		

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 11/24/2025

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
F0684 SS = SQC-J	Continued from page 6 practical nurse (LPN)-A stated she did not recall R1 having edema, but also did not check for edema on R1, did not listen to R1's lung sounds, and did not notify family or physician of R1's wt. gain on any days that she worked. LPN-A thought R1's arms and wrists looked a little bigger than they were when she admitted on 10/22/25. LPN-A stated she thought she mentioned R1's weight gain in passing to RN-A on 10/22/25, when the wt. was 200.4 lbs. LPN-A stated when the nurse puts the wt. in the resident's electronic medical record, they can look at the last wt. that was recorded, and they also can view the history of wts. that had been obtained. It would depend on if the wt. changed if the nurse would look at other wts. Usually, a physician would be notified if the wt. was 3 lbs. or more in one day or if there was a 5% wt. change. LPN-A verified R1 was on a fluid restriction and daily wts. LPN-A worked and obtained wts. on R1 on 10/15/25 (3.7 lb. wt. increase in one day), 10/17/25, and 10/22/25 (wt. was 200.4 lbs.). During a phone interview on 10/29/25 at 8:34 a.m., LPN-B stated daily wts. are done to watch for fluid accumulation and if wt. was going up it meant the resident is probably retaining fluid. The floor nurse would keep an eye on the wt. and when the electronic record identified a significant wt. change, the floor nurse would notify RN-A. Usually, there were parameters of so many lbs. in one day or one week in the order. RN-A worked 10/13/25, 10/14/25, 10/16/25, 10/18/25, 10/21/25 (up 5.6 lbs. since last wt.), and 10/23/25 (wt. up 16.4 lbs. since admission). Since admission, R1 had minimal edema, if any edema it was in her lower legs and no complaints or issues with shortness of breath, but LPN-A did not notice any edema on R1. R1 had some SOB with exertion, but that "would be normal working with therapy." LPN-B did not listen to lung sounds, check edema, or notify the physician of R1's weight gain during any of the shifts she worked. On 10/23/25, LPN-A did a skin assessment on R1 and noticed no edema. LPN-A gave R1 her morning medications in the therapy room on 10/23/25, after PT had stated that R1 was short of breath and tired and did not think R1 looked in distress while standing with the sit to stand machine. During an interview on 10/30/25 at 9:45 a.m., clinical coordinator RN-A stated the clinical coordinators complete the admission paperwork and care plans. Daily wts. were ordered to check for increase or decrease of wt. and usually fall into the increase of wt. gain. R1 did not have parameters to watch for or notify the physician with her daily wts., it only identified daily wts. in the medication administration record (MAR).	F0684		

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 11/24/2025

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
F0684 SS = SQC-J	Continued from page 7 There was no documentation in R1's chart to monitor for parameters of edema or location of edema. R1 was unable to drink on her own and relied on staff to give her fluids and did not come anywhere near her fluid restriction limits. RN-a completed the admission paperwork for R1 and then was on vacation and returned to work 10/21/25. RN-A stated she reviewed the facility reports at home on 10/20/25, which included review of wts. that would be out of range and did not notice anything flagged for R1. RN-A stated on 10/21/25 and 10/22/25, she "played catch-up" and did not have a chance to look at the report on 10/21/25 and did not notice the wt. gain on 10/22/25. RN-A thought LPN-A may have indicated R1's wt. was "creeping up" on 10/22/25 but it did not register with her. On 10/23/25, R1's wt. flagged in the computer system for having a 5% increase. RN-A saw R1 at lunch on 10/23/25, and did not notice any SOB but later that afternoon when R1 was sent in she was struggling to breathe. During an interview on 10/30/25 at 12:27 p.m., DON stated it was the expectation of staff to implement interventions in the care plan related to heart failure and to include edema management if appropriate. The staff should look in a progress note or maybe the MAR to identify where a resident's edema is located, and staff should monitor edema every shift. When wt. gain is identified, staff should check for edema, recheck wt., obtain a set of vital signs, assess for shortness of breath, and notify physician of symptoms. "Typically, probably," the clinical coordinator and the floor nurse that entered the wts., should check the wt. to make sure the resident has not gained and is outside the parameters. The facility was going to implement putting baseline wt. in the daily order because sometimes, if the resident has been at the facility for a few weeks, it is laborious to go back to the admission wt. to see what the wt. expectation was. During a phone interview on 10/20/25 at 9:02 a.m., PA-A stated huge weight differences can occur in days so if the facility can have a baseline weight or a goal weight that the facility goes against to check and notify the physician, it would be helpful. PA-A would have wanted to be notified of R1's wt. if it was 3-5 lbs. above baseline. If PA would have been aware of the wt. gain, he would have done a "diuretic burst" and ordered labs to see if that would have helped. It may have changed the outcome of hospitalization with exacerbation of CHF, acute kidney injury, and hospice. The facility Significant Weight Change policy dated 10/2025, identified the policy was to manage wt. gain/loss, typically defining a significant change as a	F0684		

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 11/24/2025

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
F0684 SS = SQC-J	Continued from page 8 5% gain in one month or 10% in six months. The facility would conduct regular wt. monitoring to identify and document trends. If a resident experiences a significant wt. gain at any time, it must be assessed by a physician to determine the cause. When an out-of-range wt. is flagged upon electronic documentation, wt. gain should be addressed immediately to include re-weigh the resident for accuracy, contact physician with noted gain immediately, assess for edema and any symptoms of SOB, continue to monitor the resident for an adverse event. The IJ that began on 10/22/25, was removed on 11/4/25 at 3:02 p.m., when it was determined and verified the facility implemented the following: -identification of 23 like residents at-risk. Addition of baseline wt. to daily wt. orders along with parameters for wt. gain and to contact the physician for a 3 lb. increase in 24 hours or 5 lbs. increase in a week, edema assessments with baseline edema listed in physicians order, lung sounds added to interventions and care plans updated. -developed a new significant weight change policy and reviewed other applicable policies such as weight management, and vital signs. -developed a fluid restriction guideline/worksheet. -new admission order set created for residents admitting with diagnosis of CHF, edema, use of diuretics, and compression which includes daily edema checks, lung sounds, daily wts. with daily and seven-day parameter. -residents who have a diagnosis of heart failure and edema, but currently not at-risk, facility added baseline wts. on their weekly wt. assessment and edema checks with primary bath/skin checks of the week. -clinical coordinators are responsible for assessing and monitoring the resident for a change in condition with subsequent notification of medical provider. -staff completed review of newly developed significant weight change policy and procedure. -direct education reviewing how to assess for edema along with early recognition of heart failure symptoms completed before each licensed nurses next scheduled shift and availability of staff not regularly scheduled. Education also included in orientation of all newly hired staff.	F0684		

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 11/24/2025

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
F0684 SS = SQC-J		F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
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 10/28/25, 10/29/25, 10/30/25, 10/31/25, 11/3/25, and 11/4/25 , 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 was issued: 0830. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	20000		

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20000	Continued from page 1 The following complaints were reviewed: H55906483C (2652686) with a licensing order issued at: 0830. 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		
20830	Adequate and Proper Nursing Care; General CFR(s): MN Rule 4658.0520 Subp. 1 Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the	20830	Corrected	11/21/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20830	Continued from page 2 resident must remain in bed or the resident prefers to remain in bed. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to comprehensively assess and monitor for signs and symptoms of fluid overload for 1 of 3 residents (R1) who had diagnoses of congestive heart failure (CHF), was administered diuretics, and required daily weights. This resulted in an Immediate Jeopardy (IJ) for R1 who had 16-pound weight gain in 10 days, required hospitalization for diuresis then discharged home on hospice with acute renal (kidney) failure. The IJ began on 10/19/25, after the facility failed to comprehensively assess and notify the physician of nearly 7.5-pound weight gain which led to hospitalization on 10/23/25. The Administrator and director of nursing (DON) were notified of the IJ on 10/30/25 at 2:22 p.m. The IJ was removed on 11/4/25 at 3:00 p.m., but non-compliance remained at the lower scope and severity level D, which indicated no actual harm with the potential for more than minimal harm that is not immediate jeopardy. R1’s face sheet dated 10/29/25, identified diagnoses of heart failure (heart does not pump blood as it should), hypertension (elevated blood pressure), and localized edema (swelling caused by fluid trapped in the tissues). R1’s hospital discharge summary dated 10/13/25, identified R1 was hospitalized for cellulitis (skin infection). The summary identified R1 was discharged to the facility on 10/13/25 with a new order for torsemide (diuretic medication) 80 milligrams (mg) daily to begin 10/14/25 (changed from previous diuretic of Furosemide 80 mg daily; summary did not include why this medication was changed). R1’s first dose of the torsemide 80 mg was administered at the hospital. Diet orders included daily fluid intake of 2,000 milliliters (mL)/day. R1’s physician orders dated 10/13/25, identified Torsemide 80 mg daily, fluid restriction of 2,000 mL, and daily weights (no parameters identified). The facility standing orders dated 9/25/25, included under heart failure management to call for weight gain 3 pounds (lbs..) or greater in 24 hours or 5lbs. in one week, assess lung sounds, peripheral edema, and respiratory status daily unless directed otherwise. This order set was not transcribed into R1’s electronic	20830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20830	Continued from page 3 physician orders. R1's admission Minimum Data Set (MDS) dated 10/19/25, identified R1 had no cognitive deficits, no behaviors, and was dependent on staff to bring drinks to her mouth. R1's baseline care plan dated 10/13/25, identified a 2,000 mL fluid restriction, low sodium, and needs to be fed. R1's care plan identified on 10/19/25, interventions of daily wt., however there were no other interventions identified for the management of fluid volume status. Review of R1's weight (wt..) record in conjunction with fluid intake and urine output included the following recorded values between 10/13/25 through 10/23/25, there was no indication comprehensive assessments were completed to determine if weight gain was fluid gains versus nutritional gains, no indication fluid intake was compared with urine output to determine adequate hydration needs and/or renal function status. On 10/13/25: 185.5 lbs., with intake of 680 mL, and urine out was not recorded. 10/14/25: 183.9 lbs., with intake of 1,160 mL, and medium amount of urine output at 8:07 p.m. 10/15/25: 187.6 lbs., with intake of 960 mL, and urine out was not recorded. 10/16/25: 188 lbs., with intake of 2,680 mL, and urine out was not recorded. 10/17/25: 190.8 lbs., with intake of 1,380 mL, and urine out was not recorded. 10/18/25: 189 lbs., with intake of 800 mL, and urine out was not recorded. 10/19/25: 193 lbs., with intake of 860 mL, and urine out was not recorded. 10/20/25: no weight recorded, with intake of 720 mL, and urine out was not recorded. 10/21/25: 198.6 lbs., with intake of 1,540 mL, and medium amount of urine output at 2:14 p.m. 10/22/25: 200.4 lbs., with intake of 1,620 mL, and large amount of urine output at 1:59 p.m. 10/23/25: 202.4 lbs., with intake of 300 mL, and urine	20830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20830	Continued from page 4 out was not recorded. Review of R1's record between 10/13/25 through 10/18/25, did not identify physician notification of the 4 lbs. weight increase. Further, there was no indication the physician was made aware of R1's weight gains since admission to the facility on 10/13/25. In addition, the record did not include any assessments and/or monitoring for signs/symptoms of fluid volume overload and renal failure. R1's physician visit dated 10/18/25 directed staff to continue torsemide 60 mg daily every a.m., follow-up labs, continue daily weights, and consider discontinuing fluid restriction. (The visit note did not address weight gain of 4 lbs. since admit nor identify why R1's Furosemide was changed to Torsemide upon discharge from the hospital). During a phone interview on 10/30/25 at 9:02 a.m., physician assistant (PA)-A verified that the 60 mg was written in error, and he expected R1 to continue with torsemide 80mg daily. PA-A stated at the time of the visit he was not aware R1's weight had increased 4 lbs. since admission on 10/13/25. During a phone interview on 10/30/25 at 8:57 a.m., pharmacist (PC) stated torsemide is stronger than furosemide and that furosemide is usually discontinued and torsemide started if a person is not seeing results from furosemide. The combination of fluid restriction and high dose of torsemide would dehydrate R1. PC thought if the rounding physicians at the facility were aware of R1's wt. gain, they would have adjusted the diuretic. R1's medication administration record (MAR) dated 10/29/25, identified R1 received torsemide 80 mg daily every morning from 10/14/25-10/23/25. R1's nutrition assessment progress note dated 10/19/25 at 8:31 p.m., identified even though R1's recorded weight on 10/19/18 was 194 lbs. (increase of 7.5 lbs..) the assessment indicated R1's Current Body weight "(CBW)-187.6 # (10/15/25)". Additionally, R1 was at increased risk for malnutrition. No nutritional changes warranted at this time. Registered dietician to monitor intake, weights, vitals, signs/symptoms of dehydration, skin integrity. R1's record reviewed between 10/19/25 through 10/22/25 there was no indication the physician was made aware of R1's weight gains since admission to the facility on	20830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20830	Continued from page 5 10/13/25. In addition, the record did not include any assessments and/or monitoring for signs/symptoms of fluid volume overload and renal failure. R1's physician notification from the online patient portal dated 10/22/25, at 11:50 a.m., facility updated R1's clinic with lab results. Physician Assistant (PA) responded on 10/23/25 at 9:51 a.m., suspect R1 has acute kidney injury and sudden onset of dehydration. The note indicated R1's Creatinine level on 9/26/25 was 0.88 (baseline creatinine for females is 0.5-1.0) and current was 1.63, will plan to redraw labs next week. R1's occupational therapy (OT) treatment encounter note dated 10/23/25, identified R1 was approached after lunch for therapy. R1 was asleep in recliner and reported feeling weak today, which was consistent with physical therapy assistants encounter with R1 during morning therapy session in which R1 was unable to complete stand at 4 wheeled walker and required maximum assistant to stand with a sit to stand machine and tolerance was one minute maximum. R1 was unable to successfully transfer from her recliner with the sit to stand machine and used the mechanical lift and stood for 2:00 minutes and 2:30 requiring increased time for rest between each set. Notable SOB (shortness of breath) and increased fatigue. Notified registered nurse (RN) who was monitoring R1's increased weight as well. Shortened treatment session due to increased fatigue. R1's progress note dated 10/23/25 at 4:01 p.m., identified OT reported that during therapy session R1 was weak and had shortness of breath (SOB). R1 had audible, labored breathing, pale skin, warm and dry. Noted to have 17 lbs. wt. gain since admission and notified nurse practitioner (NP). NP requested R1 be sent to the hospital for evaluation. R1 left via ambulance. At 7:50 p.m., R1 was admitted to the hospital with congestive heart failure (CHF) exacerbation (heart cannot pump blood effectively to meet body's needs). R1's hospital record dated 10/27/25, identified R1 was admitted on 10/23/25 with diagnoses of CHF, fluid retention, and acute kidney injury. R1 reported SOB for the past couple days that worsened in the last 24 hours and was not able to participate in therapy d/t increased SOB. Chest x-ray showed CHF and/or fluid volume overload. Bumex (diuretic) intravenous (IV) with total dose 8 mg since admission with suboptimal diuresis and kidney function trending worse, respiratory status and upper extremity edema with no improvement. R1 had mild distress with tachypnea and	20830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20830	Continued from page 6 2–3-word conversational dyspnea, rales, general 2+ edema, R1 decided to do comfort cares and discharged home on hospice on 10/27/25. During a phone interview on 10/29/25 at 9:36 a.m., R1's family member (FM)-A stated since R1's hospitalization R1 had not been able to move her arms and was totally dependent on staff to provide fluids. On 10/23/25, R1 told her she felt like she had a urinary tract infection and that she could not urinate. At 3:00 p.m., RN-A called FM-A and stated she had quite a bit of a weight gain and the physician wanted her to go to the hospital to diuresed. FM-A stated R1 is at home and dying of acute kidney and heart failure. R1 ballooned up so much in her abdomen, arms, fingers, and thighs at the hospital. At the hospital, R1 was on intravenous bumex (medication used to get rid of extra fluid in the body) and it was not effective with no urine output and nothing in her bladder. During an interview on 10/28/25 at 1:38 p.m., nursing assistant (NA)-A stated on 10/13/25, she assisted R1 with eating and R1's hands were very puffy. She did not report this to the nurse. During a phone interview on 10/29/25 at 11:57 a.m., NA-C stated she worked during the day on 10/23/25 and thought R1 looked very puffy in general-every part of her looked puffy. NA-C could not recall if she helped R1 to the bathroom on 10/23/25 or if she was short of breath. During a phone interview on 10/29/25 at 11:34 a.m., NA-G stated she worked night shift and R1 rarely used the bathroom when she worked. NA-G could not recall if R1 used the bathroom at all on 10/22/25, but did not think R1 did. NA-G was unable to recall what R1 looked like. During a phone interview on 10/29/25 at 11:13 a.m., NA-H stated she worked day shift on 10/23/25 with R1. NA-H recalled taking R1 to the toilet after lunch and R1 urinated. NA-H did not recall R1 having shortness of breath or feeling weaker. During an interview on 10/28/25 at 1:47 p.m., OT-A stated since admission, R1 had been showing progress in both therapies. On 10/23/25, with both therapies, R1 complained of feeling weak, needing maximum assist to transfer, and had a hard time getting up. OT-A did not notice fluid in her extremities but did not examine them, noted shortness of breath and obtained 02 and pulse and they were unremarkable. OT-A treated R1 for about 15 minutes and she was very fatigued, so OT-A	20830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20830	Continued from page 7 notified the floor nurse and RN-A of R1's weakness and SOB. During an interview on 10/28/25 at 1:15 p.m., licensed practical nurse (LPN)-A stated she did not recall R1 having edema, but also did not check for edema on R1, did not listen to R1's lung sounds, and did not notify family or physician of R1's wt. gain on any days that she worked. LPN-A thought R1's arms and wrists looked a little bigger than they were when she admitted on 10/22/25. LPN-A stated she thought she mentioned R1's weight gain in passing to RN-A on 10/22/25, when the wt. was 200.4 lbs. LPN-A stated when the nurse puts the wt. in the resident's electronic medical record, they can look at the last wt. that was recorded, and they also can view the history of wts. that had been obtained. It would depend on if the wt. changed if the nurse would look at other wts. Usually, a physician would be notified if the wt. was 3 lbs. or more in one day or if there was a 5% wt. change. LPN-A verified R1 was on a fluid restriction and daily wts. LPN-A worked and obtained wts. on R1 on 10/15/25 (3.7 lb. wt. increase in one day), 10/17/25, and 10/22/25 (wt. was 200.4 lbs.). During a phone interview on 10/29/25 at 8:34 a.m., LPN-B stated daily wts. are done to watch for fluid accumulation and if wt. was going up it meant the resident is probably retaining fluid. The floor nurse would keep an eye on the wt. and when the electronic record identified a significant wt. change, the floor nurse would notify RN-A. Usually, there were parameters of so many lbs. in one day or one week in the order. RN-A worked 10/13/25, 10/14/25, 10/16/25, 10/18/25, 10/21/25 (up 5.6 lbs. since last wt.), and 10/23/25 (wt. up 16.4 lbs. since admission). Since admission, R1 had minimal edema, if any edema it was in her lower legs and no complaints or issues with shortness of breath, but LPN-A did not notice any edema on R1. R1 had some SOB with exertion, but that "would be normal working with therapy." LPN-B did not listen to lung sounds, check edema, or notify the physician of R1's weight gain during any of the shifts she worked. On 10/23/25, LPN-A did a skin assessment on R1 and noticed no edema. LPN-A gave R1 her morning medications in the therapy room on 10/23/25, after PT had stated that R1 was short of breath and tired and did not think R1 looked in distress while standing with the sit to stand machine. During an interview on 10/30/25 at 9:45 a.m., clinical coordinator RN-A stated the clinical coordinators complete the admission paperwork and care plans. Daily wts. were ordered to check for increase or decrease of	20830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20830	Continued from page 8 wt. and usually fall into the increase of wt. gain. R1 did not have parameters to watch for or notify the physician with her daily wts., it only identified daily wts. in the medication administration record (MAR). There was no documentation in R1's chart to monitor for parameters of edema or location of edema. R1 was unable to drink on her own and relied on staff to give her fluids and did not come anywhere near her fluid restriction limits. RN-a completed the admission paperwork for R1 and then was on vacation and returned to work 10/21/25. RN-A stated she reviewed the facility reports at home on 10/20/25, which included review of wts. that would be out of range and did not notice anything flagged for R1. RN-A stated on 10/21/25 and 10/22/25, she "played catch-up" and did not have a chance to look at the report on 10/21/25 and did not notice the wt. gain on 10/22/25. RN-A thought LPN-A may have indicated R1's wt. was "creeping up" on 10/22/25 but it did not register with her. On 10/23/25, R1's wt. flagged in the computer system for having a 5% increase. RN-A saw R1 at lunch on 10/23/25, and did not notice any SOB but later that afternoon when R1 was sent in she was struggling to breathe. During an interview on 10/30/25 at 12:27 p.m., DON stated it was the expectation of staff to implement interventions in the care plan related to heart failure and to include edema management if appropriate. The staff should look in a progress note or maybe the MAR to identify where a resident's edema is located, and staff should monitor edema every shift. When wt. gain is identified, staff should check for edema, recheck wt., obtain a set of vital signs, assess for shortness of breath, and notify physician of symptoms. "Typically, probably," the clinical coordinator and the floor nurse that entered the wts., should check the wt. to make sure the resident has not gained and is outside the parameters. The facility was going to implement putting baseline wt. in the daily order because sometimes, if the resident has been at the facility for a few weeks, it is laborious to go back to the admission wt. to see what the wt. expectation was. During a phone interview on 10/20/25 at 9:02 a.m., PA-A stated huge weight differences can occur in days so if the facility can have a baseline weight or a goal weight that the facility goes against to check and notify the physician, it would be helpful. PA-A would have wanted to be notified of R1's wt. if it was 3-5 lbs. above baseline. If PA would have been aware of the wt. gain, he would have done a "diuretic burst" and ordered labs to see if that would have helped. It may have changed the outcome of hospitalization with	20830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20830	Continued from page 9 exacerbation of CHF, acute kidney injury, and hospice. The facility Significant Weight Change policy dated 10/2025, identified the policy was to manage wt. gain/loss, typically defining a significant change as a 5% gain in one month or 10% in six months. The facility would conduct regular wt. monitoring to identify and document trends. If a resident experiences a significant wt. gain at any time, it must be assessed by a physician to determine the cause. When an out-of-range wt. is flagged upon electronic documentation, wt. gain should be addressed immediately to include re-weigh the resident for accuracy, contact physician with noted gain immediately, assess for edema and any symptoms of SOB, continue to monitor the resident for an adverse event. The IJ that began on 10/22/25, was removed on 11/4/25 at 3:02 p.m., when it was determined and verified the facility implemented the following: -identification of 23 like residents at-risk. Addition of baseline wt. to daily wt. orders along with parameters for wt. gain and to contact the physician for a 3 lb. increase in 24 hours or 5 lbs. increase in a week, edema assessments with baseline edema listed in physicians order, lung sounds added to interventions and care plans updated. -developed a new significant weight change policy and reviewed other applicable policies such as weight management, and vital signs. -developed a fluid restriction guideline/worksheet. -new admission order set created for residents admitting with diagnosis of CHF, edema, use of diuretics, and compression which includes daily edema checks, lung sounds, daily wts. with daily and seven-day parameter. -residents who have a diagnosis of heart failure and edema, but currently not at-risk, facility added baseline wts. on their weekly wt. assessment and edema checks with primary bath/skin checks of the week. -clinical coordinators are responsible for assessing and monitoring the resident for a change in condition with subsequent notification of medical provider. -staff completed review of newly developed significant weight change policy and procedure. -direct education reviewing how to assess for edema	20830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **11/24/2025**

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
20830	Continued from page 10 along with early recognition of heart failure symptoms completed before each licensed nurses next scheduled shift and availability of staff not regularly scheduled. Education also included in orientation of all newly hired staff. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, could review and revise policies and procedures related to diagnoses of heart failure and edema management. The DON or designee could review all residents with heart failure and edema management to ensure they are receiving the necessary treatment/services to promote improvement. The DON or designee could develop an audit tool to ensure appropriate monitoring is provided. The DON or designee could conduct audits of resident monitoring orders and assessments and report the results of these audits to the Quality Assurance Performance Improvement committee. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	20830		