



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
March 18, 2026

Administrator
THE VILLAS AT OSSEO LLC
501 SECOND STREET SOUTHEAST
OSSEO, MN 55369

RE: CCN: 245629
Cycle Start Date: February 6, 2026

Dear Administrator:

On March 13, 2026, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore, no remedies will be imposed.

Feel free to contact me if you have questions.

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

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



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March 18, 2026

Administrator

THE VILLAS AT OSSEO LLC
501 SECOND STREET SOUTHEAST
OSSEO, MN 55369

Re: Reinspection Results
Event ID: 1E3291-H1

Dear Administrator:

On March 13, 2026, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on February 6, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
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P.O. Box 64975
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February 18, 2026

Administrator
THE VILLAS AT OSSEO LLC
501 SECOND STREET SOUTHEAST
OSSEO, MN 55369

RE: CCN: 245629

Cycle Start Date: February 6, 2026

Dear Administrator:

On February 6, 2026, a survey was completed at your facility by the Minnesota Departments 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 no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D) , as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the 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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by **May 6, 2026** (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social

Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by **August 6, 2026** (six months after the identification of noncompliance), your provider agreement will be terminated. 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.

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

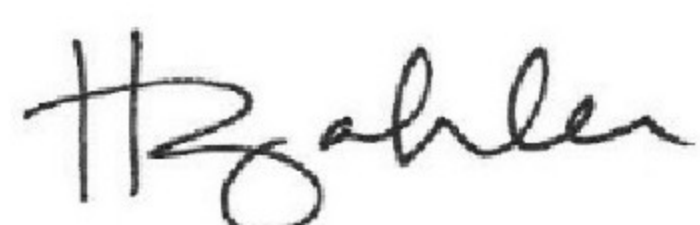
INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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,



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health

Office: 651-201-4384

Email: holly.zahler@state.mn.us



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Administrator
THE VILLAS AT OSSEO LLC
501 SECOND STREET SOUTHEAST
OSSEO, MN 55369

Re: State Nursing Home Licensing Orders

Event ID: 1E3291-H1

Dear Administrator:

The above facility survey was completed on February 6, 2026, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

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

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

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

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

Lisa Krebs, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245629	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/06/2026
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT OSSEO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 501 SECOND STREET SOUTHEAST , OSSEO, Minnesota, 55369	
(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	<p>INITIAL COMMENTS</p> <p>On 2/5/26 through 2/6/26, 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.</p> <p>The following complaint was reviewed: H56298362C (2733706 and 2674111) with incidental findings at F697 and F755.</p> <p>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.</p> <p>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.</p>	F0000		03/04/2026
F0697 SS = D	<p>Pain Management</p> <p>CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management.</p> <p>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review the facility failed to ensure non-pharmacological (non-pharm) interventions were attempted/offered and documented prior to the administration of as needed (PRN) narcotic medications for 1 of 3 residents (R3) reviewed for pain.</p>	F0697	<p>The process for satisfying this requirement has been reviewed and revised as needed, to ensure the facility develops and implements processes and procedures to ensure non-pharmacological (non-pharm) interventions are attempted/offered and documented prior to the administration of as needed (PRN) narcotic medications.</p> <p>Residents residing in the facility with an order for as needed (PRN) narcotic medications have the potential to be affected if this requirement is not met.</p> <p>R3 remains at the facility for transitional care. R3 care plan was reviewed and revised as needed to ensure non-pharmacological interventions are attempted/offered and documented prior to administering as needed (PRN) narcotic medications.</p> <p>All other residents with as needed (PRN) narcotic</p>	03/04/2026

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0697 SS = D	Continued from page 1 Findings include: R3's diagnoses list dated 2/6/26 included fracture of right femur (upper leg bone), hypotension (low blood pressure), and low back pain. R3's admission Minimum Data Set (MDS) dated 2/7/26 indicated R3 did not have cognitive impairment. R3 had occasional pain that interfered with day-to-day activities, therapy, and sleep. R3's care plan dated 1/30/26 indicated a focus of alteration in comfort related to right femur fracture and low back pain with interventions included provide non-medicinal forms of pain relief such as positioning, rest, massage, etcetera (etc.). R3's provider order dated 1/30/26 instructed oxycodone-acetaminophen (a combination pain relieving medication) tablet 10-325 milligrams (mg). Give 1 tablet every 6 hours as needed for chronic pain (the order did not specify the location of the chronic pain). R3's medication administration record (MAR) for February 2026 indicated R3 received oxycodone-acetaminophen 17 times. The MAR also included a task for non-pharmacological pain interventions: no intervention needed, ice, heated blankets, massage repositioning, music, essential oils, food or drink, relaxation breathing; document interventions every shift. The corresponding recorded entries were once per shift versus prior to administration of the PRN Oxycodone. Documented non-pharmacological pain interventions indicated R2 was offered "food" 20 times and repositioning one time. No other information was included on the MAR. R3's record between 1/30/26 through 2/6/26 did not include comprehensive pain assessments that would include location and pain characteristics. Further, although R3's nursing notes identified the date and time the medication was administered they did not include what, if any, non-pharm interventions had been attempted or offered prior to the narcotic being administered. Additionally, when non-pharmacological interventions were documented R3's record did not identify the effectiveness of the interventions attempted/offered. During an interview on 2/6/2026 at 9:51 a.m., R3 stated ice and repositioning help with managing the pain to her leg. Staff will bring her ice if she asks for it, but they do not offer it before a pain pill. During an interview on 2/6/2026 at 11:15 a.m., registered nurse (RN)-A stated when a resident reported pain the nurse should assess location of pain, ask the resident to rate their pain on a scale of 0 (no pain) to 10 (worst pain ever) and offer non-pharm interventions like repositioning. If the non-pharm interventions did not help with the pain or the resident refused, the nurse should offer ordered PRN medication based on the stated pain scale number. A nurse should document administration of the medication, all interventions offered/refused and follow-up	F0697	Continued from page 1 medications were reviewed to ensure the non-pharmacological intervention order was in place. Education has been initiated to all appropriate staff regarding the facility pain management protocol, with emphasis on offering non-pharmacological interventions prior to administering PRN narcotic medications. Audits will be completed weekly x4 then monthly x2. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence. DON or Designee is the responsible party Completion Date: 03/04/2026	

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F0697 SS = D	<p>Continued from page 2 information if the medication was effective or not. During an interview on 2/6/2026 at 12:40 p.m., RN-B stated when a nurse assessed a resident for pain, the nurse should ask when the pain started, where is it located, rate the pain on a scale from 1-10, and what has worked in the past to relieve pain. The nurse should offer non-pharm before offering medication. A nurse should document in the PRN medication note where the pain was located, the pain rating and what was offered. The nurse should go back to the resident later to see if the medication was effective. During an interview on 2/6/26 at 3:13 p.m., nurse practitioner (NP)-A stated when a resident has pain, the nurse should start with conservative treatment like repositioning, ice, heat, and topical medication. If conservative treatments were not effective in relieving pain, then the nurse should offer PRN medication based on the resident's pain scale. Documentation of all interventions is important so nurses and providers can look back to see what had been effective in managing the resident's pain.</p> <p>During an interview on 2/6/26 at 5:26 p.m., director of nursing (DON) stated when a resident was experiencing pain, a nurse should ask the resident to describe the pain, where the pain is located, and what had relieved their pain in the past. The nurse could use non-pharm interventions like ice or a warm pack. Non-pharm interventions and the resident's pain rating should be included in the PRN medication administration note. The non-pharm documentation completed one time per shift was not directly tied to a PRN medication administration. DON reviewed R3's medical record and confirmed there were no indications of non-pharm interventions offered, attempted or refused prior to PRN narcotic administration. The Pain Management Protocol dated 12/2025 instructed staff will provide the elements of a comforting environment and appropriate physical and complementary interventions; for example, local heat or ice, repositioning, massage, and the opportunity to talk about chronic pain.</p>	F0697		
F0755 SS = D	<p>Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general</p>	F0755	<p>The process for satisfying this requirement has been reviewed and revised as needed, to ensure the facility develops and implements processes and procedures to accurately transcribe a physician order with a start date.</p> <p>All residents residing in the facility with physician orders for medication management have the potential to be affected if this requirement is not met.</p>	03/04/2026

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F0755 SS = D	<p>Continued from page 3 supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to accurately transcribed a physician order with a start date for 1 of 3 (R2) residents reviewed for medication administration.</p> <p>Findings include: R2's diagnoses list dated 2/6/26 included gas gangrene (a bacterial infection) and foot ulcer (an open sore on the foot). R2's hospital discharge order dated 1/25/26 instructed new medication: amoxicillin-pot clavulanate (an antibiotic) 875-125 milligrams (mg). Give 1 tablet two times a day. Stop taking on 2/3/26. R2's physician order dated 1/25/26 was consistent with the hospital discharge order; amoxicillin-pot clavulanate 875-125 milligrams (mg). Give 1 tablet two times a day, stop taking on 2/3/26. R2's admission Minimum Data Set (MDS) dated 2/1/26 indicated R2 did not have cognitive impairment. The MDS identified R2 was administered an antibiotic. R2's January and February medication administration records (MAR) identified the physician order for Amoxicillin however; the MARs identified a start date of 1/26/26 with an evening shift administration time. Further identifying R2 missed the</p>	F0755	<p>Continued from page 3</p> <p>R2 remains at the facility for transitional care, with no other opportunities for improvement identified.</p> <p>The medication error process was completed for R2's amoxicillin transcription error. R2 received all doses of the antibiotic per physician order.</p> <p>Like-residents were identified and audited to ensure recent admissions orders were transcribed correctly and in a timely manner.</p> <p>Education has been initiated to all appropriate staff regarding the process for physician order transcription.</p> <p>Audits will be completed weekly x4 then monthly x2. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence.</p> <p>DON or Designee is the responsible party</p> <p>Completion Date: 03/04/2026</p>	

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F0755 SS = D	<p>Continued from page 4 evening dose on 1/25/26 and the morning dose on 1/26/26 which was not consistent with the physician order that directed to start the medication on 1/25/26. During an interview on 2/6/26 at 2:11 p.m., pharmacist (pharm) stated R2's amoxicillin-pot clavulanate was delivered on 1/25/26. A resident's medication should start on day of admission unless there is a provider order with a specific start date. During an interview on 2/6/26 at 2:42 p.m., registered nurse (RN)-C stated medications are administered according to the medication administration record. Any medications that are due on a specific shift will be listed under the resident name. A medication will not populate to be administered until after the transcribed start date. During an interview on 2/6/26 at 12:40 p.m., RN-B stated the first time R2 received amoxicillin-pot clavulanate was on 1/26/26 in the evening. RN-B confirmed R2's amoxicillin-pot clavulanate should have started on 1/25/26. During an interview on 2/6/26 at 3:13 p.m., nurse practitioner (NP)-A stated medications should start on day of admission unless the order indicated a specific start date. The provider should be notified of any missed doses so the order can be extended if necessary. NP-A did not recall being notified of the two missed doses. During an interview on 2/6/26 at 5:26 p.m., director of nursing (DON) stated R2's order for amoxicillin-pot clavulanate was not transcribed accurately. The order should have started on 1/25/26 not 1/26/26 which resulted in two missing doses. The Medication and Treatment Orders policy dated 2/2024 instructed orders for medications and treatments will be transcribed accurately and in a timely manner. Orders must include:</p> <ul style="list-style-type: none"> a. Name and strength of the drug. b. Number of doses, start and stop date, and/or specific duration of therapy. c. Dosage and frequency of administration. d. Route of administration. e. Clinical condition or symptoms for which the medication is prescribed; and f. Any interim follow-up requirements 	F0755		

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/06/2026
NAME OF PROVIDER OR SUPPLIER THE VILLAS AT OSSEO LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 501 SECOND STREET SOUTHEAST , OSSEO, Minnesota, 55369	
(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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 2/5/26 through 2/6/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	20000		03/04/2026

Office of Primary Care and Health Systems Management

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

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20000	Continued from page 1 The following complaints were reviewed: H56298362C (2733706 and 2674111) with an incidental finding at 21550. 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		
21550	Adminiatration of Medications; Pharmacy Serv. CFR(s): MN Rule 4658.1325 Subp. 1 Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	21550	The process for satisfying this requirement has been reviewed and revised as needed, to ensure the facility develops and implements processes and procedures to accurately transcribe a physician order with a start date. All residents residing in the facility with physician	03/04/2026

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<p>21550</p>	<p>Continued from page 2</p> <p>Based on interview and document review, the facility failed to accurately transcribe a provider order for 1 of 3 (R2) residents reviewed for medication administration.</p> <p>Findings include:</p> <p>R2's diagnoses list dated 2/6/26 included gas gangrene (a bacterial infection) and foot ulcer (an open sore on the foot).</p> <p>R2's hospital discharge order dated 1/25/26 instructed new medication: amoxicillin-pot clavulanate (an antibiotic) 875-125 milligrams (mg). Give 1 tablet two times a day. Stop taking on 2/3/26.</p> <p>R2's physician order dated 1/25/26 was consistent with the hospital discharge order; amoxicillin-pot clavulanate 875-125 milligrams (mg). Give 1 tablet two times a day, stop taking on 2/3/26.</p> <p>R2's admission Minimum Data Set (MDS) dated 2/1/26 indicated R2 did not have cognitive impairment. The MDS identified R2 was administered an antibiotic.</p> <p>R2's January and February medication administration records (MAR) identified the physician order for Amoxicillin however; the MARs identified a start date of 1/26/26 with an evening shift administration time. Further identifying R2 missed the evening dose on 1/25/26 and the morning dose on 1/26/26 which was not consistent with the physician order that directed to start the medication on 1/25/26.</p> <p>During an interview on 2/6/26 at 2:11 p.m., pharmacist (pharm) stated R2's amoxicillin-pot clavulanate was delivered on 1/25/26. A resident's medication should start on day of admission unless there is a provider order with a specific start date.</p> <p>During an interview on 2/6/26 at 2:42 p.m., registered nurse (RN)-C stated medications are administered according to the medication administration record. Any medications that are due on a specific shift will be listed under the resident name. A medication will not populate to be administered until after the transcribed start date.</p>	<p>21550</p>	<p>Continued from page 2</p> <p>orders for medication management have the potential to be affected if this requirement is not met.</p> <p>R2 remains at the facility for transitional care, with no other opportunities for improvement identified.</p> <p>The medication error process was completed for R2's amoxicillin transcription error. R2 received all doses of the antibiotic per physician order.</p> <p>Like-residents were identified and audited to ensure recent admissions orders were transcribed correctly and in a timely manner.</p> <p>Education has been initiated to all appropriate staff regarding the process for physician order transcription.</p> <p>Audits will be completed weekly x4 then monthly x2. Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence.</p> <p>DON or Designee is the responsible party</p> <p>Completion Date: 03/04/2026</p>	

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21550	<p>Continued from page 3</p> <p>During an interview on 2/6/26 at 12:40 p.m., RN-B stated the first time R2 received amoxicillin-pot clavulanate was on 1/26/26 in the evening. RN-B confirmed R2's amoxicillin-pot clavulanate should have started on 1/25/26.</p> <p>During an interview on 2/6/26 at 3:13 p.m., nurse practitioner (NP)-A stated medications should start on day of admission unless the order indicated a specific start date. The provider should be notified of any missed doses so the order can be extended if necessary. NP-A did not recall being notified of the two missed doses.</p> <p>During an interview on 2/6/26 at 5:26 p.m., director of nursing (DON) stated R2's order for amoxicillin-pot clavulanate was not transcribed accurately. The order should have started on 1/25/26 not 1/26/26 which resulted in two missing doses.</p> <p>The Medication and Treatment Orders policy dated 2/2024 instructed orders for medications and treatments will be transcribed accurately and in a timely manner. Orders must include:</p> <ul style="list-style-type: none"> a. Name and strength of the drug. b. Number of doses, start and stop date, and/or specific duration of therapy. c. Dosage and frequency of administration. d. Route of administration. e. Clinical condition or symptoms for which the medication is prescribed; and f. Any interim follow-up requirements <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review policies and procedures for medication administration to include processes related to how medication is ordered and transcribed into the electronic medical record. Staff could be educated on the need to clarify discrepancies in medication orders. The DON or designee could review all current resident medication orders to ensure accuracy and audit new medication orders per recommendation from the Quality Assurance Performance Improvement (QAPI)</p>	21550		

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21550	Continued from page 4 committee for a determined amount of time. Those results could be taken back to the QAPI committee to determine compliance or the need for further monitoring. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21550		