DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 22, 2026

Administrator
LAKE WINONA MANOR
865 MANKATO AVENUE
WINONA, MN 55987

RE: CCN: 245240
Cycle Start Date: September 15, 2026

Dear Administrator:

On September 15, 2026, we notified you a remedy was imposed. On October 9, 2026, the Minnesota Department 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 September 18, 2026.

As authorized by CMS the remedy of:

• Discretionary denial of payment for new Medicare and Medicaid admissions effective October 15, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter from September 30, 2026, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from October 15, 2026 due to denial of payment for new admissions. Since your facility attained substantial compliance on September 18, 2026, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement

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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 22, 2026

Administrator
LAKE WINONA MANOR
865 MANKATO AVENUE
WINONA, MN 55987

Re: Reinspection Results
Event ID: 34495B-H1

Dear Administrator:

On October 9, 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 September 15, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

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

An equal opportunity employer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 9/10/26, 9/11/26, 9/14/26, and 9/15/26, 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. The following complaints were reviewed: H52404004C (3182902) and H52403968C (3178004) with a deficiency issued at F684, F580, and F657. The survey resulted in an Immediate Jeopardy (IJ) at F684 when the facility failed to complete a clinical assessment or initiate bowel management interventions after R2 had gone two days without a documented bowel movement. R2 remained without a documented bowel movement for eight consecutive days, with no documented clinical assessment, bowel management treatments, and physician notification, before being hospitalized from 8/24/26 through 9/1/26 with fecal impaction of the colon and stercoral colitis, and partial bowel obstruction. After R2 returned from the hospital, the facility again failed to ensure bowel monitoring, clinical assessment, intervention, and timely provider notification when R2 went without a documented bowel movement from 9/6/26 through 9/10/26. The IJ began on 8/18/26, and the immediacy was removed on 9/11/26. The above findings constituted substandard quality of care, and an extended survey was conducted on 9/15/26. 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		09/18/2026

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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	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: Based on observation, interview, and document review, the facility failed to receive necessary bowel monitoring, assessment, treatment, follow-up, and physician notification to maintain bowel function and prevent complications for 4 of 4 residents (R2, R3, R4, and R5) who had a risk for constipation reviewed for bowel management. These failures resulted in Immediate Jeopardy (IJ) for R2. The IJ began 8/18/26, when the facility failed to complete a clinical assessment or initiate bowel management interventions after R2 had gone two days without a documented bowel movement. R2 remained without a documented bowel movement for eight consecutive days, with no documented clinical assessment, bowel management treatments, and physician notification, before being hospitalized from 8/24/26 through 9/1/26 with fecal impaction of the colon and stercoral colitis, and partial bowel obstruction. After R2 returned from the hospital, the facility again failed to ensure bowel monitoring, clinical assessment, intervention, and timely provider notification when R2 went without a documented bowel movement from 9/6/26 through 9/10/26. The administrator and assistant administrator (AA)-A were notified of the IJ on 9/11/26 at 4:30 p.m. On 9/15/26 at 3:09 p.m. the IJ was verified as removed as of 9/11/26 however, noncompliance remained at a lower scope and severity level of E, pattern, with potential for more than minimal harm. Findings include: R2’s face sheet, printed 9/15/26, identified diagnoses of noninfective gastroenteritis and colitis-stercoral colitis (severe inflammation and decay of the colon wall caused by pressure from hardened stool), fecal impaction (a massive, hardened lump of stool stuck in the rectum or colon), constipation (difficulty emptying the bowels),	F0684	MD (Katrina Hammel) updated on R2's bowel status on 9/10/26 and on 9/11/26. The bowel histories on all residents including R3, R4, and R5 were reviewed on 9/18/26 to determine if an intervention was required per updated Bowel Management Standard Work (supplement, pharmacological, bowel assessment) Standing Orders, including when to notify the provider, was updated for all residents on 9/11/2026 by the Medical Director. Bowel Management Standard Work including when to notify the MD was revised with the Medical Director on 9/11/26. The updated bowel management standard work was provided to all nursing staff for education to be reviewed/completed by 9/18/26 or next working shift. Audits of bowel history/report were initiated on 8/25/26, a formal plan was to be made by the nurse if the resident did not have a bowel movement by 72 hours. This audit was performed on all residents 5 days per week via the bowel report. On 9/11/26 this audit was updated to ensure a new intervention was in place after 48 hours of no bowel movement, and that the provider was notified as per the guidelines in the updated standard work. All non-compliant responses for the full duration of this audit were to be reported to the Administrator, DON or Charge Nurse. Audits will continue at 5 days per week until further notice. Audit results will be brought to the QA Committee for further review/action. Additionally, audits of the original HUC audits will be performed weekly starting 9/18/26 for 8 weeks by the Administrator of designee of 8 residents (4 on each unit) to ensure HUC audits are in compliance. Audit results will be brought to the QA Committee for further action.	09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 unspecified dementia (a progressive brain disorder causing severe memory loss and confusion), and hemiplegia affecting the right dominant side (paralysis on the right side of the body). R2’s 5-day prospective payment system (PPS) Minimum Data Set (MDS) dated 7/26/26, identified R2’s cognition was intact. Further identified R2 required substantial to maximal assistance with toileting hygiene and transfers, used a wheelchair for mobility, and was occasionally incontinent of bowel. R2's care area assessment (CAA) for communication, dated 7/9/26, identified R2 had trouble putting sentences together and would routinely repeat a question back as a statement; for example, if asked if she had pain in her back she would say, "Yes, I have pain in my back," but when asked again if she was having pain or hurt anywhere, she would state no. The assessment documented that staff needed to actively anticipate her physical needs. R2’s care plan dated 3/16/26, identified a problem for an alteration in bowel function: potential for constipation related to decreased oral intake and decreased mobility. An intervention dated 3/16/26 identified that staff were to document bowel movements each shift, assist with toileting needs, avoid rushing the resident, and encourage fluid intake. R2’s physician order dated 7/29/26, included an order to give Zepbound 2.5 milligrams (mg)/0.5 milliliters (ml) subcutaneously weekly for 4 weeks. According to the manufacturer’s package insert, Zepbound is a medication prescribed for weight management. Gastrointestinal adverse reactions associated with Zepbound include constipation R2’s physician order dated 7/20/26, identified an order for psyllium husk 0.4-gram (G) capsule to be given daily as needed (PRN) for constipation. (Psyllium husk is a bulk forming, fiber-based laxative that absorbs water in the intestines and swells to form a larger, softer stool. They are often the first-line, gentle option for occasional constipation, especially when caused by low-fiber or low-fluid diets.) Review of R2’s bowel logs from 7/1/26 through 8/24/26, identified repeated episodes in which R2 went two or more consecutive days without a documented bowel movement. Under the facility’s bowel management protocol, staff were required to identify residents who reached day two without a	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 bowel movement or who had only small bowel movements, offer nutritional or PRN bowel interventions, continue follow-up through the evening shift, and offer or administer a suppository if no bowel movement occurred. The bowel log identified the following dates when protocol required bowel management actions were missed or delayed: Following a small bowel movement on 7/25/26, R2 went five consecutive days without a bowel movement until a medium bowel movement was documented on 7/31/26. According to the facility's protocol, interventions should have been initiated on 7/27/26. Review of R2's July 2026 medication administration record identified no PRN doses of psyllium husk were administered in July of 2026. Following a small bowel movement on 8/1/26, R2 went two consecutive days without a bowel movement until a small and a medium bowel movement were documented on 8/3/26. According to the facility's protocol, interventions should have been initiated on 8/2/26. R2's MAR dated August 2026, identified Psyllium husk 0.4 grams (G) capsule was documented as administered on 8/3/26 at 11:56 a.m., and was documented as effective on 8/4/26 at 1:26 a.m.; however, the bowl log identified a medium bowel movement had been documented on the previous shift. Following a medium bowel movement on 8/3/26, R2 went two consecutive days without a bowel movement until a medium bowel movement was documented on 8/6/26. According to the facility's protocol, interventions should have been initiated on 8/5/26. Following a medium bowel movement on 8/6/26, R2 went three consecutive days without a bowel movement until a medium and a large bowel movement were logged on 8/9/26. According to the facility's protocol, interventions should have been initiated on 8/8/26. Following the large bowel movement on 8/9/26, R2 went five consecutive days without a bowel movement until a small and a large bowel movement were documented on 8/14/26. According to the facility's protocol, interventions should have been initiated on 8/11/26. Following a small bowel movement on 8/16/26, R2 went eight consecutive days without a bowel movement through 8/24/26. According to the	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 facility's protocol, interventions should have been initiated on 8/18/26. R2's MAR dated August 2026, identified Psyllium husk 0.4 G capsule was documented as administered on 8/22/26 at 12:39 p.m., and was documented as not effective. The record lacked evidence of further follow-up, assessment, escalation, or additional bowel management intervention after psyllium was documented as not effective. The MAR indicated no other bowel medications were administered during the 8/17/26 through 8/23/26 period. Review of R2's record from 7/1/26 through 8/23/26, identified that during the periods without documented bowel movements, the record lacked evidence staff consistently completed comprehensive bowel assessments that would include (but not limited to) abdominal palpation, bowel sound assessment, pain assessment, evaluation for distension, appetite change, and timely escalation when interventions were ineffective. The record also lacked consistent documentation of bowel movement consistency, which would have further limited staff's ability to evaluate whether R2's bowel function was improving, worsening, or unresolved. R2's progress note dated 8/24/26 at 11:07 p.m., R2 admitted to the hospital this evening according to family member (FM)-A with possible bowel obstruction. R2's progress note dated 8/28/26 at 1:55 p.m., documented FM-A, notified the facility that R2 was transferred back to the Intensive Care Unit (ICU) due to hypoxia (dangerously low blood oxygen levels) and was scheduled for another colonoscopy for comfort purposes. The note documented that FM-A was tearful and stated that if R2 did not improve over the weekend, the plan was for R2 to return to the facility on Monday 8/31/26, with hospice and comfort care as the goal. R2's hospital notes from 8/24/26 at 1:39 p.m. to 9/1/26 at 11:45 a.m., identified diagnoses of fecal impaction of the colon, stercoral colitis (severe inflammation of the colon wall caused by pressure from hardened stool), and a partial bowel obstruction associated with chronic constipation. identified that an initial abdominal X-ray showed a large colonic stool burden, and an administration of GoLYTELY bowel preparation (a powerful liquid laxative used to flush the intestines) yielded no results. On 8/26/26, R2 underwent an initial colonoscopy that disrupted a fecaloma (a large, firm mass of hardened feces), but significant residual stool remained. A subsequent	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 computerized tomography (CT) scan of the abdomen showed persistent proximal constipation (continued stool backup higher up in the colon). On 8/29/26, R2 required a second, repeat colonoscopy to successfully remove the remaining large amount of impacted stool. The documentation further identified that R2's condition was complicated by a severe decline in mental status and required a transfer to the ICU during the hospital stay. During a phone interview on 9/11/26 at 2:21 p.m., family member (FM)-A stated R2 had a history of constipation. When R2 lived at home, FM-A would administer her bowel regimen that consisted of Senna, Miralax, and a sodium phosphate enema (Fleet enema), and he never used psyllium. FM-A stated R2 could feel physical pain in her limbs but lacked physical sensation in her abdomen and vaginal areas, requiring FM-A to closely monitor her bowel function and for urinary tract infections (UTIs). FM-A stated R2 was prescribed Zepbound to reduce excess weight to assist with her physical rehabilitation goals to return home. FM-A noticed R2 had not had a bowel movement between 8/21/26 and 8/23/26. During a visit on 8/24/26, R2 was in bed, she exhibited confusion, fatigue, and word finding difficulties. When he palpated her abdomen, it was firm and caused R2 pain. FM-A's initial reaction was that R2 had a UTI because she had no prior history of a bowel obstruction. FM-A requested that nursing staff obtain a medical order to flush R2's suprapubic catheter, but facility staff were in meetings and reported no one was available to obtain orders. FM-A stated the nurse checked R2's abdomen, confirmed it was hard, and a mutual decision was made to transfer R2 to the emergency room via ambulance. At the hospital, R2 required an initial colonoscopy where physicians were only able to remove half of the stool before stopping the procedure, and a second colonoscopy was performed two days later to remove the remaining stool. FM-A stated the hospital physician informed him that due to the severe internal pressure from the fecal matter, R2's organs were shutting down. "It was the most stressful time of his life and that the situation was totally avoidable." FM-A stated that prior to the hospitalization, he assumed the facility was tracking and recording R2's bowel movements. R2's discharge hospital note dated 9/1/26, identified the previous order for Psyllium husk capsule was discontinued. A new order dated 9/1/26 identified Miralax 17 grams scheduled twice daily (BID) for constipation. R2's progress note dated 9/1/26 at 12:59 p.m.,	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 documented that R2 returned to the facility following her hospitalization. The note identified that R2 denied active pain, but when prompted by her husband, family member (FM)-A, she reported abdominal discomfort. The physical assessment documented that R2 exhibited abdominal distension (swelling or bloating of the stomach area) and decreased bowel sounds to the left upper and left lower abdomen. The documentation identified that R2 underwent two colonoscopies while in the hospital to assist in fecal decompaction, and FM-A stated that R2 "was on death's door last week." The note identified that new orders and a care plan update would be implemented for constipation management. R2’s care plan was revised on 9/1/26 to include an additional intervention that directed nursing staff to check bowel sounds, administer medications per standing house orders, administer a new daily prescription for twice-daily Miralax, encourage fluid intake, and encourage exercise every shift. R2's progress note dated 9/2/26 at 1:56 p.m., identified R2 had a medium bowel movement on the previous evening (9/1/26). Review of R2’s medical record for 9/2/26 identified that despite R2’s documented readmission baseline of abdominal distension and decreased bowel sounds, and despite the 9/1/26 care plan directive to check bowel sounds, the record lacked documentation that licensed nursing staff completed a physical bowel or abdominal assessment. R2's progress note dated 9/3/26 at 11:35 a.m., identified a registered dietitian (RD) met with R2 and FM-A to discuss concerns regarding the Zepbound medication and recent constipation. The note identified that FM-A did not believe Zepbound was a contributing factor to the hospital admission and wished to continue the medication. The documentation further identified that R2 was prescribed Miralax scheduled BID to help with bowel movements, and based on the conversation, no message was sent to the primary care provider (PCP) to review the medication. R2’s progress note dated 9/6/26 at 3:05 a.m. identified R2 had two small bowel movements throughout the previous day. However, the bowel log identified a medium bowel movement on 9/6/26. Following the last documented bowel movement, R2 went without a documented bowel movement through 9/10/26. According to the facility’s protocol, interventions should have been initiated on	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 9/8/26. R2’s physician order report dated 9/9/26 identified orders for senna 8.6 mg, two tablets twice daily as needed per standing orders, and Miralax 17 grams orally daily for constipation per standing orders. R2’s MAR dated September 2026, identified on 9/9/26 at 11:46 a.m., R2 was given 2 tablets of senna for constipation. At 10:16 p.m. the Senna was documented as effective. However, the facility's bowel logs identified no bowel movement was charted on 9/9/26 or 9/10/26, and no physical clinical bowel assessments were completed by licensed floor staff until surveyor intervention on the afternoon of 9/10/26. Review of R2's clinical record for 9/7/26, 9/8/26, 9/9/26, and 9/10/26 identified despite R2’s documented recent history of partial bowel obstruction and stercoral colitis, and despite a direct care plan requirement to check bowel sounds every shift, no physical clinical bowel or abdominal assessments were performed or documented by the licensed nursing staff across any shift. In addition, R2’s bowel record did not consistently include documentation of stool consistency, which limited staff’s ability to evaluate medication effectiveness and R2’s bowel status During an interview on 9/10/26 at 2:34 p.m., the assistant administrator (AA-A) stated she conducted the facility's internal investigation regarding R2's hospitalization. AA-A confirmed that on 8/24/26, licensed practical nurse (LPN-B) reported having no clinical concerns regarding R2 but transferred R2 to the emergency department solely due to the insistence of FM-A. AA-A stated that upon reviewing R2's chart the following day, she identified that R2 went six to seven days without a documented bowel movement prior to the transfer, which prompted her to file a vulnerable adult report with the state agency. AA-A acknowledged the facility's bowel protocol was based on their internal bowel management standard work and standing house orders. Corrective actions implemented after the incident included re-educating staff that the night shift must print a daily bowel management report for each wing to initiate protocols and assigning healthcare unit coordinators (HUC) to perform compliance audits. AA-A confirmed she was unaware that R2 currently went four consecutive days without a documented bowel movement from 9/6/26 through 9/10/26 without any documented nursing assessments or provider notifications.	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 During an interview on 9/10/26 at 2:49 p.m., a registered nurse (RN-C) stated she was the licensed staff member responsible for R2's care. RN-C verified R2’s last documented bowel movement occurred on 9/6/26 and stated she was fully aware of R2’s recent hospitalization for a bowel obstruction. RN-C stated she had administered prune juice and a PRN dose of Miralax to R2 around noon but acknowledged R2 did not complain of any pain. RN-C stated she had not performed a physical clinical bowel or abdominal assessment on R2 during her shift today (9/10/26). During an interview on 9/10/26 at 3:00 p.m., the interim director of nursing (IDON) was informed that R2 had no documented bowel movements since 9/6/26, that the assigned floor nurse (RN-C) failed to perform a physical clinical bowel assessment, and that PRN Miralax and prune juice administered at noon were omitted from the documentation. The IDON stated that RN-C should have performed a bowel assessment. This surveyor requested that the IDON conduct a physical bowel assessment on R2 due to the four-day absence of documented elimination combined with the resident's recent week long hospitalization for bowel obstruction. During an observation on 9/10/26 at 3:12 p.m., IDON questioned the assigned floor nurse (RN-C) regarding the administration of bowel medications to R2. RN-C stated she administered prune juice and Miralax around noon. The IDON directed RN-C to document the administered medications in the resident's medical record. During an observation and interview on 9/10/26 at 3:16 p.m., R2 was observed seated in her wheelchair and was transferred to her room by IDON. In response to questions from the IDON, R2 denied experiencing any recent nausea or vomiting. The IDON conducted a physical clinical assessment of R2’s abdomen and reported that the bowel sounds in the left upper and lower quadrants were hypoactive (sluggish or abnormally slow) but were regular on the right side. Upon physical palpation (applying light pressure with the hands) of R2’s abdomen, R2 reported a level 3 pain intensity when the IDON palpated the right side. When this surveyor questioned the IDON regarding the clinical timeline for physician notification of this change in condition, the IDON stated that the facility would administer PRN bowel medications, update R2's care plan to mandate abdominal bowel assessments every shift and would delay notification to the medical provider until the evening shift on 9/11/26 if no bowel movement occurred even though 9/11/26 would be	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 9 day 5 without a recorded bowel movement. R2's progress note dated 9/10/26 at 3:24 p.m., identified R2 had not had a bowel movement in the past few days, had been taking her scheduled laxative, and was given Miralax with prune juice during lunch. Phone interview attempts were made to nurse practitioner (NP)-A on 9/11/26 at 12:05 p.m. and 3:41 p.m.; messages were left requesting a call back. As of completion of the investigation, no return call was received. During an interview on 9/10/26 at 5:12 p.m., AA-A was directed by this surveyor that the facility needed to notify the medical provider regarding R2 going four days without a bowel movement to obtain further clinical direction. During a phone interview on 9/11/26 at 9:15 a.m., RN-B confirmed working on 9/8/26, 9/9/26, and 9/10/26. RN-B stated she was not aware that R2 was the resident who had a recent hospitalization and history of bowel impaction. RN-B verified that on 9/9/26, she documented "effective" regarding a PRN dose of Senna 8.6 mg 2 tablets administered to R2 at 11:46 a.m., per standing orders. RN-B stated that on 9/9/26, R2 was out of the building at the beginning of the shift when she completed her initial shift assessments. RN-B thought someone told her R2 experienced a bowel movement but could not recall who provided that information. R2 was not a reliable historian due to forgetfulness and noted that if R2 reported having a bowel movement, she would have confirmed the statement with a nursing assistant (NA). RN-B could not recall questioning any NAs regarding R2's bowel elimination on 9/8/26, including the size and consistency of the stool. RN-B reiterated that she did not do any type of clinical assessment. RN-B stated staff were supposed to document the size and consistency in the record; however, the consistency was not always documented. Consistency was important to determine if more or a different type of laxative was required. RN-B explained the size of a small bowel movement would be the size of her palm but was unable to describe what constituted a medium or large bowel movement. RN-B was not aware of how other staff were determining the size and noted that would be a good thing to know. During an interview on 9/11/26 at 10:25 a.m., RN-A stated the overnight shift was responsible for populating a list from the electronic health record detailing resident bowel patterns for the day shift.	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 10 RN-A stated that a nurse or trained medication assistant (TMA) would look at the printed list to evaluate which residents required a bowel intervention, noting a minimum of two to three days without a bowel movement would pass before staff intervened. RN-A stated staff would provide bowel care using Senna, Miralax, prune juice, or a suppository, and by day three, staff utilized what was available on the individual resident's medication list. There was no designated day for administering a suppository, but it was generally offered on day two or three without a bowel movement. By day four, staff would review other options such as a sodium phosphate enema (Fleet enema) or consult with nurse managers and other team members for helpful past suggestions. Any shift could address bowel needs, but they were typically addressed on the day shift. RN-A stated that if there were no results on the day shift, the information was to be passed on in report for the evening shift to follow up by listening to bowel sounds, reviewing fluid intake, and providing education to the resident on the importance of bowel management to prevent complications. RN-A verified she worked the day shift on 8/19/26 and 8/21/26, which represented day five and day seven of R2 going without a bowel movement. RN-A could not recall if she was aware that R2 went that long without an elimination. RN-A reviewed R2's progress notes and stated nothing was mentioned about bowels in the record and confirmed she did not notify the physician regarding the lack of bowel movements on either shift. RN-A verified that between 8/19/26 and 8/22/26, R2 received a dose of psyllium, which she identified as a medication to bulk stool up rather than soften it. During an interview on 9/11/26 at 10:52 a.m., IDON stated the only bowel intervention completed for R2 between 8/17/26 and 8/24/26 occurred on 8/22/26, when R2 was administered a PRN dose of psyllium husk, which she identified as a stool bulking medication, prior to R2's emergency hospitalization on 8/24/26. R2 returned to the facility on 9/1/26 with new discharge orders for scheduled twice a day Miralax, as well as PRN Senna. The IDON stated that following the surveyor's intervention on 9/10/26, she completed a physical abdominal assessment on R2, notified the physician, and received new medical orders to increase fluids, administer a Dulcolax suppository, administer a bottle of magnesium citrate (a strong liquid laxative), discontinue the Zepbound prescription, and lower the dose of Nortriptyline (a medication used for mood or sleep that can cause constipation as a side effect). Following these interventions, R2 produced a very large bowel movement on the morning of 9/11/26.	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 11 The IDON assessed R2 prior to the bowel movement and noted abdominal tenderness with normal bowel sounds. IDON instructed floor staff to continue administering scheduled bowel medications and mandated that staff notify the nurse if R2 went one day without a bowel movement. The IDON increased the facility's monitoring parameters for R2 to include fluid encouragement, bowel sounds, abdominal assessments, and pain tracking. IDON added R2 to the upcoming physician rounds for 9/15/26 and updated R2's care plan to reflect these specific interventions on 9/10/26. The IDON acknowledged that the facility struggled for a long time to print and distribute the daily bowel sheets on time. The IDON stated there should be a specific care plan intervention requiring the nurse manager to be alerted if a resident went two days without a bowel movement. For R2 specifically, staff needed to reach out to the provider for medications, assess bowel sounds, and know exactly when to notify the provider when a resident went without a bowel movement. The facility needed to encourage the use of PRN medications because the floor staff preferred to give prune juice, stating, "I feel like sometimes they struggle with knowing what the best next route of action is." During an interview on 9/11/26 at 11:44 a.m., TMA-A stated she worked on the unit where R2 resided and was responsible for administering medications including PRNs. TMA-A indicated that when she was aware of a resident who required a PRN bowel medication it was up to her to decide which one to administer and it was not always directed by a nurse. TMA-A indicated no type of clinical assessment by licensed nurses would be completed prior to the administration and was unable to articulate the comprehensive assessment that would be completed by licensed staff. Further TMA-A would determine effectiveness of the medication if the resident had a bowel movement following the medication administration but was unable to articulate how the consistency and size of the bowel movement related to the effectiveness. Staff were supposed to document the consistency of bowel movements in the record, however, noted this was not being completed even though there was an area for selection. TMA-A stated the facility used bowel records that needed to be printed; however, this had not been done consistently. TMA-A indicated she was unaware what constituted a small bowel movement from a medium bowel movement and from a medium bowel movement to a large. TMA-A stated if a resident had “pebbles” she would not document that and was not aware how other staff would consider the size of the bowel movement	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 12 to document. During a phone interview on 9/11/26 at 12:29 p.m., nursing assistant (NA-B) stated R2 did not have a bowel movement on 9/9/26. During a phone interview on 9/11/26 at 1:13 p.m., NA-C stated R2 did not have a bowel movement on 9/9/26. During a phone interview on 9/11/26 at 1:37 p.m., a licensed practical nurse (LPN-A) stated the night shift printed bowel sheets every morning for the day shift. LPN-A stated the day shift reviewed the sheets and administered scheduled and as needed (PRN) bowel medications. LPN-A stated the day shift passed information to the evening shift regarding whether medications were effective or ineffective. LPN-A could not articulate how bowel elimination was addressed on the evening shift aside from documenting a note in the chart and passing information through shift report for the day shift to notify the physician if a resident reached day three or four without a bowel movement. LPN-A stated that on 9/10/26, she received a shift report indicating R2 was on day three without a bowel movement (this differed from the bowel log review, which identified R2 had no documented bowel movement from 9/6/26 through 9/10/26) and that the day-shift nurse administered scheduled Miralax with prune juice at breakfast. LPN-A stated that during the evening shift, she administered Miralax with prune juice and two PRN Senna tablets to R2 and subsequently received immediate orders for magnesium citrate and a bisacodyl suppository. LPN-A stated she was unsure of the general timeframe for when a physician must be notified when a resident went without a bowel movement. LPN-A stated that for a resident with a history of a bowel obstruction, such as R2, bowel sounds should have been checked, and the physician should have been notified by day three. LPN-A further stated that a resident with R2's specific bowel history should have experienced a bowel movement more frequently than every three days. During an interview on 9/11/26 at 1:53 p.m., RN-C stated she worked on 9/8/26 and 9/9/26 and was aware that R2 went without a bowel movement on those days. RN-C was aware that R2 had a recent history of bowel obstruction. RN-C stated she should have performed a physical bowel assessment and notified the physician that R2 went without a bowel movement. RN-C could not articulate why she failed to perform a clinical assessment or notify the physician.	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 13 During a phone interview on 9/11/26 at 2:01 p.m., TMA-C stated she was responsible for printing the resident bowel records during the night shift. TMA-C stated that electronic pop-up blockers frequently appeared when she attempted to pull the report for the day shift, and staff experienced difficulty bypassing the blockers. TMA-C reported to oncoming staff that she could not bypass the blocker to print the bowel sheets for most of the month of August, stating, "I figured once I passed it on to my nurse or another TMA, I took care of the situation by passing it on every morning." TMA-C stated several staff members were unable to access the reports. TMA-C eventually researched how to navigate electronic blockers online and was now able to print the bowel sheets without difficulty. TMA-C stated that after the bowel sheets were printed, she would review the list and highlight residents who went three or four days without a bowel movement. TMA-C stated she recently received direction to notify the nurse if R2 went longer than one day without a bowel movement and noted she believed R2 was on day four without a bowel movement on 9/11/26. TMA-C stated that during the night shift on 9/11/26, R2 sat on the toilet for an hour and a half and was only able to pass a small amount of stool, and the nurse reported hearing no bowel sounds upon auscultation. During a phone interview on 9/11/26 at 2:21 p.m., FM-A stated he visited R2 daily, performed physical exercises with her, and routinely took her home on Fridays, Saturdays, and Sundays, but would return her to the facility if she required assistance with a bowel movement. FM-A stated he did not take R2 out of the facility on 9/9/26. FM-A stated he received an email from the IDON on 9/11/26 promising consistent bowel updates, which also informed him that R2 had currently gone four consecutive days without a bowel movement. During a phone interview on 9/14/26 at 2:36 p.m., the medical director (MD-A) stated she was not notified by facility staff that R2 went eight days without a bowel movement prior to her hospitalization on 8/24/26. MD-A stated R2 lacked physical sensation across a large portion of her abdomen, making physical clinical assessments more challenging to perform. MD-A stated that when staff called her on 9/10/26 to report R2 went four days without a bowel movement, she discontinued the Zepbound prescription and decreased the Nortriptyline dose due to the potential of those medications to cause constipation. MD-A ordered	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 14 magnesium citrate and a Dulcolax suppository to be administered immediately. MD-A stated she was not informed by facility staff that R2 exhibited hypoactive bowel sounds or experienced abdominal pain during the call on 9/10/26. MD-A stated she updated the facility's bowel management protocol to mandate physical abdominal assessments and to require provider notification after 24 hours of ineffective standing orders or a total of four days without a bowel movement. Attempted phone interview on 9/15/26 at 4:04 p.m., with R2's primary care provider (PCP), left message for call back. PCP called back on 9/16/26 at 12:09 p.m. and left message for callback. Tried calling on 9/17/26 at 3:59 p.m., left message for call back. During a phone interview on 9/17/26 at 10:57 a.m., consultant pharmacist (CP)-A stated that Zepbound was a medication used for weight loss that intentionally delays gastric emptying and slows intestinal transit time, making constipation a well-documented risk. CP-A stated that for an immobile resident with right-sided hemiparesis and a known history of constipation, regular daily bowel tracking and immediate physical nursing assessments are a clinical necessity to prevent blockage. CP-A verified that administering psyllium husk, a stool-bulking agent, on day six with no bowel movement was inappropriate because bulking medications add physical mass significantly increasing the risk of an obstruction. R3 R3's face sheet, printed 9/15/26, identified diagnoses of constipation, flaccid hemiplegia and hemiparesis affecting the right dominant side following a cerebral infarction (paralysis and weakness on the right side of the body following a stroke), aphasia and speech and language deficits (the inability to speak or understand language), a history of altered mental status (confusion or disorientation), and pain. R3's annual MDS assessment, dated 6/25/26, identified R3's cognition was intact. The assessment identified R3 used a wheelchair for mobility and was dependent on staff for transfers and toileting hygiene. R3 was always continent of bowel and received narcotic medications during the 7-day look back period. R3's care plan, revised 8/31/26, identified a problem	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 15 for risk of constipation related to the use of a narcotic pain medication, oxycodone (a strong prescription opioid). An intervention dated 8/31/26 identified that staff were to administer medications per physician orders, including bisacodyl suppository (a stimulant laxative) and docusate-senna (a stool softener and laxative combination), and monitor their effectiveness and side effects. The care plan further identified that staff were to document the frequency and character of bowel movements and monitor for signs of constipation, including decreased bowel sounds, abdominal pain, abdominal distension, decreased appetite, and fever. R3’s physician orders identified an order dated 7/10/26 for Miralax 17 grams daily and Senna 8.6 milligrams (mg) daily for constipation. An order dated 7/16/26 directed staff to administer oxycodone 5 mg up to two times daily as needed (PRN) for chronic pain, to be given within two hours of a scheduled dose. A scheduled order dated 8/17/26 directed staff to administer oxycodone 5 mg three times daily at breakfast, supper, and midnight for chronic pain, alongside a PRN order for a bisacodyl 10 mg suppository to be administered rectally up to two times daily for constipation. A subsequent order dated 9/10/26 directed staff to offer an additional PRN dose of oxycodone 5 mg before bedtime. Review of R3’s bowel logs between 8/1/26 and 9/15/26 identified multiple instances where the facility’s bowel management protocol was not followed. During the identified periods without documented bowel movements, the record lacked evidence that staff consistently completed comprehensive bowel assessments that included (but not limited) to bowel sound checks, abdominal assessment, pain assessment, evaluation for distension, appetite change, or other signs and symptoms of constipation. The record also lacked consistent evidence that staff documented bowel movement consistency in order to evaluate medication effectiveness and R3’s clinical status. The bowel log identified the following dates when protocol required bowel management actions were missed or delayed: Following a large bowel movement on 8/12/26, R3 went seven consecutive days without a bowel movement until a large bowel movement was	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 16 documented on 8/19/26. According to the facility's protocol, interventions should have been initiated on 8/14/26. During this timeframe, R3 received scheduled daily Miralax and Senna; however, the record lacked evidence that protocol directed PRN bowel interventions were initiated. Following a large bowel movement on 8/19/26, R3 went six consecutive days without a bowel movement until a medium bowel movement was documented on 8/25/26. According to the facility's protocol, interventions should have been initiated on 8/21/26. R3's August 2026 MAR identified that on 8/22/26 at 8:22 p.m., R3 received a PRN dose of oxycodone 5 mg for pain rated 8 out of 10 but the MAR did not identify a location. R3's progress note dated 8/23/26 at 3:17 p.m. identified R3 reported pain rated 7 out of 10 since the previous day and reported feeling full in the lower abdomen. Despite R3's prolonged absence of documented bowel movement, scheduled narcotic use, PRN narcotic administration, and report of lower abdominal fullness, the record lacked documentation of a constipation focused clinical assessment, bowel sound check, abdominal assessment, or provider notification during this timeframe Following a large bowel movement on 8/25/26, R3 went five consecutive days without a bowel movement until a medium bowel movement was documented on 8/30/26. According to the facility's protocol, interventions should have been initiated on 8/27/26. During this timeframe, R3 continued to receive scheduled daily bowel medications; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation focused clinical assessments were completed. R3's August 2026 MAR identified that on 8/31/26 at 2:07 p.m., R3 was offered a bisacodyl suppository, refused the suppository, and took prune juice instead. R3's progress note dated 8/31/26 at 2:20 p.m. identified that R3 received scheduled Senna and Miralax daily in the morning. The note documented that R3's last recorded bowel movement occurred on 8/25/26, R3 refused PRN bowel medications, stated he felt fine, and consumed 5 ounces of prune juice. The note further identified that R3 approached staff and reported having a bowel movement on the evening of 8/30/26 that staff failed to document in the record.	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 17 Following a large bowel movement on 8/31/26, R3 went three consecutive days without a bowel movement until a medium and a large bowel movement were documented on 9/3/26. According to the facility's protocol, interventions should have been initiated on 9/2/26. During this timeframe, R3 continued to receive scheduled daily bowel medications; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation focused clinical assessments were completed. Following a large bowel movement on 9/3/26, R3 went five consecutive days without a bowel movement until a medium and large bowel movement were documented on 9/8/26. According to the facility's protocol, interventions should have been initiated on 9/5/26. R3's September 2026 MAR identified that on 9/4/26 at 12:58 p.m., R3 received a PRN dose of oxycodone 5 mg for pain rated 10 out of 10. Despite the administration of PRN oxycodone during a prolonged five-day absence of documented elimination, the record lacked evidence that protocol directed PRN bowel interventions, bowel sound checks, abdominal assessments, or constipation focused clinical monitoring were completed. Following a medium bowel movement on 9/8/26, R3 went three consecutive days without a bowel movement until a medium bowel movement was documented on 9/11/26. According to the facility's protocol, interventions should have been initiated on 9/10/26. During this timeframe, R3 continued to receive scheduled daily bowel medications; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation-focused clinical assessments were completed. Following a medium and small bowel movement on 9/11/26, R3 went three consecutive days without a bowel movement through 9/14/26, with no further elimination documented as of the end of the log. According to the facility's protocol, interventions should have been initiated on 9/13/26. R3's September 2026 MAR identified that on 9/14/26 at 11:34 p.m., R3 received a PRN dose of oxycodone 5 mg for pain rated 10 out of 10. R3's September 2026 MAR further identified that on 9/15/26 at 8:30 a.m., R3 was offered a bisacodyl suppository, refused it, and took prune juice instead. Despite the administration of PRN oxycodone and refusal of a	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 18 PRN bowel medication during the continued absence of documented elimination, the record lacked documentation of a physical bowel assessment, bowel sound check, or medical provider notification regarding the refusal and continued absence of bowel movement. During an interview on 9/15/26 at 1:16 p.m., the IDON reviewed R3's clinical record from 8/1/26 through 9/15/26 and verified that the record lacked documentation of bowel monitoring and protocol compliance during several timeframes. The IDON further verified that the clinical record lacked documentation to demonstrate that staff were performing physical bowel or abdominal assessments per the established facility protocol. The IDON stated the facility's updated policy mandated that staff notify the medical provider if no bowel movement occurred 24 hours after standing orders were initiated, or after a total of four days without a bowel movement. R4 R4's face sheet, printed 9/15/26, identified diagnoses of dementia, chronic pain syndrome, and constipation. R4's annual MDS assessment, dated 6/25/26, identified R4's cognition was intact. The assessment identified R4 required partial to moderate assistance with walking, toilet transfers, and toileting hygiene. R4 was always continent of bowel and received narcotic medications during the 7-day look-back period. R4's care plan, revised 1/29/26, identified an active problem for an alteration in urinary and bowel function related to daily incontinence and diagnosed constipation. Interventions dated 3/22/22 identified that staff were to encourage fluids, monitor bowel and bladder elimination patterns, record outputs, assist with perineal hygiene and incontinent episodes, and update nursing with any concerns. The care plan further identified that staff were required to interview R4 each shift regarding bowel movements due to forgetfulness and report any voiced stomach discomfort to the nurse. R4's physician orders identified an order dated 2/21/23 for docusate-senna 5 mg-8.6 mg, one tablet twice daily for constipation. An order dated 2/21/26	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 19 directed staff to administer hydrocodone-acetaminophen 5 mg-325 mg, a narcotic pain medication, three times daily, not to exceed 3 grams of acetaminophen in 24 hours for pain. A subsequent as needed (PRN) order dated 1/11/26 directed staff to administer Senna 8.6 mg, two tablets, per standing house orders for constipation. Review of R4's bowel logs between 8/1/26 and 9/15/26 identified multiple instances where the facility's bowel management protocol was not followed. During the identified periods without documented bowel movements, the record lacked evidence that staff consistently completed protocol directed PRN bowel interventions, physical bowel or abdominal assessments, bowel sound checks, clinical monitoring for signs or symptoms of constipation, or provider notification during prolonged periods without documented elimination. The record also lacked evidence that staff consistently operationalized R4's care plan intervention requiring staff to interview R4 each shift regarding bowel movements due to forgetfulness. The bowel log identified the following dates when protocol required bowel management actions were missed or delayed: Following a large bowel movement on 8/1/26, R4 went three consecutive days without a bowel movement until a medium bowel movement was documented on 8/5/26. According to the facility's protocol, interventions should have been initiated on 8/3/26. During this timeframe, R4 continued to receive scheduled docusate-senna; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation focused clinical assessments were completed. Following a medium bowel movement on 8/5/26, R4 went three consecutive days without a bowel movement until a large bowel movement was documented on 8/9/26. According to the facility's protocol, interventions should have been initiated on 8/7/26. During this timeframe, R4 continued to receive scheduled docusate-senna; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation focused clinical assessments were completed. Following a large bowel movement on 8/9/26, R4	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 20 went ten consecutive days without a bowel movement until a medium bowel movement was documented on 8/20/26. According to the facility's protocol, interventions should have been initiated on 8/11/26. During this timeframe, R4 received scheduled hydrocodone-acetaminophen three times daily. Despite the prolonged tenday absence of documented elimination while R4 received scheduled narcotic medication, the record lacked evidence that protocol directed PRN bowel medications were initiated, that an abdominal assessment or bowel sound evaluation was completed, or that the physician was notified. Following a medium bowel movement on 8/20/26, R4 went two consecutive days without a bowel movement until a small bowel movement was documented on 8/22/26. According to the facility's protocol, interventions should have been initiated on 8/22/26. The record lacked evidence that protocol directed bowel management interventions or clinical monitoring parameters were initiated during this timeframe. Following a small bowel movement on 8/22/26, R4 went two consecutive days without a bowel movement until a medium bowel movement was documented on 8/24/26. According to the facility's protocol, interventions should have been initiated on 8/24/26. The record lacked evidence that protocol-directed bowel management interventions or clinical monitoring parameters were initiated during this timeframe. Following a medium bowel movement on 8/24/26, R4 went twelve consecutive days without a bowel movement until a small bowel movement was documented on 9/5/26. According to the facility's protocol, interventions should have been initiated on 8/26/26. R4's August 2026 MAR identified that on 8/27/26 at 10:47 a.m., R4 was administered two tablets of PRN Senna for constipation, which was documented as effective. However, the bowel log did not identify an actual bowel movement after this PRN administration until 9/5/26. Despite the ongoing absence of documented elimination, the record lacked evidence that staff completed physical bowel assessment, bowel sound check, continued clinical follow-up, or medical provider notification regarding the prolonged twelve-day period without documented bowel movement.	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 21 Following a small bowel movement on 9/5/26, R4 went three consecutive days without a bowel movement until a medium bowel movement was documented on 9/9/26. According to the facility's protocol, interventions should have been initiated on 9/7/26. During this timeframe, R4 continued to receive scheduled docusate senna; however, the record lacked evidence that protocol directed PRN bowel interventions, physical bowel assessments, or bowel sound checks were completed. Following a medium bowel movement on 9/9/26, R4 went two consecutive days without a bowel movement until a medium bowel movement was documented on 9/12/26. According to the facility's protocol, interventions should have been initiated on 9/11/26. The record lacked evidence that protocol directed bowel management interventions or clinical monitoring parameters were initiated during this timeframe During an interview on 9/15/26 at 1:31 p.m., the IDON reviewed R4's clinical record from 8/1/26 through 9/15/26 and verified the record lacked documentation of bowel monitoring and protocol compliance during several timeframes. The IDON further verified that the clinical record lacked documentation to demonstrate that staff were performing physical clinical bowel or abdominal assessments per the established facility protocol. The IDON stated the facility's updated policy mandated that staff notify the medical provider if no bowel movement occurred 24 hours after standing orders were initiated, or after a total of four days without a bowel movement. R5 R5's face sheet, printed 9/15/26, identified diagnoses of chronic pain syndrome, bilateral primary osteoarthritis of the knees, pain in the right and left knees, opioid dependence (a reliance on narcotic pain medications), Ehlers-Danlos syndrome (a genetic connective tissue disorder that can cause slowed intestinal motility), and a history of unspecified hemorrhoids. R5's significant change MDS assessment, dated 6/25/26, identified R5's cognition was intact. The assessment identified R5 was dependent on staff for toileting hygiene, lower body dressing, and toilet transfers, and required a wheelchair for mobility. R5 was frequently incontinent of bowel and received	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 22 narcotic medications during the 7-day look-back period. R5’s care plan was reviewed and lacked documentation identifying R5 was at risk for constipation. The care plan also lacked documentation of interventions to direct staff how to monitor, track, or treat R5’s bowel elimination patterns despite R5’s narcotic medication use, bowel incontinence, wheelchair dependence, active bowel medication orders, and Ehlers-Danlos syndrome R5’s physician orders identified a PRN order dated 6/29/26 directing staff to administer Senna 8.6 milligrams (mg), two tablets twice daily as needed for constipation. A scheduled order dated 6/30/26 directed staff to administer docusate-senna 50 mg-8.6 mg, one tablet twice daily for constipation. A scheduled order dated 7/15/26 directed staff to administer methadone 10 mg, a narcotic pain medication, three times daily for chronic pain. A PRN order dated 7/21/26 directed staff to administer oxycodone 5 mg as needed up to two times daily for pain, and a subsequent PRN order dated 7/22/26 directed staff to administer Miralax 17 grams daily as needed for constipation. A scheduled order dated 8/26/26 directed staff to administer oxycodone 10 mg, a narcotic pain medication, three times daily for pain. Review of R5’s bowel logs between 8/1/26 and 9/15/26 identified multiple instances where the facility’s bowel management protocol was not followed. During the identified periods without documented bowel movements, the record lacked evidence that staff consistently completed protocol directed PRN bowel interventions, physical bowel or abdominal assessments, bowel sound checks, clinical monitoring for signs or symptoms of constipation, and, when indicated by the length of the bowel movement gap or ineffective interventions, provider notification. The record also lacked evidence that staff developed or implemented an individualized care plan approach for R5’s constipation risk despite scheduled narcotic use, bowel incontinence, wheelchair dependence, active bowel medication orders, and Ehlers-Danlos syndrome. The bowel log identified the following dates when protocol required bowel management actions were missed or delayed:	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 23 Following a large bowel movement on 8/11/26, R5 went two consecutive days without a bowel movement until a large bowel movement was documented on 8/13/26. According to the facility's protocol, interventions should have been initiated on 8/13/26. During this timeframe, R5 continued to receive scheduled bowel medications; however, the record lacked evidence that protocol directed PRN bowel interventions were initiated. Following a large bowel movement on 8/13/26, R5 went four consecutive days without a bowel movement until a medium bowel movement was documented on 8/17/26. According to the facility's protocol, interventions should have been initiated on 8/15/26. During this timeframe, R5 continued to receive scheduled methadone three times daily; however, the record lacked evidence that physical bowel assessment, bowel sound check, or protocol directed PRN bowel interventions were completed. Following a medium bowel movement on 8/17/26, R5 went three consecutive days without a bowel movement until a medium bowel movement was documented on 8/20/26. According to the facility's protocol, interventions should have been initiated on 8/19/26. The record lacked evidence that protocol directed interventions or clinical monitoring parameters were implemented during this timeframe. Following a medium bowel movement on 8/20/26, R5 went four consecutive days without a bowel movement until a medium bowel movement was documented on 8/24/26. According to the facility's protocol, interventions should have been initiated on 8/22/26. The record lacked evidence that staff completed a physical bowel assessment, checked bowel sounds, attempted alternative protocol directed interventions, or documented follow-up monitoring during this four day period without documented elimination. Following a medium bowel movement on 8/24/26, R5 went five consecutive days without a bowel movement until a large bowel movement was documented on 8/29/26. According to the facility's protocol, interventions should have been initiated on 8/26/26. R5's August 2026 MAR identified that on 8/27/26 at 10:47 a.m., R5 was administered two tablets of PRN Senna for constipation, which was documented as effective. R5's physician orders	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 24 further identified that a scheduled order change increasing R5's oxycodone dose to 10 mg three times daily was implemented on 8/26/26. Despite the increased constipation risk from scheduled oxycodone during an ongoing absence of documented elimination, the record lacked evidence that staff completed an abdominal assessment, evaluated bowel sounds, or notified the provider regarding the five-day period without documented bowel movement. Following a small bowel movement on 9/1/26 at 9:54 p.m., R5 went three consecutive days without a bowel movement until a small bowel movement was documented on 9/5/26 at 2:03 p.m. According to the facility's protocol, interventions should have been initiated on 9/3/26. During this timeframe, the record lacked evidence that protocol directed interventions or clinical monitoring parameters were implemented. Following a small bowel movement on 9/6/26 at 10:20 p.m., R5 went two consecutive days without a bowel movement until a large loose bowel movement was documented on 9/8/26 at 8:53 p.m. According to the facility's protocol, interventions should have been initiated on 9/8/26. During this timeframe, R5 continued to receive scheduled medications; however, the record lacked evidence that protocol directed interventions or clinical monitoring parameters were implemented. During an interview on 9/15/26 at 1:50 p.m., the IDON reviewed R5's clinical record from 8/1/26 through 9/15/26 and verified that the record lacked documentation of bowel monitoring and protocol compliance during several timeframes. The IDON further verified that the clinical record lacked documentation to demonstrate that staff were performing physical clinical bowel or abdominal assessments per the established facility protocol. The IDON stated the facility's updated policy mandated that staff notify the medical provider if no bowel movement occurred 24 hours after standing orders were initiated, or after a total of four days without a bowel movement. A facility undated document, "Bowel Management," identified the protocol was to be performed by a registered nurse (RN), licensed practical nurse (LPN), or trained medication aide (TMA), and established a trigger threshold of "Day Two - No Bowel	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(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 25 Movement.” The document identified that the night shift printed the resident bowel management report from the electronic health record for all medication carts, including residents regardless of bowel alert status. The protocol required staff to highlight residents who went two days without a bowel movement or whose documented bowel movements were small only. The protocol identified that the day shift nurse or TMA was required to offer the identified resident prune juice, prunes, a non-pharmacological option, or an as needed (PRN) bowel medication, such as Senna or Miralax, using what was ordered or available through standing orders. The document identified that day staff wrote what was offered in the comments section of the report, and nursing assistants were to alert the TMA or nurse of any bowel results. The protocol further identified that the bowel record was passed to the second shift for follow-up interventions to ensure all residents achieved a bowel movement by the third day. If the resident had not had a bowel movement by the evening or night shift, staff were to offer or administer a suppository and document any resident refusals. A facility document, “Bowel Management,” dated 9/11/26, identified the protocol was to be performed by an RN, LPN, or TMA, and established a trigger threshold of “Day Two - No Bowel Movement.” The document identified that the night shift printed the resident bowel management report from the electronic health record for all medication carts, including residents regardless of bowel alert status. The protocol required staff to highlight residents who went two days or more without a bowel movement, or whose documented bowel movements were small only. If no bowel movement occurred after two days, the day shift nurse or TMA was required to offer prune juice, prunes, or prune pudding, and the nurse was required to be consulted to determine PRN medication usage. The document identified that day staff wrote what was offered in the comments section of the report, and nursing assistants were to alert the TMA or nurse of any bowel results and document the size and consistency. The protocol further identified that if no bowel movement occurred, staff could initiate standing orders after three days without a bowel movement. The bowel record was passed to the second shift for follow-up interventions, and if no bowel movement occurred by the third day, a bowel assessment, including bowel sounds, palpation for distension or pain, and checking for nausea or vomiting, was required routinely until resolved. The document further required staff to notify the provider	F0684		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 26 if no bowel movement occurred 24 hours after standing orders were initiated, or after a total of four days without a bowel movement. The IJ was removed on 9/15/26 at 3:09 p.m., when it could be verified the acceptable plan of correction was implemented which included: - Reviewed and revised the facility's bowel management policies, procedures, and constipation standing orders with the involvement of the medical director to ensure specific clinical parameters and clear physician notification triggers were established. - Immediately notified the physician of R2's bowel status for further clinical evaluation, which was completed on 9/10/26. - Identified all other residents at high risk for bowel impaction or obstruction and completed immediate bowel-status assessments for each identified resident who went two days without a bowel movement. This included the administration of ordered bowel medications, evaluation of clinical effectiveness, notification of physicians as applicable, implementation of resulting orders, and updates to care plans. - Educated and verified the competency of all licensed and unlicensed staff on the navigation of the electronic health record (EHR) system to properly monitor resident bowel patterns. - Trained staff on updated policies, procedures, and protocols, focusing specifically on the precise documentation of bowel movements (size and consistency), timely medication administration, provider notification criteria, and the execution of physical clinical bowel assessments by competent, licensed staff. - Implemented a systemic accountability process that clearly delineated the distinct roles and scopes of practice for Trained Medication Aides (TMAs) and licensed nurses regarding the administration, physical assessment, and follow-up evaluation of PRN bowel medications.	F0684		09/18/2026
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify,	F0580	MD updated on R2's bowel status on 9/10/26 and on 9/11/26. Standing Orders, including when to notify the provider, was updated for all residents on 9/11/2026 by the Medical Director.	09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0580 SS = D	Continued from page 27 consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).	F0580	Continued from page 27 All resident records were audited by 9/11/26 to ensure MD notification occurred per new Bowel Management Standard Work. (see next) Bowel Management Standard Work including when to notify the MD revised with the Medical Director on 9/11/26. The updated bowel management standard work was provided to all nursing staff , including agency staff and for Nurse/TMA orientation) for education to be reviewed/completed by 9/18/26 or next working shift. Audits of bowel history/report were initiated on 8/25/26, a formal plan was to be made by the nurse if the resident did not have a bowel movement by 72 hours. This Audit was performed on all residents 5 days per week via the bowel report. On 9/11/26 this audit was updated to ensure a new intervention was in place after 48 hours of no bowel movement, and that the provider was notified per Bowel Management Standard Work/Standing orders. All non-compliant responses for the full duration of this audit were to be reported to the Administrator, DON or Charge Nurse. Audits will continue at 5 days per week until further notice. Audit results will be brought to the QA Committee for further review/action. Audits of the HUC audits will be performed weekly starting 9/18/26 for 8 weeks by the Administrator of designee of 8 residents (4 on each unit) to ensure HUC audits are in compliance. Audit results will be brought to the QA Committee for further action.	09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0580 SS = D	Continued from page 28 This REQUIREMENT is NOT MET as evidenced by: Based on interview, and document review, the facility failed to ensure the medical provider was notified of a significant change in condition for 1 of 4 residents (R2) reviewed for changes in bowel elimination patterns. Findings include: R2’s face sheet, printed 9/15/26, identified diagnoses of noninfective gastroenteritis and colitis-stercoral colitis (severe inflammation and decay of the colon wall caused by pressure from hardened stool), fecal impaction (a massive, hardened lump of stool stuck in the rectum or colon), constipation (difficulty emptying the bowels), unspecified dementia (a progressive brain disorder causing severe memory loss and confusion), and hemiplegia affecting the right dominant side (paralysis on the right side of the body). R2’s 5-day prospective payment system (PPS) minimum data set (MDS) dated 7/26/26, identified R2’s cognition was intact. Further identified R2 required substantial to maximal assistance with toileting hygiene and transfers, used a wheelchair for mobility, and was occasionally incontinent of bowel. R2's care area assessment (CAA) for communication, dated 7/9/26, identified R2 had trouble putting sentences together and would routinely repeat a question back as a statement; for example, if asked if she had pain in her back she would say, "Yes, I have pain in my back," but when asked again if she was having pain or hurt anywhere, she would state no. The assessment documented that staff needed to actively anticipate her physical needs. R2’s care plan, revised 9/1/26, identified a problem for an alteration in bowel function related to a potential for constipation caused by decreased oral intake and limited mobility. An intervention dated 3/16/26 identified that staff were to document bowel movements each shift, assist with toileting needs, avoid rushing the resident, and encourage fluid intake. An additional intervention added on 9/1/26 identified that nursing staff were to check bowel sounds, administer medications per standing house orders, administer a new daily prescription for twice-daily Miralax (a laxative that draws water into the stool to make it easier to pass), encourage fluid intake, and encourage exercise every shift. Review of the facility's bowel management protocol,	F0580		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0580 SS = D	Continued from page 29 dated 5/28/25, identified nursing staff were required to highlight residents who went two days without a bowel movement or whose bowel movements were documented as small only. The protocol mandated that day-shift staff offer nutritional interventions (prune juice, prunes), or PRN bowel medications on day two, and advance interventions to include a suppository by the evening or night shift if no bowel movement occurred. Review of R2’s bowel logs between 8/16/26 and 9/15/26 identified an instance where a significant change in bowel elimination pattern occurred, and the medical record lacked documentation to demonstrate that the medical provider was notified: - Following a small bowel movement on 8/16/26, R2 went eight consecutive days without a bowel movement through 8/24/26. According to the facility's protocol, interventions should have been initiated on 8/18/26. R2's MAR for August 2026 identified that a PRN dose of psyllium husk 0.4 grams (g) capsule was administered on 8/22/26 at 12:39 p.m. and was documented as not effective. Review of R2's medical record for 8/16/26 through 8/24/26 identified that while scheduled daily medications were administered, the record lacked documentation to show that any other bowel regimen interventions were executed. Furthermore, despite an ongoing, eight-day absence of bowel elimination and an ineffective PRN laxative administration, the record lacked documentation to demonstrate that the primary care provider or medical director was notified of this significant change in condition. R2’s progress note dated 8/24/26 at 11:07 p.m., R2 admitted to the hospital this evening according to family member (FM)-A with possible bowel obstruction. R2’s progress note dated 8/28/26 at 1:55 p.m., documented FM-A, notified the facility that R2 was transferred back to the Intensive Care Unit (ICU) due to hypoxia (dangerously low blood oxygen levels) and was scheduled for another colonoscopy for comfort purposes. The note documented that FM-A was tearful and stated that if R2 did not improve over the weekend, the plan was for R2 to return to the facility on Monday 8/31/26, with hospice and comfort care as the goal. R2's hospital notes from 8/24/26 at 1:39 p.m. to	F0580		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0580 SS = D	Continued from page 30 9/1/26 at 11:45 a.m., identified discharge diagnoses of a fecal impaction of the colon, stercoral colitis (severe inflammation of the colon wall caused by hardened stool), and a partial bowel obstruction associated with chronic constipation. -Following a medium bowel movement on 9/6/26, R2 went four consecutive days without a bowel movement to 9/10/26. According to the facility's protocol, interventions should have been initiated on 9/8/26. R2's MAR dated September 2026, identified on 9/9/26 at 11:46 a.m., R2 was given 2 tablets of senna for constipation and noted R2 did not have a bowel movement in over 24 hours. At 10:16 p.m. was documented as effective. Review of R2's medical record for 9/6/26 to 9/10/26, identified the record lacked documentation of a bowel movement following this administration. Furthermore, despite R2's recent emergency hospitalization for a partial bowel obstruction and stercoral colitis, the record lacked documentation to demonstrate that the primary care provider was notified of this subsequent, four-day absence of bowel elimination or the ineffective PRN laxative administration. During an interview on 9/10/26 at 2:34 p.m., the assistant administrator (AA-A) reviewed R2's clinical record and confirmed she was completely unaware that R2 had experienced a subsequent, four-consecutive-day absence of bowel elimination from 9/6/26 through 9/10/26 without any documented medical provider notifications. During an interview on 9/10/26 at 3:16 p.m., the interim director of nursing (IDON) confirmed following an assessment of R2 showing hypoactive bowel sounds and localized abdominal pain, the facility would delay notification to the medical provider for an additional 24 hours until the evening shift on 9/11/26 if no bowel movement occurred. During an interview on 9/10/26 at 5:12 p.m., AA-A was directed by this surveyor that the facility needed to notify the medical provider immediately regarding R2 going four days without a bowel movement to obtain further clinical direction. During a phone interview on 9/11/26 at 9:15 a.m., RN-B confirmed she was unaware that R2 had a recent hospitalization for a bowel impaction. RN-B verified that on 9/8/26, she documented an as-needed laxative as "effective." However, she	F0580		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0580 SS = D	Continued from page 31 stated she based this on unverified information that someone told her. RN-B noted that R2 was not a reliable historian due to forgetfulness. She could not recall checking with any nursing assistants to confirm if a bowel movement actually occurred. During an interview on 9/11/26 at 1:53 p.m., RN-C stated she worked on 9/8/26 and 9/9/26. She was aware that R2 was just recently hospitalized with a bowel obstruction and had gone without a bowel movement on those days. RN-C stated she should have notified the physician that R2 went without a bowel movement. RN-C could not articulate why she failed to notify the physician. During a phone interview on 9/11/26 at 2:21 p.m., FM-A stated that during a visit on 8/23/26, R2 exhibited confusion, fatigue, and word-finding difficulties. FM-A stated that on 8/24/26, R2's abdomen was firm and painful to the touch. FM-A noted that a nurse checked the abdomen, confirmed it was hard, and a decision was made to transfer R2 to the emergency room. FM-A stated that a hospital physician later informed him that severe internal pressure from the fecal matter caused R2's organs to begin shutting down. During a phone interview on 9/14/26 at 2:36 p.m., the medical director (MD-A) stated she was not notified by facility staff that R2 went eight days without a bowel movement prior to the hospitalization on 8/24/26. MD-A stated that when staff called her on 9/10/26 to report R2 went four days without a bowel movement, she immediately changed prescriptions to address the constipation. She ordered magnesium citrate and a suppository to be administered right away. However, MD-A stated she was not informed by facility staff during that call that R2 exhibited hypoactive bowel sounds or experienced abdominal pain. Facility policy, "Notification of Change in Resident's Health Status," dated May 2025, identified that staff must immediately inform the resident, consult with the resident's provider, and notify the resident representative when a significant change in status occurred. The policy defined a significant change as a deterioration in health or physical status involving clinical complications. It further identified that for clinical complications that warranted provider notification after-hours, nursing staff were to contact the emergency room provider on duty for consultation. Facility policy, "Bowel Management of Residents," last updated 9/11/26, identified that a trigger of two	F0580		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	865 MANKATO AVENUE , WINONA, Minnesota, 55987

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0580 SS = D	Continued from page 32 days without a bowel movement, or movements documented as small only, required staff to highlight the resident. The policy mandated that if no bowel movement occurred by the third day, a physical bowel assessment including checking bowel sounds, palpation for distention or pain, and checking for nausea or vomiting was required routinely until resolved. Furthermore, the protocol explicitly identified that staff must notify the provider if no bowel movement occurred 24 hours after standing orders were initiated, or after a total of four days without a bowel movement.	F0580		09/18/2026
F0657 SS = D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure the comprehensive care plan was revised to reflect changing clinical needs and	F0657	R2's Care Plan was updated on 9/1/2026 and again 9/10/26 due to risk of constipation, with interventions identified. Care plans for all residents in the facility were reviewed and revised to include risk of constipation if identified, and appropriate interventions by 9/11/26. Care planning standard work was reviewed for revisions on 9/18/26. All nursing staff were sent communication regarding updated standard work on 9/11/26. Formal mandatory education provided to all nursing staff by 9/18/26 or next shift worked. Weekly audits for appropriate Care plans were started on 9/18/26 for new admissions, significant changes and during annual assessments. Audits will be completed weekly x 8 weeks by the Administrator or Designee. Audit results will be brought to the QA Committee for further action.	09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
F0657 SS = D	Continued from page 33 interventions for 1 of 4 residents (R5) reviewed for quality of care. Findings include: R5’s face sheet, printed 9/15/26, identified diagnoses of chronic pain syndrome, bilateral primary osteoarthritis of the knees, pain in the right and left knees, opioid dependence (a reliance on narcotic pain medications), Ehlers-Danlos syndrome (a genetic connective tissue disorder that can cause slowed intestinal motility), and a history of unspecified hemorrhoids. R5’s significant change MDS assessment, dated 6/25/26, identified R5’s cognition was intact. The assessment identified R5 was dependent on staff for toileting hygiene, lower body dressing, toilet transfers and required a wheelchair for mobility. R5 was frequently incontinent of bowel and received narcotic medications during the 7-day look-back period. R5’s care plan was reviewed and lacked documentation identifying she was at risk for constipation due to narcotic use. The care plan also lacked documentation of interventions to direct staff how to monitor, track, or treat her bowel elimination patterns. R5’s physician orders identified an as-needed (PRN) order dated 6/29/26 directing staff to administer Senna 8.6 milligrams (mg), two tablets twice daily as needed for constipation. A scheduled order dated 6/30/26 directed staff to administer docusate-senna 50 mg-8.6 mg, one tablet twice daily for constipation. A scheduled order dated 7/15/26 directed staff to administer methadone 10 mg (a narcotic pain medication) three times daily for chronic pain. A PRN order dated 7/21/26 directed staff to administer oxycodone 5 mg as needed up to two times daily for pain, and a subsequent PRN order dated 7/22/26 directed staff to administer Miralax 17 grams daily as needed for constipation. Finally, a scheduled order dated 8/26/26 directed staff to administer an increased dose of oxycodone 10 mg (a narcotic pain medication) three times daily for pain. Review of R5’s bowel logs between 8/1/26 and 9/15/26, identified multiple instances where bowel management protocols were not followed. During this six-week period, R5 experienced seven separate episodes where she went between two and five consecutive days without a bowel movement. Because the care plan lacked documentation of	F0657		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245240	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
F0657 SS = D	Continued from page 34 tracking parameters or clinical interventions, staff consistently failed to initiate mandatory protocol interventions on day two of each absence. These unmanaged episodes included a four-day absence ending on 8/17/26, a five-day absence ending on 8/29/26, and a three-day absence ending on 9/5/26. During an interview on 9/15/26 at 1:50 p.m., the interim director of nursing (IDON) reviewed R5's clinical record from 8/1/26 to 9/15/26. She verified that the record lacked documentation of a bowel monitoring plan during this timeframe. The IDON verified that R5 did not have a care plan for constipation. IDON stated that R5 should have had a care plan in place due to her scheduled narcotic use. A policy regarding care planning was requested, however none was provided.	F0657		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 9/10/26, 9/11/26, 9/14/26, and 9/15/26, , a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed. The following complaints were reviewed: H52404004C (3182902) and H52403968C (3178004)	20000		09/18/2026

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 **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 with licensing orders issued at 0265, 0570, and 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		09/18/2026
20265	Notification of Chg in Resident Health Status CFR(s): MN Rule 4658.0085 A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of	20265	Corrected	09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
20265	Continued from page 2 these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment; D. a decision to transfer or discharge the resident from the nursing home; or E. expected and unexpected resident deaths. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, and document review, the facility failed to ensure the medical provider was notified of a significant change in condition for 1 of 4 residents (R2) reviewed for changes in bowel elimination patterns. Findings include: R2’s face sheet, printed 9/15/26, identified diagnoses of noninfective gastroenteritis and colitis-stercoral colitis (severe inflammation and decay of the colon wall caused by pressure from hardened stool), fecal impaction (a massive, hardened lump of stool stuck in the rectum or colon), constipation (difficulty emptying the bowels), unspecified dementia (a progressive brain disorder causing severe memory loss and confusion), and hemiplegia affecting the right dominant side (paralysis on the right side of the body). R2’s 5-day prospective payment system (PPS) minimum data set (MDS) dated 7/26/26, identified R2’s cognition was intact. Further identified R2 required substantial to maximal assistance with	20265		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
20265	Continued from page 3 toileting hygiene and transfers, used a wheelchair for mobility, and was occasionally incontinent of bowel. R2's care area assessment (CAA) for communication, dated 7/9/26, identified R2 had trouble putting sentences together and would routinely repeat a question back as a statement; for example, if asked if she had pain in her back she would say, "Yes, I have pain in my back," but when asked again if she was having pain or hurt anywhere, she would state no. The assessment documented that staff needed to actively anticipate her physical needs. R2’s care plan, revised 9/1/26, identified a problem for an alteration in bowel function related to a potential for constipation caused by decreased oral intake and limited mobility. An intervention dated 3/16/26 identified that staff were to document bowel movements each shift, assist with toileting needs, avoid rushing the resident, and encourage fluid intake. An additional intervention added on 9/1/26 identified that nursing staff were to check bowel sounds, administer medications per standing house orders, administer a new daily prescription for twice-daily Miralax (a laxative that draws water into the stool to make it easier to pass), encourage fluid intake, and encourage exercise every shift. Review of the facility's bowel management protocol, dated 5/28/25, identified nursing staff were required to highlight residents who went two days without a bowel movement or whose bowel movements were documented as small only. The protocol mandated that day-shift staff offer nutritional interventions (prune juice, prunes), or PRN bowel medications on day two, and advance interventions to include a suppository by the evening or night shift if no bowel movement occurred. Review of R2’s bowel logs between 8/16/26 and 9/15/26 identified an instance where a significant change in bowel elimination pattern occurred, and the medical record lacked documentation to demonstrate that the medical provider was notified: - Following a small bowel movement on 8/16/26, R2 went eight consecutive days without a bowel movement through 8/24/26. According to the facility's protocol, interventions should have been initiated on 8/18/26. R2's MAR for August 2026 identified that a PRN dose of psyllium husk 0.4 grams (g) capsule was administered on 8/22/26 at 12:39 p.m. and was documented as not effective.	20265		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
20265	Continued from page 4 Review of R2's medical record for 8/16/26 through 8/24/26 identified that while scheduled daily medications were administered, the record lacked documentation to show that any other bowel regimen interventions were executed. Furthermore, despite an ongoing, eight-day absence of bowel elimination and an ineffective PRN laxative administration, the record lacked documentation to demonstrate that the primary care provider or medical director was notified of this significant change in condition. R2’s progress note dated 8/24/26 at 11:07 p.m., R2 admitted to the hospital this evening according to family member (FM)-A with possible bowel obstruction. R2’s progress note dated 8/28/26 at 1:55 p.m., documented FM-A, notified the facility that R2 was transferred back to the Intensive Care Unit (ICU) due to hypoxia (dangerously low blood oxygen levels) and was scheduled for another colonoscopy for comfort purposes. The note documented that FM-A was tearful and stated that if R2 did not improve over the weekend, the plan was for R2 to return to the facility on Monday 8/31/26, with hospice and comfort care as the goal. R2's hospital notes from 8/24/26 at 1:39 p.m. to 9/1/26 at 11:45 a.m., identified discharge diagnoses of a fecal impaction of the colon, stercoral colitis (severe inflammation of the colon wall caused by hardened stool), and a partial bowel obstruction associated with chronic constipation. -Following a medium bowel movement on 9/6/26, R2 went four consecutive days without a bowel movement to 9/10/26. According to the facility’s protocol, interventions should have been initiated on 9/8/26. R2’s MAR dated September 2026, identified on 9/9/26 at 11:46 a.m., R2 was given 2 tablets of senna for constipation and noted R2 did not have a bowel movement in over 24 hours. At 10:16 p.m. was documented as effective. Review of R2’s medical record for 9/6/26 to 9/10/26, identified the record lacked documentation of a bowel movement following this administration. Furthermore, despite R2’s recent emergency hospitalization for a partial bowel obstruction and stercoral colitis, the record lacked documentation to demonstrate that the primary care provider was notified of this subsequent, four-day absence of	20265		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
20265	Continued from page 5 bowel elimination or the ineffective PRN laxative administration. During an interview on 9/10/26 at 2:34 p.m., the assistant administrator (AA-A) reviewed R2's clinical record and confirmed she was completely unaware that R2 had experienced a subsequent, four-consecutive-day absence of bowel elimination from 9/6/26 through 9/10/26 without any documented medical provider notifications. During an interview on 9/10/26 at 3:16 p.m., the interim director of nursing (IDON) confirmed following an assessment of R2 showing hypoactive bowel sounds and localized abdominal pain, the facility would delay notification to the medical provider for an additional 24 hours until the evening shift on 9/11/26 if no bowel movement occurred. During an interview on 9/10/26 at 5:12 p.m., AA-A was directed by this surveyor that the facility needed to notify the medical provider immediately regarding R2 going four days without a bowel movement to obtain further clinical direction. During a phone interview on 9/11/26 at 9:15 a.m., RN-B confirmed she was unaware that R2 had a recent hospitalization for a bowel impaction. RN-B verified that on 9/8/26, she documented an as-needed laxative as "effective." However, she stated she based this on unverified information that someone told her. RN-B noted that R2 was not a reliable historian due to forgetfulness. She could not recall checking with any nursing assistants to confirm if a bowel movement actually occurred. During an interview on 9/11/26 at 1:53 p.m., RN-C stated she worked on 9/8/26 and 9/9/26. She was aware that R2 was just recently hospitalized with a bowel obstruction and had gone without a bowel movement on those days. RN-C stated she should have notified the physician that R2 went without a bowel movement. RN-C could not articulate why she failed to notify the physician. During a phone interview on 9/11/26 at 2:21 p.m., FM-A stated that during a visit on 8/23/26, R2 exhibited confusion, fatigue, and word-finding difficulties. FM-A stated that on 8/24/26, R2's abdomen was firm and painful to the touch. FM-A noted that a nurse checked the abdomen, confirmed it was hard, and a decision was made to transfer R2 to the emergency room. FM-A stated that a hospital physician later informed him that severe internal pressure from the fecal matter caused R2's organs to begin shutting down.	20265		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
20265	Continued from page 6 During a phone interview on 9/14/26 at 2:36 p.m., the medical director (MD-A) stated she was not notified by facility staff that R2 went eight days without a bowel movement prior to the hospitalization on 8/24/26. MD-A stated that when staff called her on 9/10/26 to report R2 went four days without a bowel movement, she immediately changed prescriptions to address the constipation. She ordered magnesium citrate and a suppository to be administered right away. However, MD-A stated she was not informed by facility staff during that call that R2 exhibited hypoactive bowel sounds or experienced abdominal pain. Facility policy, "Notification of Change in Resident's Health Status," dated May 2025, identified that staff must immediately inform the resident, consult with the resident's provider, and notify the resident representative when a significant change in status occurred. The policy defined a significant change as a deterioration in health or physical status involving clinical complications. It further identified that for clinical complications that warranted provider notification after-hours, nursing staff were to contact the emergency room provider on duty for consultation. Facility policy, "Bowel Management of Residents," last updated 9/11/26, identified that a trigger of two days without a bowel movement, or movements documented as small only, required staff to highlight the resident. The policy mandated that if no bowel movement occurred by the third day, a physical bowel assessment including checking bowel sounds, palpation for distention or pain, and checking for nausea or vomiting was required routinely until resolved. Furthermore, the protocol explicitly identified that staff must notify the provider if no bowel movement occurred 24 hours after standing orders were initiated, or after a total of four days without a bowel movement. SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all residents with a significant change in condition or a multi-day absence of bowel elimination to ensure the physician is notified immediately per protocol. The director of nursing or designee, could conduct random audits of clinical records, resident bowel logs, and nursing progress notes to verify that physician notifications are completed and accurately documented. The results of these notification audits could be reported to the Quality Assurance Performance Improvement (QAPI) committee for ongoing review and oversight to ensure sustained	20265		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
20265	Continued from page 7 compliance.TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	20265		09/18/2026
20570	Comprehensive Plan of Care; Revision CFR(s): MN Rule 4658.0405 Subp. 4 Subp. 4. Revision. A comprehensive plan of care must be reviewed and revised by an interdisciplinary team that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, with the participation of the resident, the resident's legal guardian or chosen representative at least quarterly and within seven days of the revision of the comprehensive resident assessment required by part 4658.0400, subpart 3, item B. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure the comprehensive care plan was revised to reflect changing clinical needs and interventions for 1 of 4 residents (R5) reviewed for quality of care. Findings include: R5’s face sheet, printed 9/15/26, identified diagnoses of chronic pain syndrome, bilateral primary osteoarthritis of the knees, pain in the right and left knees, opioid dependence (a reliance on narcotic pain medications), Ehlers-Danlos syndrome (a genetic connective tissue disorder that can cause slowed intestinal motility), and a history of unspecified hemorrhoids. R5’s significant change MDS assessment, dated 6/25/26, identified R5’s cognition was intact. The assessment identified R5 was dependent on staff for toileting hygiene, lower body dressing, toilet transfers and required a wheelchair for mobility. R5 was frequently incontinent of bowel and received narcotic medications during the 7-day look-back period. R5’s care plan was reviewed and lacked documentation identifying she was at risk for constipation due to narcotic use. The care plan also lacked documentation of interventions to direct staff how to monitor, track, or treat her bowel elimination patterns.	20570	Corrected	09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
20570	Continued from page 8 R5's physician orders identified an as-needed (PRN) order dated 6/29/26 directing staff to administer Senna 8.6 milligrams (mg), two tablets twice daily as needed for constipation. A scheduled order dated 6/30/26 directed staff to administer docusate-senna 50 mg-8.6 mg, one tablet twice daily for constipation. A scheduled order dated 7/15/26 directed staff to administer methadone 10 mg (a narcotic pain medication) three times daily for chronic pain. A PRN order dated 7/21/26 directed staff to administer oxycodone 5 mg as needed up to two times daily for pain, and a subsequent PRN order dated 7/22/26 directed staff to administer Miralax 17 grams daily as needed for constipation. Finally, a scheduled order dated 8/26/26 directed staff to administer an increased dose of oxycodone 10 mg (a narcotic pain medication) three times daily for pain. Review of R5's bowel logs between 8/1/26 and 9/15/26, identified multiple instances where bowel management protocols were not followed. During this six-week period, R5 experienced seven separate episodes where she went between two and five consecutive days without a bowel movement. Because the care plan lacked documentation of tracking parameters or clinical interventions, staff consistently failed to initiate mandatory protocol interventions on day two of each absence. These unmanaged episodes included a four-day absence ending on 8/17/26, a five-day absence ending on 8/29/26, and a three-day absence ending on 9/5/26. During an interview on 9/15/26 at 1:50 p.m., the interim director of nursing (IDON) reviewed R5's clinical record from 8/1/26 to 9/15/26. She verified that the record lacked documentation of a bowel monitoring plan during this timeframe. The IDON verified that R5 did not have a care plan for constipation. IDON stated that R5 should have had a care plan in place due to her scheduled narcotic use. A policy regarding care planning was requested, however none was provided. SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all residents receiving high-risk narcotic medications to ensure their comprehensive care plans are revised to reflect individual bowel management needs, goals, and preventative interventions. The director of nursing or designee, could conduct random audits of clinical records, care plans, and physician orders to verify that care plans are promptly updated following the initiation or increase of narcotic	20570		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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
20570	Continued from page 9 prescriptions. The results of these care plan revision audits could be reported to the Quality Assurance Performance Improvement (QAPI) committee for ongoing review and oversight to ensure sustained facility-wide compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	20570		09/18/2026
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 resident must remain in bed or the resident prefers to remain in bed. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and document review, the facility failed to receive necessary bowel monitoring, assessment, treatment, follow-up, and physician notification to maintain bowel function and prevent complications for 4 of 4 residents (R2, R3, R4, and R5) who had a risk for constipation reviewed for bowel management. These failures resulted in Immediate Jeopardy (IJ) for R2. The IJ began 8/18/26, when the facility failed to complete a clinical assessment or initiate bowel management interventions after R2 had gone two days without a documented bowel movement. R2 remained without a documented bowel movement for eight consecutive days, with no documented clinical assessment, bowel management treatments, and physician notification, before being hospitalized from 8/24/26 through 9/1/26 with fecal impaction of the colon and stercoral colitis, and partial bowel obstruction. After R2 returned from the hospital, the facility again failed to ensure bowel monitoring, clinical assessment, intervention, and timely provider notification when R2 went without a documented bowel movement from 9/6/26 through 9/10/26. The administrator and assistant administrator (AA)-A were notified of the IJ on 9/11/26 at 4:30 p.m. The IJ was verified as removed for 9/11/26 on 9/15/26 at 3:09 p.m.; however, noncompliance remained at a lower scope and severity level of E, pattern, with potential for more than minimal harm.	20830	Corrected	09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 Findings include: R2’s face sheet, printed 9/15/26, identified diagnoses of noninfective gastroenteritis and colitis-stercoral colitis (severe inflammation and decay of the colon wall caused by pressure from hardened stool), fecal impaction (a massive, hardened lump of stool stuck in the rectum or colon), constipation (difficulty emptying the bowels), unspecified dementia (a progressive brain disorder causing severe memory loss and confusion), and hemiplegia affecting the right dominant side (paralysis on the right side of the body). R2’s 5-day prospective payment system (PPS) Minimum Data Set (MDS) dated 7/26/26, identified R2’s cognition was intact. Further identified R2 required substantial to maximal assistance with toileting hygiene and transfers, used a wheelchair for mobility, and was occasionally incontinent of bowel. R2's care area assessment (CAA) for communication, dated 7/9/26, identified R2 had trouble putting sentences together and would routinely repeat a question back as a statement; for example, if asked if she had pain in her back she would say, "Yes, I have pain in my back," but when asked again if she was having pain or hurt anywhere, she would state no. The assessment documented that staff needed to actively anticipate her physical needs. R2’s care plan dated 3/16/26, identified a problem for an alteration in bowel function: potential for constipation related to decreased oral intake and decreased mobility. An intervention dated 3/16/26 identified that staff were to document bowel movements each shift, assist with toileting needs, avoid rushing the resident, and encourage fluid intake. R2’s physician order dated 7/29/26, included an order to give Zepbound 2.5 milligrams (mg)/0.5 milliliters (ml) subcutaneously weekly for 4 weeks. According to the manufacturer’s package insert, Zepbound is a medication prescribed for weight management. Gastrointestinal adverse reactions associated with Zepbound include constipation R2’s physician order dated 7/20/26, identified an order for psyllium husk 0.4-gram (G) capsule to be given daily as needed (PRN) for constipation. (Psyllium husk is a bulk forming, fiber-based laxative that absorbs water in the intestines and swells to form a larger, softer stool. They are often the first-line, gentle option for occasional	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 11 constipation, especially when caused by low-fiber or low-fluid diets.) Review of R2's bowel logs from 7/1/26 through 8/24/26, identified repeated episodes in which R2 went two or more consecutive days without a documented bowel movement. Under the facility's bowel management protocol, staff were required to identify residents who reached day two without a bowel movement or who had only small bowel movements, offer nutritional or PRN bowel interventions, continue follow-up through the evening shift, and offer or administer a suppository if no bowel movement occurred. The bowel log identified the following dates when protocol required bowel management actions were missed or delayed: Following a small bowel movement on 7/25/26, R2 went five consecutive days without a bowel movement until a medium bowel movement was documented on 7/31/26. According to the facility's protocol, interventions should have been initiated on 7/27/26. Review of R2's July 2026 medication administration record identified no PRN doses of psyllium husk were administered in July of 2026. Following a small bowel movement on 8/1/26, R2 went two consecutive days without a bowel movement until a small and a medium bowel movement were documented on 8/3/26. According to the facility's protocol, interventions should have been initiated on 8/2/26. R2's MAR dated August 2026, identified Psyllium husk 0.4 grams (G) capsule was documented as administered on 8/3/26 at 11:56 a.m., and was documented as effective on 8/4/26 at 1:26 a.m.; however, the bowl log identified a medium bowel movement had been documented on the previous shift. Following a medium bowel movement on 8/3/26, R2 went two consecutive days without a bowel movement until a medium bowel movement was documented on 8/6/26. According to the facility's protocol, interventions should have been initiated on 8/5/26. Following a medium bowel movement on 8/6/26, R2 went three consecutive days without a bowel movement until a medium and a large bowel movement were logged on 8/9/26. According to the facility's protocol, interventions should have been initiated on 8/8/26. Following the large bowel movement on 8/9/26, R2	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 12 went five consecutive days without a bowel movement until a small and a large bowel movement were documented on 8/14/26. According to the facility's protocol, interventions should have been initiated on 8/11/26. Following a small bowel movement on 8/16/26, R2 went eight consecutive days without a bowel movement through 8/24/26. According to the facility's protocol, interventions should have been initiated on 8/18/26. R2's MAR dated August 2026, identified Psyllium husk 0.4 G capsule was documented as administered on 8/22/26 at 12:39 p.m., and was documented as not effective. The record lacked evidence of further follow-up, assessment, escalation, or additional bowel management intervention after psyllium was documented as not effective. The MAR indicated no other bowel medications were administered during the 8/17/26 through 8/23/26 period. Review of R2's record from 7/1/26 through 8/23/26, identified that during the periods without documented bowel movements, the record lacked evidence staff consistently completed comprehensive bowel assessments that would include (but not limited to) abdominal palpation, bowel sound assessment, pain assessment, evaluation for distension, appetite change, and timely escalation when interventions were ineffective. The record also lacked consistent documentation of bowel movement consistency, which would have further limited staff's ability to evaluate whether R2's bowel function was improving, worsening, or unresolved. R2's progress note dated 8/24/26 at 11:07 p.m., R2 admitted to the hospital this evening according to family member (FM)-A with possible bowel obstruction. R2's progress note dated 8/28/26 at 1:55 p.m., documented FM-A, notified the facility that R2 was transferred back to the Intensive Care Unit (ICU) due to hypoxia (dangerously low blood oxygen levels) and was scheduled for another colonoscopy for comfort purposes. The note documented that FM-A was tearful and stated that if R2 did not improve over the weekend, the plan was for R2 to return to the facility on Monday 8/31/26, with hospice and comfort care as the goal. R2's hospital notes from 8/24/26 at 1:39 p.m. to 9/1/26 at 11:45 a.m., identified diagnoses of fecal impaction of the colon, stercoral colitis (severe inflammation of the colon wall caused by pressure	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 13 from hardened stool), and a partial bowel obstruction associated with chronic constipation. identified that an initial abdominal X-ray showed a large colonic stool burden, and an administration of GoLYTELY bowel preparation (a powerful liquid laxative used to flush the intestines) yielded no results. On 8/26/26, R2 underwent an initial colonoscopy that disrupted a fecaloma (a large, firm mass of hardened feces), but significant residual stool remained. A subsequent computerized tomography (CT) scan of the abdomen showed persistent proximal constipation (continued stool backup higher up in the colon). On 8/29/26, R2 required a second, repeat colonoscopy to successfully remove the remaining large amount of impacted stool. The documentation further identified that R2's condition was complicated by a severe decline in mental status and required a transfer to the ICU during the hospital stay. During a phone interview on 9/11/26 at 2:21 p.m., family member (FM)-A stated R2 had a history of constipation. When R2 lived at home, FM-A would administer her bowel regimen that consisted of Senna, Miralax, and a sodium phosphate enema (Fleet enema), and he never used psyllium. FM-A stated R2 could feel physical pain in her limbs but lacked physical sensation in her abdomen and vaginal areas, requiring FM-A to closely monitor her bowel function and for urinary tract infections (UTIs). FM-A stated R2 was prescribed Zepbound to reduce excess weight to assist with her physical rehabilitation goals to return home. FM-A noticed R2 had not had a bowel movement between 8/21/26 and 8/23/26. During a visit on 8/24/26, R2 was in bed, she exhibited confusion, fatigue, and word finding difficulties. When he palpated her abdomen, it was firm and caused R2 pain. FM-A’s initial reaction was that R2 had a UTI because she had no prior history of a bowel obstruction. FM-A requested that nursing staff obtain a medical order to flush R2's suprapubic catheter, but facility staff were in meetings and reported no one was available to obtain orders. FM-A stated the nurse checked R2's abdomen, confirmed it was hard, and a mutual decision was made to transfer R2 to the emergency room via ambulance. At the hospital, R2 required an initial colonoscopy where physicians were only able to remove half of the stool before stopping the procedure, and a second colonoscopy was performed two days later to remove the remaining stool. FM-A stated the hospital physician informed him that due to the severe internal pressure from the fecal matter, R2's organs were shutting down. “It was the most stressful time of his life and that the situation was totally avoidable.” FM-A stated that prior to the hospitalization, he assumed the facility	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 14 was tracking and recording R2's bowel movements. R2's discharge hospital note dated 9/1/26, identified the previous order for Psyllium husk capsule was discontinued. A new order dated 9/1/26 identified Miralax 17 grams scheduled twice daily (BID) for constipation. R2's progress note dated 9/1/26 at 12:59 p.m., documented that R2 returned to the facility following her hospitalization. The note identified that R2 denied active pain, but when prompted by her husband, family member (FM)-A, she reported abdominal discomfort. The physical assessment documented that R2 exhibited abdominal distension (swelling or bloating of the stomach area) and decreased bowel sounds to the left upper and left lower abdomen. The documentation identified that R2 underwent two colonoscopies while in the hospital to assist in fecal decompaction, and FM-A stated that R2 "was on death's door last week." The note identified that new orders and a care plan update would be implemented for constipation management. R2’s care plan was revised on 9/1/26 to include an additional intervention that directed nursing staff to check bowel sounds, administer medications per standing house orders, administer a new daily prescription for twice-daily Miralax, encourage fluid intake, and encourage exercise every shift. R2's progress note dated 9/2/26 at 1:56 p.m., identified R2 had a medium bowel movement on the previous evening (9/1/26). Review of R2’s medical record for 9/2/26 identified that despite R2’s documented readmission baseline of abdominal distension and decreased bowel sounds, and despite the 9/1/26 care plan directive to check bowel sounds, the record lacked documentation that licensed nursing staff completed a physical bowel or abdominal assessment. R2's progress note dated 9/3/26 at 11:35 a.m., identified a registered dietitian (RD) met with R2 and FM-A to discuss concerns regarding the Zepbound medication and recent constipation. The note identified that FM-A did not believe Zepbound was a contributing factor to the hospital admission and wished to continue the medication. The documentation further identified that R2 was prescribed Miralax scheduled BID to help with bowel movements, and based on the conversation, no message was sent to the primary care provider (PCP) to review the medication.	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 15 R2’s progress note dated 9/6/26 at 3:05 a.m. identified R2 had two small bowel movements throughout the previous day. However, the bowel log identified a medium bowel movement on 9/6/26. Following the last documented bowel movement, R2 went without a documented bowel movement through 9/10/26. According to the facility’s protocol, interventions should have been initiated on 9/8/26. R2’s physician order report dated 9/9/26 identified orders for senna 8.6 mg, two tablets twice daily as needed per standing orders, and Miralax 17 grams orally daily for constipation per standing orders. R2’s MAR dated September 2026, identified on 9/9/26 at 11:46 a.m., R2 was given 2 tablets of senna for constipation. At 10:16 p.m. the Senna was documented as effective. However, the facility's bowel logs identified no bowel movement was charted on 9/9/26 or 9/10/26, and no physical clinical bowel assessments were completed by licensed floor staff until surveyor intervention on the afternoon of 9/10/26. Review of R2's clinical record for 9/7/26, 9/8/26, 9/9/26, and 9/10/26 identified despite R2’s documented recent history of partial bowel obstruction and stercoral colitis, and despite a direct care plan requirement to check bowel sounds every shift, no physical clinical bowel or abdominal assessments were performed or documented by the licensed nursing staff across any shift. In addition, R2’s bowel record did not consistently include documentation of stool consistency, which limited staff’s ability to evaluate medication effectiveness and R2’s bowel status During an interview on 9/10/26 at 2:34 p.m., the assistant administrator (AA-A) stated she conducted the facility's internal investigation regarding R2's hospitalization. AA-A confirmed that on 8/24/26, licensed practical nurse (LPN-B) reported having no clinical concerns regarding R2 but transferred R2 to the emergency department solely due to the insistence of FM-A. AA-A stated that upon reviewing R2's chart the following day, she identified that R2 went six to seven days without a documented bowel movement prior to the transfer, which prompted her to file a vulnerable adult report with the state agency. AA-A acknowledged the facility's bowel protocol was based on their internal bowel management standard work and standing house orders. Corrective actions implemented after the incident included re-educating staff that the night	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 16 shift must print a daily bowel management report for each wing to initiate protocols and assigning healthcare unit coordinators (HUC) to perform compliance audits. AA-A confirmed she was unaware that R2 currently went four consecutive days without a documented bowel movement from 9/6/26 through 9/10/26 without any documented nursing assessments or provider notifications. During an interview on 9/10/26 at 2:49 p.m., a registered nurse (RN-C) stated she was the licensed staff member responsible for R2's care. RN-C verified R2’s last documented bowel movement occurred on 9/6/26 and stated she was fully aware of R2’s recent hospitalization for a bowel obstruction. RN-C stated she had administered prune juice and a PRN dose of Miralax to R2 around noon but acknowledged R2 did not complain of any pain. RN-C stated she had not performed a physical clinical bowel or abdominal assessment on R2 during her shift today (9/10/26). During an interview on 9/10/26 at 3:00 p.m., the interim director of nursing (IDON) was informed that R2 had no documented bowel movements since 9/6/26, that the assigned floor nurse (RN-C) failed to perform a physical clinical bowel assessment, and that PRN Miralax and prune juice administered at noon were omitted from the documentation. The IDON stated that RN-C should have performed a bowel assessment. This surveyor requested that the IDON conduct a physical bowel assessment on R2 due to the four-day absence of documented elimination combined with the resident's recent week long hospitalization for bowel obstruction. During an observation on 9/10/26 at 3:12 p.m., IDON questioned the assigned floor nurse (RN-C) regarding the administration of bowel medications to R2. RN-C stated she administered prune juice and Miralax around noon. The IDON directed RN-C to document the administered medications in the resident's medical record. During an observation and interview on 9/10/26 at 3:16 p.m., R2 was observed seated in her wheelchair and was transferred to her room by IDON. In response to questions from the IDON, R2 denied experiencing any recent nausea or vomiting. The IDON conducted a physical clinical assessment of R2’s abdomen and reported that the bowel sounds in the left upper and lower quadrants were hypoactive (sluggish or abnormally slow) but were regular on the right side. Upon physical palpation (applying light pressure with the hands) of R2’s abdomen, R2 reported a level 3 pain intensity when	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 17 the IDON palpated the right side. When this surveyor questioned the IDON regarding the clinical timeline for physician notification of this change in condition, the IDON stated that the facility would administer PRN bowel medications, update R2's care plan to mandate abdominal bowel assessments every shift and would delay notification to the medical provider until the evening shift on 9/11/26 if no bowel movement occurred even though 9/11/26 would be day 5 without a recorded bowel movement. R2's progress note dated 9/10/26 at 3:24 p.m., identified R2 had not had a bowel movement in the past few days, had been taking her scheduled laxative, and was given Miralax with prune juice during lunch. Phone interview attempts were made to nurse practitioner (NP)-A on 9/11/26 at 12:05 p.m. and 3:41 p.m.; messages were left requesting a call back. As of completion of the investigation, no return call was received. During an interview on 9/10/26 at 5:12 p.m., AA-A was directed by this surveyor that the facility needed to notify the medical provider regarding R2 going four days without a bowel movement to obtain further clinical direction. During a phone interview on 9/11/26 at 9:15 a.m., RN-B confirmed working on 9/8/26, 9/9/26, and 9/10/26. RN-B stated she was not aware that R2 was the resident who had a recent hospitalization and history of bowel impaction. RN-B verified that on 9/9/26, she documented "effective" regarding a PRN dose of Senna 8.6 mg 2 tablets administered to R2 at 11:46 a.m., per standing orders. RN-B stated that on 9/9/26, R2 was out of the building at the beginning of the shift when she completed her initial shift assessments. RN-B thought someone told her R2 experienced a bowel movement but could not recall who provided that information. R2 was not a reliable historian due to forgetfulness and noted that if R2 reported having a bowel movement, she would have confirmed the statement with a nursing assistant (NA). RN-B could not recall questioning any NAs regarding R2's bowel elimination on 9/8/26, including the size and consistency of the stool. RN-B reiterated that she did not do any type of clinical assessment. RN-B stated staff were supposed to document the size and consistency in the record; however, the consistency was not always documented. Consistency was important to determine if more or a different type of laxative was required. RN-B explained the size of a small bowel movement would be the size of her palm but was	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 18 unable to describe what constituted a medium or large bowel movement. RN-B was not aware of how other staff were determining the size and noted that would be a good thing to know. During an interview on 9/11/26 at 10:25 a.m., RN-A stated the overnight shift was responsible for populating a list from the electronic health record detailing resident bowel patterns for the day shift. RN-A stated that a nurse or trained medication assistant (TMA) would look at the printed list to evaluate which residents required a bowel intervention, noting a minimum of two to three days without a bowel movement would pass before staff intervened. RN-A stated staff would provide bowel care using Senna, Miralax, prune juice, or a suppository, and by day three, staff utilized what was available on the individual resident's medication list. There was no designated day for administering a suppository, but it was generally offered on day two or three without a bowel movement. By day four, staff would review other options such as a sodium phosphate enema (Fleet enema) or consult with nurse managers and other team members for helpful past suggestions. Any shift could address bowel needs, but they were typically addressed on the day shift. RN-A stated that if there were no results on the day shift, the information was to be passed on in report for the evening shift to follow up by listening to bowel sounds, reviewing fluid intake, and providing education to the resident on the importance of bowel management to prevent complications. RN-A verified she worked the day shift on 8/19/26 and 8/21/26, which represented day five and day seven of R2 going without a bowel movement. RN-A could not recall if she was aware that R2 went that long without an elimination. RN-A reviewed R2's progress notes and stated nothing was mentioned about bowels in the record and confirmed she did not notify the physician regarding the lack of bowel movements on either shift. RN-A verified that between 8/19/26 and 8/22/26, R2 received a dose of psyllium, which she identified as a medication to bulk stool up rather than soften it. During an interview on 9/11/26 at 10:52 a.m., IDON stated the only bowel intervention completed for R2 between 8/17/26 and 8/24/26 occurred on 8/22/26, when R2 was administered a PRN dose of psyllium husk, which she identified as a stool bulking medication, prior to R2's emergency hospitalization on 8/24/26. R2 returned to the facility on 9/1/26 with new discharge orders for scheduled twice a day Miralax, as well as PRN Senna. The IDON stated that following the surveyor's intervention on 9/10/26, she completed a physical abdominal assessment on	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 19 R2, notified the physician, and received new medical orders to increase fluids, administer a Dulcolax suppository, administer a bottle of magnesium citrate (a strong liquid laxative), discontinue the Zepbound prescription, and lower the dose of Nortriptyline (a medication used for mood or sleep that can cause constipation as a side effect). Following these interventions, R2 produced a very large bowel movement on the morning of 9/11/26. The IDON assessed R2 prior to the bowel movement and noted abdominal tenderness with normal bowel sounds. IDON instructed floor staff to continue administering scheduled bowel medications and mandated that staff notify the nurse if R2 went one day without a bowel movement. The IDON increased the facility's monitoring parameters for R2 to include fluid encouragement, bowel sounds, abdominal assessments, and pain tracking. IDON added R2 to the upcoming physician rounds for 9/15/26 and updated R2's care plan to reflect these specific interventions on 9/10/26. The IDON acknowledged that the facility struggled for a long time to print and distribute the daily bowel sheets on time. The IDON stated there should be a specific care plan intervention requiring the nurse manager to be alerted if a resident went two days without a bowel movement. For R2 specifically, staff needed to reach out to the provider for medications, assess bowel sounds, and know exactly when to notify the provider when a resident went without a bowel movement. The facility needed to encourage the use of PRN medications because the floor staff preferred to give prune juice, stating, "I feel like sometimes they struggle with knowing what the best next route of action is." During an interview on 9/11/26 at 11:44 a.m., TMA-A stated she worked on the unit where R2 resided and was responsible for administering medications including PRNs. TMA-A indicated that when she was aware of a resident who required a PRN bowel medication it was up to her to decide which one to administer and it was not always directed by a nurse. TMA-A indicated no type of clinical assessment by licensed nurses would be completed prior to the administration and was unable to articulate the comprehensive assessment that would be completed by licensed staff. Further TMA-A would determine effectiveness of the medication if the resident had a bowel movement following the medication administration but was unable to articulate how the consistency and size of the bowel movement related to the effectiveness. Staff were supposed to document the consistency of bowel movements in the record, however, noted this was not being completed even though there was an	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 20 area for selection. TMA-A stated the facility used bowel records that needed to be printed; however, this had not been done consistently. TMA-A indicated she was unaware what constituted a small bowel movement from a medium bowel movement and from a medium bowel movement to a large. TMA-A stated if a resident had “pebbles” she would not document that and was not aware how other staff would consider the size of the bowel movement to document. During a phone interview on 9/11/26 at 12:29 p.m., nursing assistant (NA-B) stated R2 did not have a bowel movement on 9/9/26. During a phone interview on 9/11/26 at 1:13 p.m., NA-C stated R2 did not have a bowel movement on 9/9/26. During a phone interview on 9/11/26 at 1:37 p.m., a licensed practical nurse (LPN-A) stated the night shift printed bowel sheets every morning for the day shift. LPN-A stated the day shift reviewed the sheets and administered scheduled and as needed (PRN) bowel medications. LPN-A stated the day shift passed information to the evening shift regarding whether medications were effective or ineffective. LPN-A could not articulate how bowel elimination was addressed on the evening shift aside from documenting a note in the chart and passing information through shift report for the day shift to notify the physician if a resident reached day three or four without a bowel movement. LPN-A stated that on 9/10/26, she received a shift report indicating R2 was on day three without a bowel movement (this differed from the bowel log review, which identified R2 had no documented bowel movement from 9/6/26 through 9/10/26) and that the day-shift nurse administered scheduled Miralax with prune juice at breakfast. LPN-A stated that during the evening shift, she administered Miralax with prune juice and two PRN Senna tablets to R2 and subsequently received immediate orders for magnesium citrate and a bisacodyl suppository. LPN-A stated she was unsure of the general timeframe for when a physician must be notified when a resident went without a bowel movement. LPN-A stated that for a resident with a history of a bowel obstruction, such as R2, bowel sounds should have been checked, and the physician should have been notified by day three. LPN-A further stated that a resident with R2's specific bowel history should have experienced a bowel movement more frequently than every three days. During an interview on 9/11/26 at 1:53 p.m., RN-C	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 21 stated she worked on 9/8/26 and 9/9/26 and was aware that R2 went without a bowel movement on those days. RN-C was aware that R2 had a recent history of bowel obstruction. RN-C stated she should have performed a physical bowel assessment and notified the physician that R2 went without a bowel movement. RN-C could not articulate why she failed to perform a clinical assessment or notify the physician. During a phone interview on 9/11/26 at 2:01 p.m., TMA-C stated she was responsible for printing the resident bowel records during the night shift. TMA-C stated that electronic pop-up blockers frequently appeared when she attempted to pull the report for the day shift, and staff experienced difficulty bypassing the blockers. TMA-C reported to oncoming staff that she could not bypass the blocker to print the bowel sheets for most of the month of August, stating, "I figured once I passed it on to my nurse or another TMA, I took care of the situation by passing it on every morning." TMA-C stated several staff members were unable to access the reports. TMA-C eventually researched how to navigate electronic blockers online and was now able to print the bowel sheets without difficulty. TMA-C stated that after the bowel sheets were printed, she would review the list and highlight residents who went three or four days without a bowel movement. TMA-C stated she recently received direction to notify the nurse if R2 went longer than one day without a bowel movement and noted she believed R2 was on day four without a bowel movement on 9/11/26. TMA-C stated that during the night shift on 9/11/26, R2 sat on the toilet for an hour and a half and was only able to pass a small amount of stool, and the nurse reported hearing no bowel sounds upon auscultation. During a phone interview on 9/11/26 at 2:21 p.m., FM-A stated he visited R2 daily, performed physical exercises with her, and routinely took her home on Fridays, Saturdays, and Sundays, but would return her to the facility if she required assistance with a bowel movement. FM-A stated he did not take R2 out of the facility on 9/9/26. FM-A stated he received an email from the IDON on 9/11/26 promising consistent bowel updates, which also informed him that R2 had currently gone four consecutive days without a bowel movement. During a phone interview on 9/14/26 at 2:36 p.m., the medical director (MD-A) stated she was not notified by facility staff that R2 went eight days without a bowel movement prior to her	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 22 hospitalization on 8/24/26. MD-A stated R2 lacked physical sensation across a large portion of her abdomen, making physical clinical assessments more challenging to perform. MD-A stated that when staff called her on 9/10/26 to report R2 went four days without a bowel movement, she discontinued the Zepbound prescription and decreased the Nortriptyline dose due to the potential of those medications to cause constipation. MD-A ordered magnesium citrate and a Dulcolax suppository to be administered immediately. MD-A stated she was not informed by facility staff that R2 exhibited hypoactive bowel sounds or experienced abdominal pain during the call on 9/10/26. MD-A stated she updated the facility's bowel management protocol to mandate physical abdominal assessments and to require provider notification after 24 hours of ineffective standing orders or a total of four days without a bowel movement. Attempted phone interview on 9/15/26 at 4:04 p.m., with R2's primary care provider (PCP), left message for call back. PCP called back on 9/16/26 at 12:09 p.m. and left message for callback. Tried calling on 9/17/26 at 3:59 p.m., left message for call back. During a phone interview on 9/17/26 at 10:57 a.m., consultant pharmacist (CP)-A stated that Zepbound was a medication used for weight loss that intentionally delays gastric emptying and slows intestinal transit time, making constipation a well-documented risk. CP-A stated that for an immobile resident with right-sided hemiparesis and a known history of constipation, regular daily bowel tracking and immediate physical nursing assessments are a clinical necessity to prevent blockage. CP-A verified that administering psyllium husk, a stool-bulking agent, on day six with no bowel movement was inappropriate because bulking medications add physical mass significantly increasing the risk of an obstruction. R3 R3's face sheet, printed 9/15/26, identified diagnoses of constipation, flaccid hemiplegia and hemiparesis affecting the right dominant side following a cerebral infarction (paralysis and weakness on the right side of the body following a stroke), aphasia and speech and language deficits (the inability to speak or understand language), a history of altered mental status (confusion or disorientation), and pain. R3's annual MDS assessment, dated 6/25/26,	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 23 identified R3's cognition was intact. The assessment identified R3 used a wheelchair for mobility and was dependent on staff for transfers and toileting hygiene. R3 was always continent of bowel and received narcotic medications during the 7-day look back period. R3's care plan, revised 8/31/26, identified a problem for risk of constipation related to the use of a narcotic pain medication, oxycodone (a strong prescription opioid). An intervention dated 8/31/26 identified that staff were to administer medications per physician orders, including bisacodyl suppository (a stimulant laxative) and docusate-senna (a stool softener and laxative combination), and monitor their effectiveness and side effects. The care plan further identified that staff were to document the frequency and character of bowel movements and monitor for signs of constipation, including decreased bowel sounds, abdominal pain, abdominal distension, decreased appetite, and fever. R3's physician orders identified an order dated 7/10/26 for Miralax 17 grams daily and Senna 8.6 milligrams (mg) daily for constipation. An order dated 7/16/26 directed staff to administer oxycodone 5 mg up to two times daily as needed (PRN) for chronic pain, to be given within two hours of a scheduled dose. A scheduled order dated 8/17/26 directed staff to administer oxycodone 5 mg three times daily at breakfast, supper, and midnight for chronic pain, alongside a PRN order for a bisacodyl 10 mg suppository to be administered rectally up to two times daily for constipation. A subsequent order dated 9/10/26 directed staff to offer an additional PRN dose of oxycodone 5 mg before bedtime. Review of R3's bowel logs between 8/1/26 and 9/15/26 identified multiple instances where the facility's bowel management protocol was not followed. During the identified periods without documented bowel movements, the record lacked evidence that staff consistently completed comprehensive bowel assessments that included (but not limited) to bowel sound checks, abdominal assessment, pain assessment, evaluation for distension, appetite change, or other signs and symptoms of constipation. The record also lacked consistent evidence that staff documented bowel movement consistency in order to evaluate medication effectiveness and R3's clinical status.	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 24 The bowel log identified the following dates when protocol required bowel management actions were missed or delayed: Following a large bowel movement on 8/12/26, R3 went seven consecutive days without a bowel movement until a large bowel movement was documented on 8/19/26. According to the facility's protocol, interventions should have been initiated on 8/14/26. During this timeframe, R3 received scheduled daily Miralax and Senna; however, the record lacked evidence that protocol directed PRN bowel interventions were initiated. Following a large bowel movement on 8/19/26, R3 went six consecutive days without a bowel movement until a medium bowel movement was documented on 8/25/26. According to the facility's protocol, interventions should have been initiated on 8/21/26. R3's August 2026 MAR identified that on 8/22/26 at 8:22 p.m., R3 received a PRN dose of oxycodone 5 mg for pain rated 8 out of 10 but the MAR did not identify a location. R3's progress note dated 8/23/26 at 3:17 p.m. identified R3 reported pain rated 7 out of 10 since the previous day and reported feeling full in the lower abdomen. Despite R3's prolonged absence of documented bowel movement, scheduled narcotic use, PRN narcotic administration, and report of lower abdominal fullness, the record lacked documentation of a constipation focused clinical assessment, bowel sound check, abdominal assessment, or provider notification during this timeframe Following a large bowel movement on 8/25/26, R3 went five consecutive days without a bowel movement until a medium bowel movement was documented on 8/30/26. According to the facility's protocol, interventions should have been initiated on 8/27/26. During this timeframe, R3 continued to receive scheduled daily bowel medications; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation focused clinical assessments were completed. R3's August 2026 MAR identified that on 8/31/26 at 2:07 p.m., R3 was offered a bisacodyl suppository, refused the suppository, and took prune juice instead. R3's progress note dated 8/31/26 at 2:20 p.m. identified that R3 received scheduled Senna	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 25 and Miralax daily in the morning. The note documented that R3's last recorded bowel movement occurred on 8/25/26, R3 refused PRN bowel medications, stated he felt fine, and consumed 5 ounces of prune juice. The note further identified that R3 approached staff and reported having a bowel movement on the evening of 8/30/26 that staff failed to document in the record. Following a large bowel movement on 8/31/26, R3 went three consecutive days without a bowel movement until a medium and a large bowel movement were documented on 9/3/26. According to the facility's protocol, interventions should have been initiated on 9/2/26. During this timeframe, R3 continued to receive scheduled daily bowel medications; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation focused clinical assessments were completed. Following a large bowel movement on 9/3/26, R3 went five consecutive days without a bowel movement until a medium and large bowel movement were documented on 9/8/26. According to the facility's protocol, interventions should have been initiated on 9/5/26. R3's September 2026 MAR identified that on 9/4/26 at 12:58 p.m., R3 received a PRN dose of oxycodone 5 mg for pain rated 10 out of 10. Despite the administration of PRN oxycodone during a prolonged five-day absence of documented elimination, the record lacked evidence that protocol directed PRN bowel interventions, bowel sound checks, abdominal assessments, or constipation focused clinical monitoring were completed. Following a medium bowel movement on 9/8/26, R3 went three consecutive days without a bowel movement until a medium bowel movement was documented on 9/11/26. According to the facility's protocol, interventions should have been initiated on 9/10/26. During this timeframe, R3 continued to receive scheduled daily bowel medications; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation-focused clinical assessments were completed. Following a medium and small bowel movement on 9/11/26, R3 went three consecutive days without a bowel movement through 9/14/26, with no further elimination documented as of the end of the log.	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 26 According to the facility's protocol, interventions should have been initiated on 9/13/26. R3's September 2026 MAR identified that on 9/14/26 at 11:34 p.m., R3 received a PRN dose of oxycodone 5 mg for pain rated 10 out of 10. R3's September 2026 MAR further identified that on 9/15/26 at 8:30 a.m., R3 was offered a bisacodyl suppository, refused it, and took prune juice instead. Despite the administration of PRN oxycodone and refusal of a PRN bowel medication during the continued absence of documented elimination, the record lacked documentation of a physical bowel assessment, bowel sound check, or medical provider notification regarding the refusal and continued absence of bowel movement. During an interview on 9/15/26 at 1:16 p.m., the IDON reviewed R3's clinical record from 8/1/26 through 9/15/26 and verified that the record lacked documentation of bowel monitoring and protocol compliance during several timeframes. The IDON further verified that the clinical record lacked documentation to demonstrate that staff were performing physical bowel or abdominal assessments per the established facility protocol. The IDON stated the facility's updated policy mandated that staff notify the medical provider if no bowel movement occurred 24 hours after standing orders were initiated, or after a total of four days without a bowel movement. R4 R4's face sheet, printed 9/15/26, identified diagnoses of dementia, chronic pain syndrome, and constipation. R4's annual MDS assessment, dated 6/25/26, identified R4's cognition was intact. The assessment identified R4 required partial to moderate assistance with walking, toilet transfers, and toileting hygiene. R4 was always continent of bowel and received narcotic medications during the 7-day look-back period. R4's care plan, revised 1/29/26, identified an active problem for an alteration in urinary and bowel function related to daily incontinence and diagnosed constipation. Interventions dated 3/22/22 identified that staff were to encourage fluids, monitor bowel and bladder elimination patterns, record outputs, assist with perineal hygiene and incontinent episodes, and update nursing with any concerns.	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 27 The care plan further identified that staff were required to interview R4 each shift regarding bowel movements due to forgetfulness and report any voiced stomach discomfort to the nurse. R4's physician orders identified an order dated 2/21/23 for docusate-senna 5 mg-8.6 mg, one tablet twice daily for constipation. An order dated 2/21/26 directed staff to administer hydrocodone-acetaminophen 5 mg-325 mg, a narcotic pain medication, three times daily, not to exceed 3 grams of acetaminophen in 24 hours for pain. A subsequent as needed (PRN) order dated 1/11/26 directed staff to administer Senna 8.6 mg, two tablets, per standing house orders for constipation. Review of R4's bowel logs between 8/1/26 and 9/15/26 identified multiple instances where the facility's bowel management protocol was not followed. During the identified periods without documented bowel movements, the record lacked evidence that staff consistently completed protocol directed PRN bowel interventions, physical bowel or abdominal assessments, bowel sound checks, clinical monitoring for signs or symptoms of constipation, or provider notification during prolonged periods without documented elimination. The record also lacked evidence that staff consistently operationalized R4's care plan intervention requiring staff to interview R4 each shift regarding bowel movements due to forgetfulness. The bowel log identified the following dates when protocol required bowel management actions were missed or delayed: Following a large bowel movement on 8/1/26, R4 went three consecutive days without a bowel movement until a medium bowel movement was documented on 8/5/26. According to the facility's protocol, interventions should have been initiated on 8/3/26. During this timeframe, R4 continued to receive scheduled docusate-senna; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation focused clinical assessments were completed. Following a medium bowel movement on 8/5/26, R4 went three consecutive days without a bowel movement until a large bowel movement was documented on 8/9/26. According to the facility's	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 28 protocol, interventions should have been initiated on 8/7/26. During this timeframe, R4 continued to receive scheduled docusate-senna; however, the record lacked evidence that protocol directed PRN bowel interventions or constipation focused clinical assessments were completed. Following a large bowel movement on 8/9/26, R4 went ten consecutive days without a bowel movement until a medium bowel movement was documented on 8/20/26. According to the facility's protocol, interventions should have been initiated on 8/11/26. During this timeframe, R4 received scheduled hydrocodone-acetaminophen three times daily. Despite the prolonged tenday absence of documented elimination while R4 received scheduled narcotic medication, the record lacked evidence that protocol directed PRN bowel medications were initiated, that an abdominal assessment or bowel sound evaluation was completed, or that the physician was notified. Following a medium bowel movement on 8/20/26, R4 went two consecutive days without a bowel movement until a small bowel movement was documented on 8/22/26. According to the facility's protocol, interventions should have been initiated on 8/22/26. The record lacked evidence that protocol directed bowel management interventions or clinical monitoring parameters were initiated during this timeframe. Following a small bowel movement on 8/22/26, R4 went two consecutive days without a bowel movement until a medium bowel movement was documented on 8/24/26. According to the facility's protocol, interventions should have been initiated on 8/24/26. The record lacked evidence that protocol-directed bowel management interventions or clinical monitoring parameters were initiated during this timeframe. Following a medium bowel movement on 8/24/26, R4 went twelve consecutive days without a bowel movement until a small bowel movement was documented on 9/5/26. According to the facility's protocol, interventions should have been initiated on 8/26/26. R4's August 2026 MAR identified that on 8/27/26 at 10:47 a.m., R4 was administered two tablets of PRN Senna for constipation, which was documented as effective. However, the bowel log did not identify an actual bowel movement after this	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 29 PRN administration until 9/5/26. Despite the ongoing absence of documented elimination, the record lacked evidence that staff completed physical bowel assessment, bowel sound check, continued clinical follow-up, or medical provider notification regarding the prolonged twelve-day period without documented bowel movement. Following a small bowel movement on 9/5/26, R4 went three consecutive days without a bowel movement until a medium bowel movement was documented on 9/9/26. According to the facility's protocol, interventions should have been initiated on 9/7/26. During this timeframe, R4 continued to receive scheduled docusate senna; however, the record lacked evidence that protocol directed PRN bowel interventions, physical bowel assessments, or bowel sound checks were completed. Following a medium bowel movement on 9/9/26, R4 went two consecutive days without a bowel movement until a medium bowel movement was documented on 9/12/26. According to the facility's protocol, interventions should have been initiated on 9/11/26. The record lacked evidence that protocol directed bowel management interventions or clinical monitoring parameters were initiated during this timeframe During an interview on 9/15/26 at 1:31 p.m., the IDON reviewed R4's clinical record from 8/1/26 through 9/15/26 and verified the record lacked documentation of bowel monitoring and protocol compliance during several timeframes. The IDON further verified that the clinical record lacked documentation to demonstrate that staff were performing physical clinical bowel or abdominal assessments per the established facility protocol. The IDON stated the facility's updated policy mandated that staff notify the medical provider if no bowel movement occurred 24 hours after standing orders were initiated, or after a total of four days without a bowel movement. R5 R5's face sheet, printed 9/15/26, identified diagnoses of chronic pain syndrome, bilateral primary osteoarthritis of the knees, pain in the right and left knees, opioid dependence (a reliance on narcotic pain medications), Ehlers-Danlos syndrome (a genetic connective tissue disorder that can cause slowed intestinal motility), and a history of	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 30 unspecified hemorrhoids. R5’s significant change MDS assessment, dated 6/25/26, identified R5’s cognition was intact. The assessment identified R5 was dependent on staff for toileting hygiene, lower body dressing, and toilet transfers, and required a wheelchair for mobility. R5 was frequently incontinent of bowel and received narcotic medications during the 7-day look-back period. R5’s care plan was reviewed and lacked documentation identifying R5 was at risk for constipation. The care plan also lacked documentation of interventions to direct staff how to monitor, track, or treat R5’s bowel elimination patterns despite R5’s narcotic medication use, bowel incontinence, wheelchair dependence, active bowel medication orders, and Ehlers-Danlos syndrome R5’s physician orders identified a PRN order dated 6/29/26 directing staff to administer Senna 8.6 milligrams (mg), two tablets twice daily as needed for constipation. A scheduled order dated 6/30/26 directed staff to administer docusate-senna 50 mg-8.6 mg, one tablet twice daily for constipation. A scheduled order dated 7/15/26 directed staff to administer methadone 10 mg, a narcotic pain medication, three times daily for chronic pain. A PRN order dated 7/21/26 directed staff to administer oxycodone 5 mg as needed up to two times daily for pain, and a subsequent PRN order dated 7/22/26 directed staff to administer Miralax 17 grams daily as needed for constipation. A scheduled order dated 8/26/26 directed staff to administer oxycodone 10 mg, a narcotic pain medication, three times daily for pain. Review of R5’s bowel logs between 8/1/26 and 9/15/26 identified multiple instances where the facility’s bowel management protocol was not followed. During the identified periods without documented bowel movements, the record lacked evidence that staff consistently completed protocol directed PRN bowel interventions, physical bowel or abdominal assessments, bowel sound checks, clinical monitoring for signs or symptoms of constipation, and, when indicated by the length of the bowel movement gap or ineffective interventions, provider notification. The record also lacked evidence that staff developed or implemented an individualized care plan approach for R5’s	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 31 constipation risk despite scheduled narcotic use, bowel incontinence, wheelchair dependence, active bowel medication orders, and Ehlers-Danlos syndrome. The bowel log identified the following dates when protocol required bowel management actions were missed or delayed: Following a large bowel movement on 8/11/26, R5 went two consecutive days without a bowel movement until a large bowel movement was documented on 8/13/26. According to the facility's protocol, interventions should have been initiated on 8/13/26. During this timeframe, R5 continued to receive scheduled bowel medications; however, the record lacked evidence that protocol directed PRN bowel interventions were initiated. Following a large bowel movement on 8/13/26, R5 went four consecutive days without a bowel movement until a medium bowel movement was documented on 8/17/26. According to the facility's protocol, interventions should have been initiated on 8/15/26. During this timeframe, R5 continued to receive scheduled methadone three times daily; however, the record lacked evidence that physical bowel assessment, bowel sound check, or protocol directed PRN bowel interventions were completed. Following a medium bowel movement on 8/17/26, R5 went three consecutive days without a bowel movement until a medium bowel movement was documented on 8/20/26. According to the facility's protocol, interventions should have been initiated on 8/19/26. The record lacked evidence that protocol directed interventions or clinical monitoring parameters were implemented during this timeframe. Following a medium bowel movement on 8/20/26, R5 went four consecutive days without a bowel movement until a medium bowel movement was documented on 8/24/26. According to the facility's protocol, interventions should have been initiated on 8/22/26. The record lacked evidence that staff completed a physical bowel assessment, checked bowel sounds, attempted alternative protocol directed interventions, or documented follow-up monitoring during this four day period without documented elimination.	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 32 Following a medium bowel movement on 8/24/26, R5 went five consecutive days without a bowel movement until a large bowel movement was documented on 8/29/26. According to the facility's protocol, interventions should have been initiated on 8/26/26. R5's August 2026 MAR identified that on 8/27/26 at 10:47 a.m., R5 was administered two tablets of PRN Senna for constipation, which was documented as effective. R5's physician orders further identified that a scheduled order change increasing R5's oxycodone dose to 10 mg three times daily was implemented on 8/26/26. Despite the increased constipation risk from scheduled oxycodone during an ongoing absence of documented elimination, the record lacked evidence that staff completed an abdominal assessment, evaluated bowel sounds, or notified the provider regarding the five-day period without documented bowel movement. Following a small bowel movement on 9/1/26 at 9:54 p.m., R5 went three consecutive days without a bowel movement until a small bowel movement was documented on 9/5/26 at 2:03 p.m. According to the facility's protocol, interventions should have been initiated on 9/3/26. During this timeframe, the record lacked evidence that protocol directed interventions or clinical monitoring parameters were implemented. Following a small bowel movement on 9/6/26 at 10:20 p.m., R5 went two consecutive days without a bowel movement until a large loose bowel movement was documented on 9/8/26 at 8:53 p.m. According to the facility's protocol, interventions should have been initiated on 9/8/26. During this timeframe, R5 continued to receive scheduled medications; however, the record lacked evidence that protocol directed interventions or clinical monitoring parameters were implemented. During an interview on 9/15/26 at 1:50 p.m., the IDON reviewed R5's clinical record from 8/1/26 through 9/15/26 and verified that the record lacked documentation of bowel monitoring and protocol compliance during several timeframes. The IDON further verified that the clinical record lacked documentation to demonstrate that staff were performing physical clinical bowel or abdominal assessments per the established facility protocol. The IDON stated the facility's updated policy mandated that staff notify the medical provider if no bowel movement occurred 24 hours after standing	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 33 orders were initiated, or after a total of four days without a bowel movement. A facility undated document, “Bowel Management,” identified the protocol was to be performed by a registered nurse (RN), licensed practical nurse (LPN), or trained medication aide (TMA), and established a trigger threshold of “Day Two - No Bowel Movement.” The document identified that the night shift printed the resident bowel management report from the electronic health record for all medication carts, including residents regardless of bowel alert status. The protocol required staff to highlight residents who went two days without a bowel movement or whose documented bowel movements were small only. The protocol identified that the day shift nurse or TMA was required to offer the identified resident prune juice, prunes, a non-pharmacological option, or an as needed (PRN) bowel medication, such as Senna or Miralax, using what was ordered or available through standing orders. The document identified that day staff wrote what was offered in the comments section of the report, and nursing assistants were to alert the TMA or nurse of any bowel results. The protocol further identified that the bowel record was passed to the second shift for follow-up interventions to ensure all residents achieved a bowel movement by the third day. If the resident had not had a bowel movement by the evening or night shift, staff were to offer or administer a suppository and document any resident refusals. A facility document, “Bowel Management,” dated 9/11/26, identified the protocol was to be performed by an RN, LPN, or TMA, and established a trigger threshold of “Day Two - No Bowel Movement.” The document identified that the night shift printed the resident bowel management report from the electronic health record for all medication carts, including residents regardless of bowel alert status. The protocol required staff to highlight residents who went two days or more without a bowel movement, or whose documented bowel movements were small only. If no bowel movement occurred after two days, the day shift nurse or TMA was required to offer prune juice, prunes, or prune pudding, and the nurse was required to be consulted to determine PRN medication usage. The document identified that day staff wrote what was offered in the comments section of the report, and nursing assistants were to alert the TMA or nurse of any bowel results and document the size and consistency. The protocol further identified that if no	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 34 bowel movement occurred, staff could initiate standing orders after three days without a bowel movement. The bowel record was passed to the second shift for follow-up interventions, and if no bowel movement occurred by the third day, a bowel assessment, including bowel sounds, palpation for distension or pain, and checking for nausea or vomiting, was required routinely until resolved. The document further required staff to notify the provider if no bowel movement occurred 24 hours after standing orders were initiated, or after a total of four days without a bowel movement. The IJ was removed on 9/15/26 at 3:09 p.m., when it could be verified the acceptable plan of correction was implemented which included: - Reviewed and revised the facility's bowel management policies, procedures, and constipation standing orders with the involvement of the medical director to ensure specific clinical parameters and clear physician notification triggers were established. - Immediately notified the physician of R2’s bowel status for further clinical evaluation, which was completed on 9/10/26. - Identified all other residents at high risk for bowel impaction or obstruction and completed immediate bowel-status assessments for each identified resident who went two days without a bowel movement. This included the administration of ordered bowel medications, evaluation of clinical effectiveness, notification of physicians as applicable, implementation of resulting orders, and updates to care plans. - Educated and verified the competency of all licensed and unlicensed staff on the navigation of the electronic health record (EHR) system to properly monitor resident bowel patterns. - Trained staff on updated policies, procedures, and protocols, focusing specifically on the precise documentation of bowel movements (size and consistency), timely medication administration, provider notification criteria, and the execution of physical clinical bowel assessments by competent, licensed staff. - Implemented a systemic accountability process that clearly delineated the distinct roles and scopes of practice for Trained Medication Aides (TMAs) and licensed nurses regarding the administration, physical assessment, and follow-up evaluation of PRN bowel medications.	20830		09/18/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE WINONA MANOR	**865 MANKATO AVENUE , WINONA, Minnesota, 55987**

(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 35 SUGGESTED METHOD OF CORRECTION: The director of nursing or designee, could review all residents with a clinical history of chronic constipation, a history of bowel obstructions, or those receiving high-risk medications such as scheduled narcotics and GLP-1 receptor agonists, to assure they are receiving ongoing bowel tracking, physical abdominal assessments, accurate documentation of bowel movement size and consistency, and timely physician notifications per protocol. The director of nursing or designee, could conduct random audits of the printed resident bowel management reports, review electronic bowel logs, and evaluate nursing documentation to ensure appropriate care, tracking parameters, and treatment services are implemented and reduce the risk of severe constipation and fecal impactions. The results of these audits could be reported to the Quality Assurance Performance Improvement (QAPI) committee for ongoing review and oversight to ensure sustained facility-wide compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	20830		09/18/2026

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted

September 30, 2026

Administrator
LAKE WINONA MANOR
865 MANKATO AVENUE
WINONA, MN 55987

RE: CCN: 020945700
Cycle Start Date: September 15, 2026

Dear Administrator:

On September 15, 2026, 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 September 15, 2026, 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 E.

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 October 15, 2026.

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 October 15, 2026, (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 15, 2026, (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 September 15, 2026. 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, LAKE WINONA MANOR is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective September 15, 2026. 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 March 15, 2027 (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

September 30, 2026

Administrator
LAKE WINONA MANOR
865 MANKATO AVENUE
WINONA, MN 55987

Re: State Nursing Home Licensing Orders
Event ID: 34495B-H1

Dear Administrator:

The above facility survey was completed on September 15, 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 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

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