



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 4, 2026

Administrator
CURA OF SANDSTONE
109 COURT AVENUE SOUTH
SANDSTONE, MN 55072

RE: CCN:245454
Cycle Start Date: July 16, 2026

Dear Administrator:

On July 16, 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.

This survey found the most serious deficiencies in your facility to be a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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

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

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

DEPARTMENT CONTACT

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

Nikki Harvey, Regional Operations Supervisor, Rapid Response
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: Nikki.Harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by October 16, 2026 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by January 16, 2027 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social

Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

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

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



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CURA OF SANDSTONE

109 COURT AVENUE SOUTH

SANDSTONE, MN 55072

Re: State Nursing Home Licensing Orders

Event ID: 28508B-H1

Dear Administrator:

The above facility survey was completed on July 16, 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:

Nikki Harvey, Regional Operations Supervisor, Rapid Response
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: Nikki.Harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

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.



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245454		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2026	
NAME OF PROVIDER OR SUPPLIER CURA OF SANDSTONE				STREET ADDRESS, CITY, STATE, ZIP CODE 109 COURT AVENUE SOUTH , SANDSTONE, Minnesota, 55072			
(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 7/14/26 through 7/16/26, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with §42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed: H54542979C (3048622) with a deficiency issued at W760. 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			08/13/2026
F0760 SS = E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure the facility staff administered medications without significant medication errors for 4 of 21 residents whose medication error reports reviewed. R4's Order Summary dated 3/01/26, indicated R1 had seizure disorder and diffuse traumatic brain injury with loss of conscious of unspecified			F0760	Residents , including R2, R4, R5, R8 were reviewed for any adverse effects of missed doses of medication. Anticonvulsant therapy was reviewed with the Physician. Orders were clarified, and missed doses were reported and investigated. R2 blood pressures were reviewed with the provider in regard to use of propranolol medication. The Director of Nursing in Consultation with the consultant pharmacist, are currently in the process of reviewing medication errors from 3/1/2026 to 7/31/2026 for significant medication errors and verify appropriate resident assessment, provider notification and follow up. Any Identified concerns will be corrected. The facility policy on "Medication Error-Long Term Care" was reviewed and revised to include		09/08/2026

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

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

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F0760 SS = E	Continued from page 1 duration. R4's quarterly Minimum Data Set (MDS) dated 7/01/26, indicated R4 had severe cognitive impairment, received anticonvulsant medications and had seizure disorder. Findings include: R4 R4's Order Summary dated 3/01/26, indicated R4 had seizure disorder and diffuse traumatic brain injury with loss of conscious of unspecified duration. R4's quarterly Minimum Data Set (MDS) dated 7/01/26, indicated R4 had severe cognitive impairment, received anticonvulsant medications and had seizure disorder. R4's Physician Orders dated 3/01/26, included Dilantin (anti-seizure medication) give 150 milligrams (mg) via gastrostomy (G)-tube twice daily (BID) for seizure disorder. Lacosamide (anti-convulsant) Solution give 10 milliliters (ml) via G-tube three times daily for post traumatic epilepsy. A Medication Error Report dated 3/18/26, indicated on 3/17/26 R4 had received an omission of Lacosamide 10 ml, at 5:11 p.m. The Report indicated medication was documented as given in the Medication Administration Record (MAR) but was not found until the next shift sitting in medication cabinet in a medication cup. The Medication Error Report indicated the cause was a distraction that caused the error and staff were to be more mindful, and there was no pattern. Plan of correction was to not leave medications in room and to double check prior to leaving before the end of the shift. The report indicated the physician was notified by the portal. An additional medication error for R4 indicated on the same date of 3/17/26, Dilantin 150 mg was to be given at 5:07 p.m., but was found on the next shift sitting on the medication cabinet in a medication cup. The Medication Error Report indicated the cause was a distraction that caused the error and staff were to be more mindful, and there was no pattern. Plan of correction was to not leave medications in room and to double check prior to leaving before the end of the shift. The report indicated the physician was notified by the portal. This resulted in two significant medication errors for R4 related to her seizure medications.			F0760	Continued from page 1 considerations for significance of errors including, but not limited to; resident condition, drug category, frequency of error as well as Guidance provided by the Index from The National Coordinating Council for Medication Error Reporting for categorizing medication errors. The policy was also updated top include review of medication errors by the consultant pharmacist during routine rounds as needed. Re-Education on Medication administration will be completed with all Licensed Nurses and Trained Medication Aids which will include following the rights of medication administration, required checks while preparing medication for administration, only documenting medications as administered, following medication orders as prescribed, How to respond if unable to administer medications as ordered and review and reporting of medication errors for determination of significance. Licensed nurses and Trained Medication aids will also review the recently revised facility policy on "Medication Error-Long Term Care." The Director of Nursing and or Designee will complete Medication Administration Observational audits of a minimum of 4 Nurses passing medications to a minimum of 3 residents to assure medications are administered as prescribed, as well as audits of medication errors to Ensure that Medication Errors are Reviewed and Reported for Significant errors. Audits will be performed Once a week for 4 weeks, then monthly until the next Quality Assurance Committee meeting at which time the audit results will be reported to and reviewed to ensure sustained compliance.		09/08/2026

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F0760 SS = E	Continued from page 2 R4's Seizure Report indicated the last seizure R4 had in March 2026 was 3/12/2026, which was not when she missed her seizure medication on 3/17/26. During interview on 7/15/26 at 12:45 p.m., the facilities pharmacist consultant stated any medication that involves a seizure medication is considered a significant medication error. R4 Evaluation and Management visit with primary physician dated 3/25/26, did not indicate any mention of the medication errors, or laboratory orders to follow up on the seizure medications missed. R2 R2's Care Plan dated 11/03/25, indicated R2 had subdural hematoma (collection of blood between the brain and it outer covering), traumatic brain injury, craniotomy (a surgical operation where a doctor temporarily removes a piece of the skull to reach the brain) and g-tube placement. Staff were directed to administer medications as ordered. Observe for effectiveness and adverse effects and update doctor (MD) as needed. R2 Hospital Admission Orders dated 5/18/26, indicated to give propranolol (affects blood flow through arteries and veins) 20 mg give one tablet every eight (8) hours. R2's Medication Error Report dated 5/14/26 at 5:00 p.m., indicated R2 had an order for propranolol 20 mg oral every 8 hours, hold for systolic blood pressure (BP) <100 or heart rate (HR) <60. Order not given on night (NOC) when scheduled at 5:00 a.m. and BP/HR not assessed to hold dose. Morning (AM) shift administered at 7:09 a.m. During interview on 7/15/26 at 4:51 p.m., the director of nursing (DON) stated she had to work the night shift on 5/14/26 and was up for 24 hours and was tired. The DON stated she did not pass the medications at 5:00 a.m. and left them for the day shift nurse coming on. The DON stated she left a sticky note on the medication cart notifying the day shift nurse and left the facility because she was exhausted. During interview on 7/15/26 at 1:00 p.m., facilities pharmacy consultant stated he was concerned with the medication given late due to the patient's medication history and risk of blood clots and felt this was a significant medication error.			F0760			09/08/2026

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F0760 SS = E	Continued from page 3 R5 R5's quarterly MDS dated 6/09/26, indicated R5 had hemiplegia (paralysis or severe weakness affecting one side of the body), seizure disorder and received anti-convulsant medications. R5's Medication Error Report dated 4/22/26 at 8:41 p.m., indicated R5 had an order for Klonopin (used to treat panic disorders and certain seizure disorders) 1 mg orally (PO) in the evening (HS). The report indicated the medication was never removed from the medication drawer. The report did indicate the physician was notified and plan of correction was to slow down, review rights, and double check before signing off meds. The report indicated no adverse reaction occurred. R5's MD visit was on 5/05/26, which indicated she had seizure disorder and anxiety and received Klonopin 1 mg at HS and has not had any seizures. R8 R8's quarterly MDS dated 6/22/26, indicated R8 was cognitively intact, and did not receive anticonvulsant medication. R8's Physician Orders dated 5/01/26, indicated R8 received Keppra 250 mg BID (twice daily) for seizure disorder. R8's Physician summary dated 5/01/26, indicated "The patients Epilepsy unspecified, intractable (treatment-resistant, refractory or poorly controlled), without status epilepticus as evaluated today. Diagnosis puts at high risk for decompensation (rapid functional decline). Diagnosis for morbidity and mortality. And received Keppra (anti-epileptic) and was overall stable, no recent seizure activity. R8's Medication Error Report dated 4/24/26 at 6:27 p.m., indicated R8 received Keppra 150 mg documented in medication administration record (MAR) as administered, but not punched out of bubble pack. The report indicated the physician was notified and no adverse reactions occurred. What occurred was trying to go too fast and staff needed to slow down, make sure checks are done properly, review the seven rights and do double checks. During interview on 7/15/26 at 1:20 p.m., the			F0760			09/08/2026

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F0760 SS = E	Continued from page 4 pharmacy consultant stated he was not provided with the medication errors in the quarterly QAPI meeting and was informed he will in the July 2026 meeting. The Pharmacist stated there have been changes in the staff and figured that was why, but he also stated this facility has had a history of medication errors and felt all of the medication errors were felt to be significant medication errors. During interview on 7/16/26 at 12:28 p.m., the regional nurse consultant stated there is room for improvement for tracking, trending and the follow up for the charting of medications errors. In addition, the nurse consultant stated the charting for medication needs to be better. Facility policy, Medication Error-Long Term Facility effective 4/2025, indicated A detailed account of the incident must be recorded in facility approved format such documentation must include, but is not limited to, the time the incident the name strength and dosage of the medication, the residents reaction to the medications, any treatment administered the provider name date and time they were notified, notification of resident and/or representative, and known or suspected contributing factors that led to the incident, resident receiving incorrect medication. Medication errors will be considered for the need for additional reporting under vulnerable adult reporting. All medication error reports will be reviewed by DON and quarterly at Quality Assurance meeting.			F0760			09/08/2026

Minnesota Department of Health

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20000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 7/14/26 through 7/16/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed. The following complaints were reviewed: H54542979C (3048622) was reviewed with a licensing			20000			08/13/2026

Office of Primary Care and Health Systems Management

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20000	Continued from page 1 order issued at 21545. 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		08/13/2026	
21545	Medication Errors CFR(s): MN Rule 4658.1320 A.B.C A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual,	21545	Corrected	09/08/2026	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2026	
NAME OF PROVIDER OR SUPPLIER CURA OF SANDSTONE				STREET ADDRESS, CITY, STATE, ZIP CODE 109 COURT AVENUE SOUTH , SANDSTONE, Minnesota, 55072			
(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
21545	Continued from page 2 Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications. B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to ensure the facility staff administered medications without significant medication errors for 4 of 21 residents whose medication error reports reviewed. Findings include: R4 R4's Order Summary dated 3/01/26, indicated R4			21545			09/08/2026

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21545	Continued from page 3 had seizure disorder and diffuse traumatic brain injury with loss of conscious of unspecified duration. R4's quarterly Minimum Data Set (MDS) dated 7/01/26, indicated R4 had severe cognitive impairment, received anticonvulsant medications and had seizure disorder. R4's Physician Orders dated 3/01/26, included Dilantin (anti-seizure medication) give 150 milligrams (mg) via gastrostomy (G)-tube twice daily (BID) for seizure disorder. Lacosamide (anti-convulsant) Solution give 10 milliliters (ml) via G-tube three times daily for post traumatic epilepsy. A Medication Error Report dated 3/18/26, indicated on 3/17/26 R4 had received an omission of Lacosamide 10 ml, at 5:11 p.m. The Report indicated medication was documented as given in the Medication Administration Record (MAR) but was not found until the next shift sitting in medication cabinet in a medication cup. The Medication Error Report indicated the cause was a distraction that caused the error and staff were to be more mindful, and there was no pattern. Plan of correction was to not leave medications in room and to double check prior to leaving before the end of the shift. The report indicated the physician was notified by the portal. An additional medication error for R4 indicated on the same date of 3/17/26, Dilantin 150 mg was to be given at 5:07 p.m., but was found on the next shift sitting on the medication cabinet in a medication cup. The Medication Error Report indicated the cause was a distraction that caused the error and staff were to be more mindful, and there was no pattern. Plan of correction was to not leave medications in room and to double check prior to leaving before the end of the shift. The report indicated the physician was notified by the portal. This resulted in two significant medication errors for R4 related to her seizure medications. R4's Seizure Report indicated the last seizure R4 had in March 2026 was 3/12/2026, which was not when she missed her seizure medication on 3/17/26. During interview on 7/15/26 at 12:45 p.m., the facilities pharmacist consultant stated any medication that involves a seizure medication is considered a significant medication error.			21545			09/08/2026

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21545	Continued from page 4 R4 Evaluation and Management visit with primary physician dated 3/25/26, did not indicate any mention of the medication errors, or laboratory orders to follow up on the seizure medications missed. R2 R2's Care Plan dated 11/03/25, indicated R2 had subdural hematoma (collection of blood between the brain and it outer covering), traumatic brain injury, craniotomy (a surgical operation where a doctor temporarily removes a piece of the skull to reach the brain) and g-tube placement. Staff were directed to administer medications as ordered. Observe for effectiveness and adverse effects and update doctor (MD) as needed. R2 Hospital Admission Orders dated 5/18/26, indicated to give propranolol (affects blood flow through arteries and veins) 20 mg give one tablet every eight (8) hours. R2's Medication Error Report dated 5/14/26 at 5:00 p.m., indicated R2 had an order for propranolol 20 mg oral every 8 hours, hold for systolic blood pressure (BP) <100 or heart rate (HR) <60. Order not given on night (NOC) when scheduled at 5:00 a.m. and BP/HR not assessed to hold dose. Morning (AM) shift administered at 7:09 a.m. During interview on 7/15/26 at 4:51 p.m., the director of nursing (DON) stated she had to work the night shift on 5/14/26 and was up for 24 hours and was tired. The DON stated she did not pass the medications at 5:00 a.m. and left them for the day shift nurse coming on. The DON stated she left a sticky note on the medication cart notifying the day shift nurse and left the facility because she was exhausted. During interview on 7/15/26 at 1:00 p.m., facilities pharmacy consultant stated he was concerned with the medication given late due to the patient's medication history and risk of blood clots and felt this was a significant medication error. R5 R5's quarterly MDS dated 6/09/26, indicated R5 had hemiplegia (paralysis or severe weakness affecting one side of the body), seizure disorder and received anti-convulsant medications. R5's Medication Error Report dated 4/22/26 at 8:41			21545			09/08/2026

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21545	Continued from page 5 p.m., indicated R5 had an order for Klonopin (used to treat panic disorders and certain seizure disorders) 1 mg orally (PO) in the evening (HS). The report indicated the medication was never removed from the medication drawer. The report did indicate the physician was notified and plan of correction was to slow down, review rights, and double check before signing off meds. The report indicated no adverse reaction occurred. R5's MD visit was on 5/05/26, which indicated she had seizure disorder and anxiety and received Klonopin 1 mg at HS and has not had any seizures. R8 R8's quarterly MDS dated 6/22/26, indicated R8 was cognitively intact, and did not receive anticonvulsant medication. R8's Physician Orders dated 5/01/26, indicated R8 received Keppra 250 mg BID (twice daily) for seizure disorder. R8's Physician summary dated 5/01/26, indicated "The patients Epilepsy unspecified, intractable (treatment-resistant, refractory or poorly controlled), without status epilepticus as evaluated today. Diagnosis puts at high risk for decompensation (rapid functional decline). Diagnosis for morbidity and mortality. And received Keppra (anti-epileptic) and was overall stable, no recent seizure activity. R8's Medication Error Report dated 4/24/26 at 6:27 p.m., indicated R8 received Keppra 150 mg documented in medication administration record (MAR) as administered, but not punched out of bubble pack. The report indicated the physician was notified and no adverse reactions occurred. What occurred was trying to go too fast and staff needed to slow down, make sure checks are done properly, review the seven rights and do double checks. During interview on 7/15/26 at 1:20 p.m., the pharmacy consultant stated he was not provided with the medication errors in the quarterly QAPI meeting and was informed he will in the July 2026 meeting. The Pharmacist stated there have been changes in the staff and figured that was why, but he also stated this facility has had a history of medication errors and felt all of the medication errors were felt to be significant medication errors.			21545			09/08/2026

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21545	Continued from page 6 During interview on 7/16/26 at 12:28 p.m., the regional nurse consultant stated there is room for improvement for tracking, trending and the follow up for the charting of medications errors. In addition, the nurse consultant stated the charting for medication needs to be better. Facility policy, Medication Error-Long Term Facility effective 4/2025, indicated A detailed account of the incident must be recorded in facility approved format such documentation must include, but is not limited to, the time the incident the name strength and dosage of the medication, the residents reaction to the medications, any treatment administered the provider name date and time they were notified, notification of resident and/or representative, and known or suspected contributing factors that led to the incident, resident receiving incorrect medication. Medication errors will be considered for the need for additional reporting under vulnerable adult reporting. All medication error reports will be reviewed by DON and quarterly at Quality Assurance meeting. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review all medication errors and identify significant medication errors. he DON or designee could review policies and procedures related to medication administration. The DON or designee could provide education to all nurses on these policies and procedures. The DON or designee could conduct audits on medication administration and share the results with the Quality Assessment Performance Improvement (QAPI). TIME PERIOD FOR CORRECTION: Twenty-one (21) days.			21545			09/08/2026



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
September 11, 2026

Administrator
CURA OF SANDSTONE
109 COURT AVENUE SOUTH
SANDSTONE, MN 55072

RE: CCN: 245454
Cycle Start Date: September 10, 2026

Dear Administrator:

On September 10, 2026, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

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

Email: sarah.lane@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 11, 2026

Administrator
CURA OF SANDSTONE
109 COURT AVENUE SOUTH
SANDSTONE, MN 55072

Re: Reinspection Results
Event ID: 28508B-H2

Dear Administrator:

On September 10, 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 July 16, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads '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

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