Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL306139442M
Compliance #: HL306133660C

Date Concluded: April 21, 2026

Name, Address, and County of Licensee Investigated:
Milestone Senior Living Faribault
2500 14th street NE
Faribault, MN 55021
Rice County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name: Erin Johnson-Crosby, RN
Special Investigator

Finding: Substantiated, facility responsibility

Nature of Investigation:
The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):
The facility neglected the resident when facility staff failed to notice a change in condition resulting in delay of treatment for an ankle fracture following hospitalization the resident did not receive appropriate services.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined neglect was substantiated. The facility was responsible for the maltreatment. When the resident showed signs of pain, staff contacted emergency medical services, and the resident was transported to the hospital. The neglect occurred when the resident returned from the hospital a thorough and accurate assessment was not completed which resulted in the resident not receiving appropriate assistance with services including eating, repositioning, medication administration, and wound care.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of the resident record,

death record, hospital records, facility internal investigation, facility incident reports, staff schedules, and related facility policy and procedures. During the onsite visit the investigator observed medication administration and resident cares.

The resident resided in assisted living memory care. The residents' diagnoses included ankle fracture, cognitive impairment and chronic pain. The resident's service plan prior to hospitalization indicated the resident was independent with medication administration after set up. The plan also indicated the resident was independent with dressing, grooming, toileting, transfers, and ambulation.

Hospital records indicated the resident was hospitalized for an ankle fracture requiring surgical intervention. The day of discharge, hospital notes included multiple skin issues including wounds on the sacrum/coccyx, left heel, and scapula/shoulder that were covered with a Mepilex dressing and barrier cream was applied to inner thighs. Hospital staff were turning and repositioning every two hours and offloading the resident's heels.

The change in condition assessment indicated the resident was admitted to memory care following a hospital stay for a right ankle fracture. The resident required total assistance for transfers with a mechanical lift, medication administration, dressing, grooming, and toileting. The assessment indicated the resident could eat independently but required cueing to maintain adequate intake. The resident had pitting edema, and scars to the right ankle with a cast in place. The assessment indicated the resident did not have skin issues or wound care orders. The document did not include an assessment, monitoring, or interventions of sacrum/coccyx, left heel, or scapula/shoulder wounds.

The resident's service delivery record following hospitalization indicated the resident could administer medications after set up, could feed herself, and required assistance with dressing. The record indicated there were multiple occurrences that services were documented as tasks not completed. The resident's services were discontinued eight days prior to the resident's death and there was no evidence the resident received appropriate services prior to the resident's death. The service delivery record did not include information regarding sacrum/coccyx, left heel, and scapula/shoulder wounds that were present upon admission.

During an interview, an unlicensed staff stated the nurse never checked on the resident's skin and staff did not know what services should have been provided to the resident.

During an interview, the nurse stated she did not complete a skin assessment when the resident came back from the hospital and was not aware of the resident's heel ulcer until hospice updated her days after the admission. The nurse stated she was not aware of the resident's shoulder/scapula and sacrum/coccyx wound. She stated she did not read the resident hospital record or get a report from the hospital staff prior to the resident coming back to the facility. She stated the assessment should have matched the service delivery record and did not know why there was inaccurate information on the resident's service delivery record. The nurse

stated she did not know why the resident's services were discontinued eight days prior to the resident's death. The nurse stated she thought the resident's information was updated on the service delivery record and was not sure why the information was incorrect.

During interview, family members stated there were multiple concerns regarding the resident not receiving appropriate services following ankle surgery. Staff were not repositioning or floating the resident's heels. The facility nurse was not aware of the left heel wound for six days after re-admission. There were also multiple times the resident's food was put where the resident could not reach and was not offered or assisted with meals. The family members stated at the end of the resident's life they stayed at the facility to ensure services were being provided. The family members requested a care conference with the nurse to discuss their concerns and review the service plan, however, nothing changed. (The family members stated the unlicensed staff did not seem to know what services to provide to the resident. Most times the family members had to tell staff what services were needed for the resident.

In conclusion, the Minnesota Department of Health determined neglect was substantiated.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.
"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17
"Neglect" means neglect by a caregiver or self-neglect.
(a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
(2) which is not the result of an accident or therapeutic conduct.

Vulnerable Adult interviewed: No, the resident was deceased
Family/Responsible Party interviewed: Yes
Alleged Perpetrator interviewed: Not Applicable

Action taken by facility:
The facility reported the ankle fracture.

Action taken by the Minnesota Department of Health:

The responsible party will be notified of their right to appeal the maltreatment finding.

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email

cc:
The Office of Ombudsman for Long Term Care
The Office of Ombudsman for Mental Health and Developmental Disabilities
Rice County Attorney
Faribault City Attorney
Faribault Police Department

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL306133660C/#HL306139442M On January 29, 2026, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 36 residents receiving services under the provider's /Assisted Living with Dementia Care license. The following correction orders are issued for #HL306133660C/#HL306139442M, tag identification 1640, 2310, 2360.	0 000		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
01640	Continued From page 1 include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan was implemented for one of one resident (R1) which included assistance with activities of daily living (ADL's), medication management and meals. This practice resulted in a level two violation (a violation that did not harm resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on August 22,	01640	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
01640	Continued From page 2 2018. R1's diagnoses included right ankle fracture, cognitive impairment, and chronic pain. R1's service plan dated February 25, 2025, indicated staff would set up all medications in a medication cup or envelope and give them to R1. R1's service plan indicated R1 was independent with dressing, grooming, toileting, transfers, and ambulation. R1's change in condition assessment dated December 16, 2025, indicated R1 was admitted to memory care following a hospital stay for a right ankle fracture. R1 required total assistance for transfers with a mechanical lift and position changes. Required total assistance with medication administration, dressing, grooming, and toileting. The assessment indicated R1could eat independently but required cueing to maintain adequate intake. R1 had pitting edema, and scars to the right ankle with a cast in place. The assessment indicated R1 did not have skin issues or wound care orders. R1's December 2025, service delivery record indicated staff would set up all medications in a medication cup or envelope and give to R1. R1 preferred staff not come in the room. R1 was independent administering medications after set up. The record indicated this was information only and staff did not have to sign off. R1's service plan was not updated following a change in condition. R1's service delivery record initiated on December 16, 2025, through December 22, 2025, indicated R1 required assistance with dressing and undressing but was able to assist in the task. The task was not completed 7 out of 13 occurrences. The service was discontinued	01640	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. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
01640	Continued From page 3 December 23, 2025, and did not include directions for staff. R1's service plan was not updated following a change in condition. R1's service delivery record inidated December 16, 2025, through December 22, 2025, indicated R1 required extensive assist of one for grooming. and personal hygiene. The task was not completed 7 out of 12 occurences. The service did not discontinue December 23, 2025. R1's service delivery record initiated on December 16, 2025, through December 22, 2025, indicated R1 could feed herself, but may require reminder to maintain adequate intake. The task was documented as not completed 12 out of 20 occurrences. The service was discontinued December 23, 2025. R1's service delivery record initiated on December 16, 2025, through December 22, 2025, indicated staff should provide visual/safety checks based on memory care protocol. The task was documented as not completed 55 out of 157 occurrences. The service was discontinued December 23, 2025, and did not include directions for staff. R1's service plan was not updated following a change in condition. R1's medical record from December 23, through December 31, 2025, indicated R1 did not recieve scheduled services including medication administration, dressing, grooming, assistance with eating and safety checks since it had been removed from the service delivery record. R1's death record dated December 31, 2025, indicated R1's cause of death was senile degeneration of brain, and heart failure.	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
01640	Continued From page 4 On March 20, 2026, at 9:00 a.m., FM-F and FM-G stated prior to the hospitalization R1 was independent with many services. FM-F and FM-G arrived at the licensee on December 21, 2025. FM-F and FM-G stated R1's medications were placed on R1's chest and were not administered to R1. There were also multiple times licensee staff left food in to go containers where R1 could not reach and was not assisted with eating. FM-F and FM-G eventually began staying at the licensee to ensure R1 received the appropriate services. On December 26, 2025, the family requested a care conference with RN-A regarding services that were not being completed. Licensee staff did not know how services should be provided to R1, and the family continually had to educate staff. On March 25, 2026, at 11:30 a.m., registered nurse (RN)-A stated there was no documentation of the care conference held with the family regarding their concerns. The family wanted to ensure staff were completing turning and repositioning and not letting R1 refuse services. RN-A stated the family did notify her when medications were left on R1's chest. RN-A did not know why R1's service delivery indicated R1 was independent with medication administration after set up and stated the service plan should have been updated. RN-A stated the abbreviation TNC on the service delivery record indicated task not completed and noticed staff were not signing off on services. RN-A stated R1 required assistance with eating following hospitalization and should have been updated on the service plan. RN-A was not aware staff were placing R1's food where it could not be reached. RN-A stated the service plan should have been updated to correlate with the change in condition assessment.	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
01640	Continued From page 5 On March 20, 2026, at 2:30 p.m., licensed assisted living director (LALD)-H stated if a change in condition assessment is completed, the service plan should reflect the R1's current condition and required assistance. On March 20, 2026, at 2:30 p.m., licensed assisted living director (LALD)-H stated if a change in condition assessment is completed, the service plan should reflect the R1's current condition and required assistance. A policy was requested but not provided. TIME PERIOD TO CORRECT: Seven (7) days.	01640		
02310 SS=G	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards when licensee staff failed to complete an accurate assessment and updated the service plan for one of one resident (R1) following a change in condition after hospitalization with wounds. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death,	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
02310	Continued From page 6 or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The licensee's Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) dated October 20, 2025, indicated the licensee provided basic and complex wound care determined by the registered nurse (RN). R1 was admitted to the licensee on August 22, 2018. R1's diagnoses included right ankle fracture, cognitive impairment, and chronic pain. R1's service plan dated February 25, 2025, indicated staff would set up all medications in a medication cup or envelope and give them to R1. R1's service plan indicated R1 was independent with dressing, grooming, toileting, transfers, and ambulation. R1's change in condition assessment dated December 16, 2025, indicated R1 was admitted to memory care following a hospital stay for a right ankle fracture. R1 required total assistance for transfers with a mechanical lift and position changes. Required total assistance with medication administration, dressing, grooming, and toileting. The assessment indicated R1could eat independently but required cueing to maintain adequate intake. R1 had pitting edema, and scars to the right ankle with a cast in place. The assessment indicated R1 did not have skin issues or wound care orders.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
02310	Continued From page 7 R1's hospital records dated December 11, 2025, through December 16, 2025, indicated R1 was hospitalized for an ankle fracture requiring surgical intervention. Hospital records on December 16, 2025, the day of the hospital discharge noted multiple skin issues including wounds on the coccyx, left heel, and shoulder that were covered with a Mepilex dressing and barrier cream to inner thighs. Hospital staff were turning and repositioning every two hours and offloading heels. R1's progress notes dated December 16, 2025, indicated R1 returned from the hospital following surgical repair of a fractured right ankle. R1 would begin receiving hospice services. The lower right leg was secured with a brace and ace wrap to be kept on. Mepilex was on the left foot with a heel protector and hospice would assess the next morning. R1's medical record did not include wound assessments, monitoring, or interventions for R1's wounds to prevent further breakdown. R1's hospice records dated December 17, 2025, indicated concerns regarding pain management, skin integrity issues and wound concerns. Noted a stage 2 pressure ulcer to sacrum/coccyx area 3 cm x 3 cm (centimeters) with macerated skin surrounding the ulcer. Barrier cream was applied and left for licensee staff. R1's medical record did not include wound assessments, monitoring, interventions, or wound orders. R1's progress notes dated December 23, 2025, indicated R1 had an unstageable ulcer to left heel which was obtained at the hospital.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
02310	Continued From page 8 R1's skin and wound report dated December 23, 2025, indicated a pressure ulcer/injury on the back of the left heel. The note indicated the wound was not present upon re-admission after hospitalization. Redness was apparent and the wound was not healing. R1 returned from the hospital with Mepilex on left heel and upon checking R1 had an unstageable pressure injury noted to left inner ankle with a fluid filled blister to be kept elevated. R1 was assessed to be a high risk for pressure injuries. R1's medical record did not include an assessment or intervention for the shoulder/scapula stage 2 pressure injury. R1's hospice notes dated December 24, 2025, indicated hospice staff received a call from R1's family member (FM) stating R1's dressing needed to be changed. The FM stated licensee staff would not complete as there was not a nurse available. R1's FM also reported that R1 had increased pain. R1's hospice notes dated December 26, 2025, indicated a new right shoulder/scapula stage 2 pressure injury, the wound was cleansed and dressed. During left heel pressure injury dressing change R1 intermittently yelled out in pain. Throughout visit R1 fall asleep mid-sentence or stare at the ceiling. R1's family expressed frustration that the licensee had not gotten R1 out of bed since the leg fracture. R1's skin and wound report dated December 26, 2025, indicated a skin check was completed of R1's left heel. The report did not include a description of the wound, measurements, wound orders, or interventions for the heel wound. The	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
02310	Continued From page 9 report did not include information on the scapula, and coccyx wounds. R1's December 2025, service delivery record indicated from December 16, 2025, through December 22, 2025, turning and repositioning was scheduled every three hours to prevent skin break down, and notify the nurse with any redness or open area notes. Elevate R1's right foot with a pillow. The record did not include directions for staff to elevate R1's left foot. The record also did not include wound care orders. The record did not include wound care orders for R1's left foot, coccyx, and scapula. R1's medication administration record (MAR) dated December 23, 2025, indicated an order was added to cleanse left heel wound with wound cleanser, pat dry, place a dressing around the heel, secure with tape, and place heel protectors. Licensee staff will change as needed if the dressing fell off or was soiled. The MAR did not include information related to the coccyx wound or scapula wound. R1's service delivery record indicated December 23, 2025, through December 29, 2025, turning and repositioning was scheduled every two hours to prevent skin break down. Notify the nurse with any redness or open areas and elevate both feet on a pillow. The record did not include wound care orders. The record indicated turning and repositioning was discontinued on December 29, 2025. The record did not include wound care orders for R1's coccyx, and shoulder/scapula. R1's death record dated December 31, 2025, indicated R1's cause of death was senile degeneration of brain, and heart failure.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
02310	Continued From page 10 On March 13, 2026, at 1:00 p.m., family member (FM)-E stated R1's skin breakdown was a huge concern, and the family requested a care conference with RN-A. The family did not think R1 was receiving appropriate services following hospitalizations. FM-E stated licensee staff were not aware of R1's heel wound until hospice showed the staff. Licensee staff were not aware R1 had other wounds. On March 17, 2026, at 10:00 a.m., unlicensed personnel, (ULP)-D stated when R1 returned from the hospital there were not updated directions for how to care for R1. ULP-D stated the nurse did not check on R1's foot. On March 20, 2026, at 9:00 a.m., FM-F and FM-G stated they arrived at the licensee on December 21, 2025. R1 was lying flat on her back and heels were not elevated. FM-F and FM-G eventually began staying at the licensee to ensure R1 received the appropriate services. On December 26, 2025, a care conference was held with the family and RN-A regarding the services that were not being completed. Licensee staff were not aware of R1's wounds and licensee were not turning and reposition or elevated heels per the service plan. The FM would have to go and find staff to complete scheduled services. On March 25, 2026, at 11:30 a.m., registered nurse (RN)-A stated when R1 was re-admitted she did not complete a full skin assessment because she thought hospice was going to complete the skin assessment. There was a foam dressing on R1's left heel upon admission but RN-A did not look under the dressing. RN-A stated she should have removed the dressing and completed a full assessment including measurements. RN-A was not aware of the	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
02310	Continued From page 11 coccyx/sacrum wound, or the scapula wound. RN-A did not call the hospital for a nursing report and did not review the discharge paperwork that indicated R1 had wounds. RN-A stated she could not tell what staff or what time turning and reposition services were completed since the service task indicated it was information only and did not require staff to document as complete. RN-A stated there was no documentation of the care conference held. The family had concerns about ensuring staff were completing turning and repositioning and not allowing R1 to refuse services. On March 20, 2026, at 2:30 p.m., licensed assisted living director (LALD)-H stated if a change in condition assessment is completed, the service plan should reflect the R1's current condition and required assistance. A policy was requested but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02310		
02360	144G.91 Subd. 8 Freedom from maltreatment Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act. This MN Requirement is not met as evidenced by: The facility failed to ensure one of one resident reviewed (R1) was free from maltreatment.	02360	No plan of correction is required for this tag.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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) COMPLETE DATE
02360	Continued From page 12 Findings include: The Minnesota Department of Health (MDH) issued a determination maltreatment occurred, and the facility was responsible for the maltreatment, in connection with incidents which occurred at the facility. Please refer to the public maltreatment report for details.	02360		