STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245102	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sauer Health Care	1635 West Service Drive Winona, MN 55987

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to ensure food stored in the refrigerator were labeled, dated and free of expired foods. This deficient practice had the potential to affect all residents, staff and visitors who received food from facility kitchen.Findings include:During the initial kitchen tour on 1/5/26 at 11:41 a.m., dietary (D)-A greeted surveyor inside the kitchen. The following items were observed in the fridge and freezer expired, undated food, and uncovered food:-Marinara sauce dated 9/29/25 with crystallization on top of marinara and lid of container-Pepperoni dated 6/30/25, was brown in color with crystallization on container lid-3 to 5 chicken breasts in an unmarked plastic bag thawing with a date of 12/27 (indicated pulled from freezer)-Three 5-pound tubes of ground beef thawing with a date of 12/27During a second kitchen walk through and interview on 1/7/26 at 12:07 p.m., the thawing meat remained in the refrigerator. When asked if there are plans to serve the meat; D-A stated the hamburger would be served for this evening's meal and the chicken to be cut up and served in a soup with this evening's meal. The outdated pepperoni remained in the freezer at time of second walk through; D-B looked at date on container and removed from fridge and thrown. Both D-A and D-B stated the hamburger and chicken were safe to serve.During an interview on 1/7/26 at 2:05 p.m., D-C confirmed foods thawing in the refrigerator should be in the original packaging in a pan. D-C confirmed each of the 5-pound hamburger tubes would take no longer than 2 days to thaw and be served as soon as possible after thawing. The standard chicken breasts would take no longer than overnight to thaw and served as soon as possible . D-C stated he is unsure why the chicken and hamburger were pulled on 12/27/25 for thawing when they weren't being served until 1/7/26. During an interview on 1/7/26 at 2:12 p.m., the administrator stated the facility had a food safety and thawing policy. The administrator stated the importance of food safety is to make sure each resident is getting the healthiest, most nutritious, and safe food at each meal.A facility policy titled Food Preparation and Handling dated 11/19/24, food is cooked as soon as possible after defrosting.

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 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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and document review, the facility failed to ensure dignity was maintained who utilized a urinary catheter (tube from bladder to a bag outside the body). In addition, the facility failed to accommodate resident needs by ensuring the call light was accessible for 1 of 1 resident (R6) reviewed for resident rights.Findings include:Uncovered Urine Drainage BagR6's quarterly Minimum Data Set (MDS) assessment, dated 10/17/25 identified R6 with severe cognitive impairment and was dependent on staff for all cares. R6 had an indwelling catheter and was receiving hospice services (end of life). In addition, R6's diagnoses included Neurocognitive disorder with Lewy Bodies (progressive brain disorder leading to loss of thinking, movement, behavior, mood, and other body functions), Non-Alzheimer's Dementia, Parkinson's, and arthritis.During observation on 1/5/26 at 1:14 p.m., R6 was lying in bed with eyes closed. Uncovered urine drainage bag attached to bed frame and was visible from the hallway. At 2:39 p.m., two staff members walked past the room.During observation and interview on 1/5/26 at 4:28 p.m., nursing assistant (NA)-C verified she could see R6's uncovered urine drainage bag from the hallway and should be hidden from view and or be covered. During interview on 1/6/26 at 8:30 a.m., NA-B stated urine bags should be covered for personal dignity.During interview on 1/6/26 at 10:10 a.m., registered nurse (RN)-A stated the expectation would be for staff to cover the urine bags so it is not visible to others.During interview on 1/6/26 at 2:21 p.m., family member (FM)-A stated, R6 would not like it if the bag was exposed so people can see the urine.During interview on 1/7/26 at 9:49 a.m., infection control preventionist (IP) stated expectation would be to cover the urine bags for dignity of residents. IP verified staff, residents, and visitors should not have to see another person's urine.Facility policy on dignity was requested and not received.Call LightDuring observation on 1/5/26 at 1:14 p.m., R6 lying in bed sleeping. Call light was not in sight or reach of resident as it was coiled up and hanging on the wall next to the call light wall unit. At 2:39 p.m., two staff members walked past the room with the call light still coiled up on the wall out of sight and reach of resident.During observation and interview on 1/5/26 at 4:38 p.m., nursing assistant (NA)-C verified the R6's call light was not in sight or reach. NA-C stated the expectation is to have the call light within arm's reach of R6.During interview on 1/6/26 at 8:30 a.m., NA-B stated the expectation is to have the call light placed within reach and sight of R6.During interview on 1/6/26 at 10:10 a.m., registered nurse (RN)-A stated she was the primary hospice nurse for R6 and confirmed the call light should be placed within reach of the residents at all times. RN-A verified R6 has used the call light.During interview on 1/6/26 at 2:21 p.m., family member (FM)-A stated R6 used to use the call light. FM-A said, the call light gives R6 comfort to know that she can press it if she wants something.During interview on 1/7/26 at 9:49 a.m., infection control preventionist (IP) and director of nursing (DON) verified the expectation of call light placement is to be within reach in order to call for help or assistance if needed.Facility policy on call light placement and reasonable accommodation of needs was requested but not received.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to complete medication side effect monitoring for 2 of 5 resident (R5 and R45) reviewed for unnecessary medications who received antipsychotics. Findings include R5's quarterly Minimum Data Set (MDS) assessment dated [DATE] identified R5 with intact cognition, required substantial assistance for toileting and personal hygiene and did not reject cares. In addition, R5 with diagnoses of heart failure, arthritis, dementia, depression, and was taking antipsychotics. R5's physician orders dated 9/17/25, included: -Quetiapine Fumarate (Seroquel) Oral Tablet 50 MG, Give 50 mg by mouth at bedtime related to Major Depressive Disorder R5's care plan had a focus area dated 10/18/23 identified R5 uses an antipsychotic, Seroquel, to help manage her hallucinations related to major depressive disorder with severe psychotic features. Care plan intervention dated 10/9/24 identified orthostatic blood pressure to be completed monthly. During review of R5's electronic medical record (EMR) and monthly treatment administration records (TARs) from June 2025 to December 2025, August and October had documented orthostatic blood pressures. R5's record lacked orthostatic blood pressures documented for the other months reviewed. During interview with registered nurse (RN)-C on 1/6/26 at 12:54 p.m., RN-C stated expectation of staff to obtain monthly orthostatic blood pressures for residents taking antipsychotic medications to see if the medication is affecting the blood pressure and to monitor effectiveness [of the medication]. RN-C reviewed R5's EMR and verified orders and care plan were present for Seroquel and that it lacked orthostatic blood pressures were documented for June, July, September, November, and December of 2025. During interview with infection control preventionist (IP) and director of nursing (DON) on 1/7/26 at 9:55 a.m., DON stated we do [orthostatic blood pressures] monthly for residents on antipsychotics. Should be in the order and in care plan. Both IP and DON reviewed R5's EMR and verified orders and care plan were present for Seroquel and that it lacked orthostatic blood pressures were documented for June, July, September, November, and December of 2025. DON stated rationale for obtaining orthostatic blood pressures for residents on antipsychotics was high fall risk which is why staff need to assess for changes in blood pressure upon sitting and standing from a lying position. R45 R45's quarterly Minimum Data Set (MDS) dated [DATE] indicated R45 had no cognitive impairment with no behaviors. R45 required partial to moderate assistance with personal and toileting hygiene and was independent with chair-to-chair transfers. R45's diagnosis list included: vascular dementia, neuropathy, muscle weakness, atrial fibrillation (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(irregular heart rhythm originating in the heart atrium), left-side hemiplegia (paralysis) from a stroke. R45's care plan titled R45 uses the antidepressant medication and antipsychotics related to hallucinations and mood disorder indicated: R45 will be free from discomfort or adverse reactions related to medication therapy, obtain orthostatic BP's monthly. R45's Medication Administration Record (MAR) indicated the following: -Give Seroquel (an antipsychotic medication used to treat psychiatric symptoms) 25mg one time a day at 2pm. -Give Seroquel 50mg one time a day at 8pm. -Obtain orthostatic blood pressures: lying to sitting to standing, in the specific order-one time a day every 30 days for antipsychotic medication use. The treatment administration record (TAR) indicated orthostatic blood pressures were not completed for the months of March, April, June, July, November, and December. R45's vital signs record lacked orthostatic blood pressures were attempted. R45's progress notes lacked documentation orthostatic blood pressures were attempted or any refusals. During interview on 1/6/26 at 9:21 a.m., nursing assistant (NA)-D stated sometimes the NA's have difficulty getting the orthostatic blood pressures; resident refusal, resident out of facility, resident out of room, or resident sleeping and doesn't want to be woke. NA-D stated NA's will mark the orthostatic in the TAR to follow up later. NA-D stated orthostatic measurements can be forgotten when marked for follow up later. During and interview on 1/6/26 at 9:32 a.m., licensed practical nurse (LPN)-A stated R45 had active orders for nursing to complete monthly orthostatic blood pressures. LPN-A stated if an orthostatic measurement is missed one day, it is an expectation that staff will try again the next day until the measurement is completed. LPN-A stated it is best practice that any orthostatic measurement marked as follow up later should be completed by the end of the day. During an interview on 1/6/26 at 9:26 a.m., director of nursing (DON) confirmed R45 had nursing orders to complete orthostatic blood pressures monthly. DON confirmed orthostatic blood pressures were not obtained for the months of March, April, June, July, November, and December. DON stated R45 needed monthly orthostatic blood pressures because he was taking antipsychotics; these types of drugs can cause adverse drug events. DON stated it is an expectation that any task, such as orthostatic measurements, should be completed; especially since they have an entire month to complete the task. DON stated orthostatic blood pressure measurements for residents taking antipsychotics are important so the team can identify adverse medication side effects. During interview on 1/7/26 at 2:44 p.m., medical doctor (MD) stated orthostatic measurement are built into routine monitoring to be done at least monthly while residents are taking antipsychotic medications. MD would expect to be notified by nursing or pharmacy if orthostatic measurements weren't being done or were abnormal. (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility policy titled Psychotropic Medication Management revised 6/29/2023, identified, Monitoring of orthostatic blood pressure will be completed as indicated for use of Antipsychotic Medications in residents who are ambulatory or able to attempt to stand unassisted. Facility policy titled Psychotropic Medication Management revised 6/29/2023, identified, Monitoring of orthostatic blood pressure will be completed as indicated for use of Antipsychotic Medications in residents who are ambulatory or able to attempt to stand unassisted.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure a Significant Change in Status Assessment (SCSA) Minimum Data Set (MDS) (comprehensive assessment) was completed in a timely manner when hospice services were initiated for 1 of 1 resident (R6) reviewed for hospice care. Findings include:R6's quarterly MDS assessment dated [DATE] identified R6 with severe cognitive impairment, and dependent on staff for all cares including oral hygiene, toileting, dressing, and turning side-to-side in bed. Also, R6 with indwelling catheter (tube to drain urine from bladder to bag outside the body). R6's medical conditions include neurocognitive disorder with Lewy Bodies (progressive brain disorder leading to cognitive decline) and Non-Alzheimer's Dementia. In addition, R6 also on hospice (end of life care).R6's electronic medical record (EMR) identified an admission MDS assessment dated on 1/13/25, quarterly assessments dated 4/10/25 and 7/11/25 were completed and submitted.During interview with registered nurse (RN)-A on 1/6/26 at 10:10 a.m., RN-A stated she was R6's hospice nurse and verified R6 admitted to facility in January of 2025 and started on hospice services April of 2025.During interview with infection control preventionist (IPCP) and director of nursing (DON) on 1/7/26 at 10:01 a.m., both verified R6 was admitted to hospice services on 4/17/25 and R6's EMR lacked a MDS SCSA and should have had one completed.Facility policy on MDS timing and accuracy was requested and not received.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview, observation and document review, the facility failed to monitor, review and update the care plan with specific person-centered interventions after a fall for 1 of 1 resident (R23) reviewed for accidents.Findings include:R23's quarterly Minimum Data Set MDS) assessment, dated 10/22/25, identified R23 had no cognitive impairment. R23 used a motorized wheelchair for mobility. R23 required set up for eating and hygiene. R23 required partial/moderate assistance for transfer from bed to chair. R23 required substantial/maximal assistance for dressing and bathing. R23's admission care plan dated 1/8/24 noted a risk for falls with interventions including wearing proper non-skid footwear when transferring and to call for assistance when help is needed. Further, on 2/23/24 the care plan reflected R23 used and electric wheelchair throughout the facility and in the community with interventions including a flag on the electric wheelchair, let staff know she is leaving facility, use sign-out sheet when she leaves and sign-in sheet when she returns; primary provider is aware of wheelchair use in community. On 1/9/25 at 13:05 p.m., R23's suffered a fall in the community while out in her motorized wheelchair, incurring a broken humerus (long bone of upper arm) and broken right ankle. R23's record review lacked a root cause analysis (RCA) of the fall R23 experienced in the community. R23's current care plan lacked updated resident-specific interventions for falls and using the motorized wheelchair in the community. During an interview on 1/7/26 at 10:16 a.m., director of nursing (DON) stated an RCA was not done due to the resident sustaining a fall outside of the facility; did not think they needed an RCA if the fall was not at the facility. DON stated the care plan should have been updated after the MDS significant change was done on 1/16/25. DON stated the importance of updating the care plan after a fall is to ensure the resident is safe at the facility and in the community. During an interview on 1/7/26 at 11:13 a.m., administrator confirmed the RCA was not done due to the fall not happening at the facility. Further, a risk assessment and updated care plan after the fall was not completed. The administrator stated a RCA, risk assessment, and updated care plan are important, so the resident is safe in the facility and the community. A policy titled Falls Prevention and Management dated 1/4/25, for any falls that may occur, (witnessed, unwitnessed, intercepted), the procedure below must be followed: Evaluation, documentation, care plan, and task list.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the pharmacy consultant identified irregularities in monthly drug regimen reviews for 2 of 5 (R5 and R45) residents reviewed for unnecessary medications who received antipsychotic medications.R5 R5's quarterly MDS assessment dated [DATE], identified R5 with intact cognition, required substantial assistance for toileting and personal hygiene and did not reject cares. In addition, R5 with diagnoses of heart failure, arthritis, dementia, depression, and was taking antipsychotics. R5's physician orders dated 9/17/25, identified Quetiapine Fumarate (Seroquel) Oral Tablet 50 MG, Give 50 mg by mouth at bedtime related to Major Depressive Disorder. R5's care plan identified R5 uses an antipsychotic, Seroquel, to help manage her hallucinations related to major depressive disorder with severe psychotic features. identified orthostatic blood pressured to be completed monthly. R5's pharmacist reviews dated June 2025 to December 2025 lacked indication of missing orthostatic blood pressures. During interview with registered nurse (RN)-C on 1/6/26 at 12:54 p.m., RN-C stated expectation of staff to obtain monthly orthostatic blood pressures for residents taking antipsychotic medications . RN-C reviewed R5's EMR and verified orders and care plan were present for Seroquel and it lacked orthostatic blood pressures were documented for June, July, September, November, and December of 2025. During interview with infection control preventionist (IP) and director of nursing (DON) on 1/7/26 at 9:55 a.m., DON stated orthostatic blood pressures are completed monthly for residents on antipsychotics. IP and DON reviewed R5's EMR and verified orders and care plan were present for Seroquel and that it lacked orthostatic blood pressures were documented for June, July, September, November, and December of 2025. Facility policy titled Psychotropic Medication Management, revised 6/29/2023 identified, The Pharmacy Consultant will monitor drug therapy monthly with recommendations to provider as indicated. R45 R45's quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated R45 had no cognitive impairment with no behaviors. R45 required partial to moderate assistance with personal and toileting hygiene and was independent with chair-to-chair transfers. R45's diagnosis list included: vascular dementia, neuropathy, muscle weakness, atrial fibrillation (irregular heart rhythm originating in the heart atrium), left-side hemiplegia (paralysis) from a stroke. R45's care plan titled R45 uses the antidepressant medication and antipsychotics related to hallucinations and mood disorder indicated: Consultant pharmacist to monitor monthly and advise (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	physician as indicated, obtain orthostatic BP's monthly, review of medication regime by psychotropic drug committee or as indicated. R45's Medication Administration Record (MAR) indicated the following: -Seroquel (an antipsychotic medication used to treat psychiatric symptoms) 25mg one time a day at 2pm and Seroquel 50mg one time a day at 8pm. -Obtain orthostatic blood pressures: lying to sitting to standing, in the specific order-one time a day every 30 days for antipsychotic medication use. The treatment administration record (TAR) indicated orthostatic blood pressures were not completed for the months of March, April, June, July, November, and December. R45's pharmacy reviews dated January 2025 through December 2025 lacked noting the missing orthostatic measurements for the months of March, April, June, July, November, December and did not recommend for them to be completed. During interview on 1/6/26 at 9:26 a.m., director of nursing (DON) confirmed R45 had active orders for monthly orthostatic blood pressures. DON confirmed orthostatic blood pressures are charted in the vital signs tab or in the TAR. DON confirmed orthostatic blood pressures were missing for the months of March, April, June, July, November, and December. DON stated orthostatic blood pressure measurements for residents taking antipsychotics are important so the team can identify adverse medication side effects. During interview on 1/7/26 at 12:11 p.m., pharmacist stated pharmacy reviews were conducted monthly per regulation. Pharmacist stated she reviews the side effect monitoring, target behaviors, and vital signs. Pharmacist stated if she notices orthostatic blood pressures are missing, she will recommend in the monthly pharmacy review that the orthostatic measurements be completed. Pharmacist stated the MD had written orders for orthostatic measurements to be discontinued for some residents. Pharmacist confirmed R45 and R5 did not have orders to stop orthostatic measurements. Pharmacist stated orthostatic measurements are important so that the medical team could identify possible adverse reactions to medications. During interview on 1/7/26 at 2:44 p.m., medical doctor (MD) stated orthostatic measurement are built into routine monitoring to be done at least monthly while residents are taking antipsychotic medications. MD expected pharmacy to confirm orthostatic blood pressures were being completed during the monthly pharmacy reviews; to make recommendations to complete if not being done. MD would expect to be notified by nursing or pharmacy if orthostatic measurements weren't being done or were abnormal. A policy titled Pharmacy Services dated 12/22/2016 indicated the pharmacist review involves a thorough review of resident's records and involves reporting findings with recommendations for improvement. The pharmacist will define general guidelines for specific monitoring related to medications, when ordered or indicated, including specific item(s) to monitor (e.g., blood pressure, pulse, blood sugar, weight). Facility policy titled Psychotropic Medication Management, revised 6/29/2023 identified, The Pharmacy Consultant will monitor drug therapy monthly with recommendations to provider as indicated.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure enhanced barrier precautions (EBP) were implemented in accordance with Centers for Disease Control (CDC) recommendations to reduce the risk of infection for 2 of 2 residents (R55, R22) reviewed for infection control.Findings include: R55's admission Summary note dated 1/6/26 at 3:09 p.m., identified R55 with new admission to facility for short term rehabilitation. Diagnoses include epilepsy, seizures, stroke, diabetes, urinary tract infections and a catheter in place due to failing two voiding trials. During observation on 1/6/26 at 3:49 p.m., physical therapist (PT)-A entered R55's room wearing a surgical mask and no other personal protective equipment (PPE) such as gloves, or gown. R55 room had an EBP sign posted on the door. PT-A performed assessment for therapy which included hands on assistance with standing, sitting, and lifting legs into bed. PT-A also handled R55's Foley catheter bag during transfers, without gloves or gown. During observation on 1/6/26 at 3:57 p.m., the director of nursing (DON) walked past R55's room and verified R55 had a foley catheter and verified R55 was to be on EBP. If there is hands on care, then our staff must put on gown, gloves, and mask. During interview with PT-A on 1/6/26 at 3:59 p.m., PT-A verified he did not wear gloves or a PPE gown when working with R55. PT-A stated this was first time he ever worked with R55 and did not see the EBP sign posted on his door. PT-A stated importance of following EBP is for infection control, and when touching the resident or during any contact. During interview with infection control preventionist (IP) on 1/7/26 at 9:22 a.m., IP stated R55 was on EBP due to having a foley catheter and staff were expected to follow the signage posted for EBP . R22 R22's admission Minimum Data Set (MDS) dated [DATE] indicated R22 had moderate cognitive impairment, required partial assist for eating, and was dependent on staff for activities of daily living, hygiene, bed mobility, and transfers. R22 had an indwelling urinary catheter and 2 pressure injuries (chronic wounds caused by pressure exposing underlying tissues and structures). R22's careplan indicated R22 had an indwelling catheter, pressure injuries to buttock and foot, self-care deficit related to multiple sclerosis(neurologic disorder affecting ability to move limbs), and dependence on staff for all cares. R22's treatment administration record (TAR) indicated the following: change indwelling catheter monthly, change urinary drainage bag and tubing every 15 days, and flush catheter twice a week and as needed to prevent sediment buildup. R22's orders also included dressings to left buttocks wound and left ankle as well as instruction to reposition R2 every 2 hours to offload the left side of the body, use wedge pillow when in bed, and be up for meals only. R22's diagnoses list included: multiple sclerosis, paraplegia (inability to move legs) , pressure ulcer of left buttock, urinary incontinence, bowel incontinence, and neuromuscular bladder dysfunction (inability of the bladder to empty due to nerve damage). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245102	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sauer Health Care	1635 West Service Drive Winona, MN 55987

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During observation on 1/6/26 at 8:39 a.m., an enhanced barrier precautions (EBP) magnet was observed attached to the door frame outside R22's room. An orange sign titled enhanced barrier precautions listed instructions for donning personal protective equipment and when PPE should be worn was located inside R22's room. A set of plastic drawers and garbage can containing unused and used yellow isolation gowns was located just outside the bathroom. Nursing assistant (NA)-E, trained medication aide (TMA)-A, and registered nurse (RN)-B arrived to perform a bandage change to R22's wound and get R22 ready for the day. NA-E, TMA-A, and RN-B performed hand hygiene and applied gloves. Without applying a gown, NA-E removed R22's urinary drainage bag, cleaned the port with an alcohol swab, and applied a urinary leg bag. NA-E took the drainage bag into the bathroom. Upon returning, NA-E performed hand hygiene and applied new gloves. Without applying a gown, NA-E removed R22's blankets and heel protectors, applied lotion, compression sleeves, and socks to R22's legs. NA-E performed hand hygiene and applied new gloves. NA-E then stood the right side of R22's bed, reached across the bed, and used draw sheet to pull R22 on his right side. TMA-A stood on the left side of the bed, place both hands on R22's back to help support. NA-E and TMA-A did not don gowns. While R22 was on his right side, RN-B performed incontinence care and the dressing change to R22's buttocks. RN-B performed proper hand hygiene during the dressing change however did not wear an isolation gown. After the dressing change, TMA-A applied a cream to R22's back, removed gloves, performed hand hygiene and left the room. RN-B performed hand hygiene, applied new gloves, and assisted NA-E with performing catheter care. Neither wore isolation gowns. NA-E and RN-B performed hand hygiene, applied new gloves, and without wearing isolation gowns, got R22 dressed and transferred R22 to his wheelchair. RN-B performed hand hygiene and left the room. Without donning a gown, NA-E changed R22's bedding. During interview on 1/6/26 at 9:45 a.m., NA-E stated stated staff receive infection control and PPE education annually. NA-E stated gowns and gloves are worn during catheter care and wound care. NA-E stated they technically should have worn gowns when getting R22 for the day. During an interview on 1/5/26 at 9:49 a.m., TMA-A stated staff receive online infection control training annually and a hand hygiene and PPE procedure skills fair twice a year. TMA-A stated staff should wear gown and gloves when performing catheter care however wasn't sure if nurse are required to for wound care. During an interview on 1/6/26 10:26 a.m., RN-A stated R22 is on EBP due to having a urinary catheter. Staff should wear PPE when changing urinary bags or performing catheter care. RN-A stated residents with chronic wounds do not require EBP During an interview on 1/7/26 at 12:15 p.m., the director of nursing stated staff receive infection control training online upon hire. The infection preventionist also sends out information to staff instructing when PPE is used. The DON stated she would expect staff to wear gloves and gowns during any high contact activities and confirmed staff should have worn proper PPE during R22's cares and dressing change. Facility policy titled MDRO (Multidrug-resistant Organisms) Risk Assessment and Prevention Plan, revised 3/27/2024 referenced CMS Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of MDROs from March 20, 2024, which instruct staff to wear gloves and gown prior to high contact care activity which includes, dressing, bathing/showering, transferring, providing hygiene, changing linens, device care or use: urinary catheter.