

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/23/2026
NAME OF PROVIDER OR SUPPLIER  Cura of Onamia		STREET ADDRESS, CITY, STATE, ZIP CODE  200 North Elm Street Onamia, MN 56359	
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure resident medications were properly labeled with either an expiration date or beyond use date to ensure expired medications were not administered to residents. This deficient practice had the potential to impact all residents who received medications at the facility. Findings include: During a medication pass observation on 4/21/26 at 10:30 a.m., R17's medication labels were reviewed. Labels did not include an expiration or beyond use date. During a medication pass observation on 4/21/26 at 11:58 a.m., R7's medication label was reviewed. The label did not include an expiration or beyond use date. During a medication pass observation on 4/22/26 at 10:22 a.m., R1's medication labels were reviewed. Labels did not include an expiration or beyond use date. During a medication observation on 4/23/26 at 7:19 a.m., R7's medication labels were reviewed. Labels did not include an expiration or beyond use date. Two medication carts were reviewed on 4/22/26 at 1:15 p.m., with the assistant director of nursing (ADON). After reviewing medication labels filled by both the Mille Lacs pharmacy and the Onamia Drug store the ADON confirmed the labels from both pharmacies did not include an expiration or beyond use date. During an interview on 4/22/26 at 2:01 p.m., while spot checking medication labels from their medication cart licensed practical nurse (LPN-B) confirmed none of the medication labels contained an expiration date. LPN-B stated they went by the fill date. If it was a year past the filled date, they would not use the medication. During an interview on 4/22/26 at 3:03 p.m., licensed practical nurse (LPN-A) pulled medication cards from the medication cart filled by Mille Lacs pharmacy and confirmed the medication cards did not list an expiration or beyond use date. During an interview and medication pass on 4/23/26 at 7:36 a.m., registered nurse (RN-A) confirmed medication labels from both pharmacies did not include expiration or beyond use dates. During morning huddle, they had been told PRN medications expired a year from fill date and scheduled medication should not be expired because the fill cycled every 28 days. During a follow-up interview on 4/23/26 at 11:18 a.m., the ADON stated they had been working on the medication label concern and stated they had reached out to the Mille Lacs Health System pharmacy. The ADON was not aware of either pharmacy policies or if the facility had copies or access to each pharmacy's policies. From a nursing perspective, they expected medications to be checked for expiration prior to administration to residents. The ADON confirmed the current labels printed by both pharmacies did not have clear expiration or beyond use dates for nurses to be able to check for expired medications prior to administration. During an interview on 4/23/26 at 12:36 p.m., the Onamia Drug pharmacist (PHARM-D-B) confirmed they supplied medications for residents at the facility. Their cards did have a place to document the expiration date of the medication, but they did not do that at present but could if it was needed. Their process was to use the last refill date on the label as the use by or discard date for medications they filled. The pharmacist pulled up a medication label and confirmed nursing staff would not be able to determine if the medication was expired or should be discarded based on the dates that were listed on the label. They were uncertain if the pharmacy process for knowing when to discard medications had been communicated to the facility or provided in a policy. The date used worked well for scheduled (continued on next page)</p>		

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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>medications, but it was possible that a PRN medication could remain in stock beyond the prescription refill date. PHARM-D-B stated it made sense to include an expiration date and indicated that was something they could change so nurses could verify if a medication could be used or should be discarded. During an interview on 4/24/26 at 11:09 a.m., consultant pharmacist (PHARMD-A) confirmed their medication labels did not include a medication expiration or beyond use date. Their repackaged medications expired a year from the date they were repackaged and if the medication expired before that date, the date would be added to the medication label. [NAME] had been supplied with access to Mille Lacs pharmacy polices when they acquired the facility. PHARMD-C stated prior to medication administration nurses should verify the medication has not expired or reached the beyond use date. At the time of the interview the PC was not able to access pharmacy policies. During an interview on 4/24/26 at 11:45 a.m., Mille Lacs PHARMD-C stated their pharmacy had always used the one year from filled to determine when a medication was expired unless they labeled otherwise. PHARMD-C had not reviewed the policy but confirmed [NAME] had received access to the polices when they took over the facility. Their label company did have the capacity to reconfigure their labels to include expiration dates if needed. PHARMD-C stated it would be important for nurses to be able to determine if a medication was expired before they administered it. They were not certain if the policy clearly defined when a medication was expired based on the label, but they were looking into it. They would either clearly define it in the policy or change the label as they wanted to make sure they were doing what was required. A follow-up e-mail and policy was received on 4/4/26 at 3:55 p.m., from Mille Lacs Health System PHARMD-A read: Upon review, it appears that the long-term care (LTC) facility is not explicitly referenced in the current policy language. We will revise the policy to incorporate the long-term care facility accordingly to ensure clarity and alignment with our operations. Additionally, our Pharmacist-in-Charge for the retail pharmacy has confirmed that our pharmacy system is capable of automatically including expiration dates on prescription labels. We will work toward implementing this functionality moving forward. The undated policy Dispill Enrollment/Dispensing provided by Mille Lacs Health System pharmacy indicated state statute Rule 6800.3400 and 6800.3200 would be followed and included the following: packaging of single dose medication maybe be accomplished by a manufacturer or pharmacy. Unit dose packaging shall be properly labeled from the manufacturer with the name of the drug, dosage form and strength, manufacturer's name and lot number, and expiration date of all time dated drugs, or labeled in accordance with part 6800.3200 if prepackaged by the pharmacy. The facility policy Medication Guidelines - Long Term Care dated 7/2025, instructed medication for specific residents should be labeled with the following: medication name, prescribed strength, expiration date of medication when applicable, resident name, and route of administration. Step 14 under medication administration guidelines instructed check expiration date/beyond use date on package/container.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure medication injectable supplies were removed from active stock once expired. In addition, the facility failed to ensure medications were properly labeled with either an expiration date or beyond use date. These deficient practices had the potential to impact all residents who received medications at the facility. Findings include: During a medication pass observation on 4/21/26 at 10:30 a.m., R17's medication labels were reviewed. Labels did not include an expiration or beyond use date. During a medication pass observation on 4/21/26 at 11:58 a.m., R7's medication label was reviewed. The label did not include an expiration or beyond use date. During a medication pass observation on 4/22/26 at 10:22 a.m., R1's medication labels were reviewed. Labels did not include an expiration or beyond use date. During a medication observation on 4/23/26 at 7:19 a.m., R7's medication labels were reviewed. Labels did not include an expiration or beyond use date. Two medication carts were reviewed on 4/22/26 at 1:15 p.m., with the assistant director of nursing (ADON). After reviewing medication labels filled by both the Mille Lacs pharmacy and the Onamia Drug store the ADON confirmed the labels from both pharmacies did not include an expiration or beyond use date. During a review of the medication room on 4/22/26 at 1:55 p.m., the ADON confirmed that the following supply items were stored in current stock and expired: 3 boxes of various needle sizes used for injection, a box of safety syringes with a 25-gauge needle, and a bundle of chlamydia swabs. The ADON pulled the supplies from stock and stated they should have been discarded when they expired to prevent accident use on a resident. During an interview on 4/22/26 at 2:01 p.m., while spot checking medication labels from their medication cart licensed practical nurse (LPN-B) confirmed none of the medication labels contained an expiration date. LPN-B stated they went by the fill date. If it was a year past the filled date, they would not use the medication. During an interview on 4/22/26 at 3:03 p.m., LPN-A pulled medication cards from the medication cart filled by Mille Lacs pharmacy and confirmed the medication cards did not list an expiration or beyond use date. During an interview and medication pass on 4/23/26 at 7:36 a.m., registered nurse (RN-A) confirmed medication labels from both pharmacies did not include expiration or beyond use dates. During morning huddle, they had been told PRN medications expired a year from fill date and scheduled medication should not be expired because the fill cycled every 28 days. During a follow-up interview on 4/23/26 at 11:18 a.m., the ADON stated they had been working on the medication label concern and stated they had reached out to the Mille Lacs Health System pharmacy. The ADON was not aware of either pharmacy policies or if the facility had copies or access to each pharmacy's policies. From a nursing perspective, they expected medications to be checked for expiration prior to administration to residents. The ADON confirmed the current labels printed by both pharmacies did not have clear expiration or beyond use dates for nurses to be able to check for expired medications prior to administration. During an interview on 4/23/26 at 12:36 p.m., the Onamia Drug Pharmacist (PHARM-D-B) confirmed they supplied medications for residents at the facility. Their cards did have a place to document the expiration date of the medication, but they did not do that at present but could if it was needed. Their process was to use the last refill date on the label as the use by or discard date for medications they filled. The pharmacist pulled up a medication label and confirmed nursing staff would not be able to determine if the medication was expired or should be discarded based on the dates that were listed on the label. They were uncertain if the pharmacy process for knowing when to discard medications had been communicated to the facility or provided in a policy. The date used worked well for scheduled medications, but it was possible that a PRN medication could remain in stock beyond the prescription refill date. PHARM-D-B stated it made sense to include an expiration date and indicated that was something they could change so nurses could (continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>verify if a medication could be used or should be discarded. During an interview on 4/24/26 at 11:09 a.m., consultant pharmacist (PHARMD-A) confirmed their medication labels did not include a medication expiration or beyond use date. Their repackaged medications expired a year from the date they were repackaged and if the medication expired before that date, the date would be added to the medication label. [NAME] had been supplied with access to Mille Lacs pharmacy policies when they acquired the facility. PHARMD-C stated prior to medication administration nurses should verify the medication has not expired or reached the beyond use date. At the time of the interview the PC was not able to access pharmacy policies. During an interview on 4/24/26 at 11:45 a.m., Mille Lacs PHARMD-C stated their pharmacy had always used the one year from filled to determine when a medication was expired unless they labeled otherwise. PHARMD-C had not reviewed the policy but confirmed [NAME] had received access to the policies when they took over the facility. Their label company did have the capacity to reconfigure their labels to include expiration dates if needed. PHARMD-C stated it would be important for nurses to be able to determine if a medication was expired before they administered it. They were not certain if the policy clearly defined when a medication was expired based on the label, but they were looking into it. They would either clearly define it in the policy or change the label as they wanted to make sure they were doing what was required. A follow-up e-mail and policy was received on 4/4/26 at 3:55 p.m., from Mille Lacs Health System PHARMD-A: Upon review, it appears that the long-term care (LTC) facility is not explicitly referenced in the current policy language. We will revise the policy to incorporate the long-term care facility accordingly to ensure clarity and alignment with our operations. Additionally, our pharmacist-in-charge for the retail pharmacy has confirmed that our pharmacy system is capable of automatically including expiration dates on prescription labels. We will work toward implementing this functionality moving forward. The undated policy Dispill Enrollment/Dispensing provided by Mille Lacs Health System pharmacy indicated state statute Rule 6800.3400 and 6800.3200 would be followed and included the following: packaging of single dose medication maybe be accomplished by a manufacturer or pharmacy. Unit dose packaging shall be properly labeled from the manufacturer with the name of the drug, dosage form and strength, manufacturer's name and lot number, and expiration date of all time dated drugs, or labeled in accordance with part 6800.3200 if prepackaged by the pharmacy. The facility policy Medication Guidelines - Long Term Care dated 7/2025, instructed medication for specific residents should be labeled with the following: medication name, prescribed strength, expiration date of medication when applicable, resident name, and route of administration. Step 14 under medication administration guidelines instructed check expiration date/beyond use date on package/container.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on interview and record review, the facility failed to ensure residents were offered a substantial snack when there were more than 14 hours between the dinner and breakfast meals. This had the ability to affect all 35 residents who resided in the facility. Findings include: A facility-submitted document, received 4/21/26, identified breakfast began at 8:00 a.m., lunch began at 12:00 p.m., and dinner began at 5:00 p.m. During an interview on 4/20/26 at 2:15 p.m., the manager of nutrition services confirmed the mealtimes at the facility were 8:00 a.m., 12:00 p.m., and 5:00 p.m. The facility contracted food services through the kitchen of the attached hospital. During an interview on 4/23/2026 8:43 a.m., nursing assistant (NA)-A indicated the evening snacks were sent from the kitchen for specific residents between 6:30 p.m. and 7:00 p.m. These snacks were labeled with resident names, not all residents received them, but snacks were available to all residents upon request. During an interview on 4/23/26 at 8:47 a.m., licensed practical nurse (LPN)-A indicated dietary brought a tray for scheduled snacks to some residents and stated staff were always asking residents if they wanted something to eat. During an interview on 4/23/26 at 9:10 a.m., the assistant director of nursing (ADON) stated snacks are available in the evening if a resident asked for one but there was no routine evening snack offering. They indicated dietary provided a snack tray with individually labeled snacks for a few residents that had orders for an evening snack. During an interview on 4/23/26 at 10:35 a.m., R31 stated they were never offered snacks in the evening, but they were pretty sure staff would give them one if asked. During an interview on 4/23/2026 at 11:14 a.m., R36 stated staff did not offer snacks most evenings. Facility policy Frequency of Meals dated 4/2026, identified the facility would serve at least three meals daily at scheduled times and there would not be more than a 14-hour span between the substantial evening meal and breakfast; however, dining times could extend up to 16 hours between the evening meal and breakfast as long as resident council approved and a nourishing snack was provided before bed. Nourishing snacks were defined as items from the basic food groups, offered either separately or with each other.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and document review the facility failed to track and monitor residents and staff with symptoms of possible illness to prevent a possible outbreak. This could affect all residents and visitors in the facility. Findings include: During a review of the facilities infection control program paper on 4/23/26 at 8:12 a.m., the paperwork lacked any information related to staff and resident illness symptoms reported to the facility. There was no documentation of symptoms, trends in the facility or indications the facility was monitoring to prevent a potential outbreak. During an interview on 4/23/26 at 8:38 a.m., the assistant director of nursing/infection preventionist (IP) stated there had been no tracking and trending of resident or staff symptoms since she had taken over the IP program on 1/26. The IP was not aware tracking and trending of symptoms needed to be done. During an interview on 4/23/26 at 9:18 a.m., the regional clinical director (RCD) stated the facility should have a way to keep track of resident and staff symptoms. The IP should monitor that system frequently to know when residents and staff have symptoms that could be contagious to try to prevent an outbreak. During an interview on 4/23/26 at 9:27 a.m., the IP stated the facility should do any monitoring needed to prevent outbreaks from occurring in the facility and keep residents, visitors, and staff safe. Facility policy Infection Control last reviewed 1/26, indicated the objective of the infection control policies was to prevent, detect, investigate, and control infections in the facility. This was done to maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors and the general public. Facility policy Surveillance for Infections last reviewed 1/26, indicated surveillance of infections was done to identify both individual cases and trends of or epidemiologically significant organisms to guide appropriate interventions and to prevent future infections.</p>

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<p>F 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure the security of all personal funds of residents deposited with the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to ensure resident personal fund accounts were insured with adequate surety bond coverage to cover the total account balance. This had the potential to affect all 34 residents who had personal funds in the facility's trust account. Findings include: On 4/21/26 at 1:18 p.m., the residents' personal funds accounts were reviewed with the business office manager. The business office manager confirmed the total amount of the residents' accounts was in the amount of 40,688.56 dollars. On 4/22/26 at 10:02 a.m., the chief financial officer (CFO) confirmed the facility's surety bond for the residents' personal funds identified a penalty amount of 10,000 dollars. The CFO stated the bond should cover 100,000 dollars and stated they needed to reach out to their insurance [NAME] for clarification. Review of surety bond number 2653018 document dated 7/17/25, identified a surety bond for ten thousand dollars was in effect 7/23/25 and ended on 7/23/26. This document was signed by the current CFO. Review of the rider document associated with surety bond number 2653018 dated 4/23/26, identified an increase in the surety bond from ten thousand dollars to one hundred thousand dollars effective 4/23/26. Facility policy Resident Trust Account - Skilled Nursing Facility dated 4/2026, identified the facility would maintain a surety bond to assure the security of all resident personal funds deposited with the facility.</p>		