

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2026
NAME OF PROVIDER OR SUPPLIER Mayo Clinic Health System - Lake City		STREET ADDRESS, CITY, STATE, ZIP CODE 500 West Grant Street Lake City, MN 55041	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to protect 1 of 1 resident (R1) who had severe cognitive impairment and was unable to give consent for sexual activity from inappropriate sexual touching from R2, who had known history of sexually inappropriate behavior resulting in R2 placing his hand underneath R1's shirt and touching her breast on 4/4/26. This deficient practice resulted in immediate jeopardy (IJ) for R1, as a reasonable person would have experienced severe psychosocial harm, including dehumanization and humiliation as a result of sexual abuse. The Immediate Jeopardy (IJ) began on 4/4/26, when R1's breast was touched by R2 after the facility failed to develop and implement individualized interventions including clearly defined supervision to prevent R2's access to female residents despite a known history of sexually inappropriate behavior. The Administrator and Director of Nursing (DON) were notified of the Immediate Jeopardy (IJ) on 4/16/26 at 1:35 p.m. Immediate Jeopardy was removed on 4/17/26 when the facility implemented immediate protective measures to ensure resident safety; however, noncompliance remained at a lower scope and severity level of D. Findings include: The facility reported incident (FRI), submitted to the state agency on 4/4/26 at 8:27 a.m. identified an allegation of resident-to-resident sexual inappropriate touch that occurred on 4/4/26 at 7:00 a.m. A nurse observed R2 touching R1's breast in the Country View TV lounge and immediately separated the residents. The report indicated the residents did not believe the behavior was inappropriate. R1's Face sheet printed 4/16/26, identified R1 had diagnoses of dementia and anxiety disorder. R1's quarterly Minimum Data Set (MDS), dated [DATE], identified R1 had severe cognitive impairment, used a hearing aid and corrective lenses, and did not have behaviors and/or signs of symptoms of delirium. R1 and used a Wander guard daily. R1's care plan, dated 8/27/25, identified R1 had a focus of experiencing sexual abuse/molestation in childhood by two different individuals, an older cousin and a family friend; no triggers were identified at that time, and R1 was noted to be okay with male caregivers. Interventions, dated 8/27/25, identified to observe changes in mood, behavior, sleeping, and eating, and to allow R1 to talk as she felt appropriate. R1's progress note dated 4/4/26 at 7:20 a.m. identified confusion following the incident, including misidentification of a male resident as her father. At 12:18 p.m., R1's resident representative (RR)-B expressed concern regarding increased confusion and possible cognitive decline. At 12:50 p.m., R1 was documented to have hallucinations, confusion, and impaired reality testing, including seeing animals and bugs and misidentifying a male resident as her father. R1 was easily redirected. R1's interdisciplinary team (IDT) progress note, dated 4/8/26 at 1:51 p.m., identified R1 was inappropriately touched by a male resident while in the Country View common area. The male resident was immediately relocated and subsequently moved to the Roseview unit. Neither resident recalled the incident. R1 was seen by the in-house counselor and was monitored for changes in mood and behavior. No further incidents were identified. R1's progress note, dated 4/8/26 at 5:12 p.m. (late entry), identified Social Services (SS) met with R1 to discuss the recent incident with a male resident; R1 did not acknowledge the incident and demonstrated confusion and disorganized thinking, including unrelated statements about a thunderstorm, a house missing a wall, and her father. R1 was (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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>stated the care plan did not clearly define the level of supervision required or provide specific guidance for staff regarding R2's history of sexual behaviors. During an interview on 4/16/26 at 12:21 p.m., DON stated the level of supervision for R2 was determined using clinical judgment based on behavior monitoring, charting, and interdisciplinary team (IDT) review, and stated supervision decisions were an IDT responsibility with weekly reviews documented in resident records. The DON stated these reviews were not consistently completed after R2's transfer to Country View in 7/25/25 due to the facility remodel and further stated there was no clinical documentation reflecting updated supervision decisions following the move. 4/16/26 at 10:59 a.m., attempted call to the medical director and left voicemail for call back. DON stated she emailed the medical director asking him to call this surveyor back. No callback received. Facility policy, Individualized Care Plan, reviewed 7/2025, identified a comprehensive, individualized care plan is developed based on interdisciplinary assessments to reflect the resident's medical, nursing, psychosocial, and behavioral needs. The policy identified the interdisciplinary team (IDT) is responsible for developing and revising the care plan to address identified problems and ensure interventions are implemented through the kardex for staff to follow. The policy further identified the care plan must be revised promptly with any change in the residents' condition, including following an incident of abuse, and that interventions are to be individualized and updated to reflect the residents' needs. Facility policy, Mood and Behavioral Health, reviewed 1/22/2025, identified the facility must provide behavioral health care and services to meet residents' psychosocial and behavioral needs based on comprehensive assessment and interdisciplinary team (IDT) care planning. The policy identified behavioral symptoms may be potentially harmful to the resident or others and must be assessed, care planned, implemented, and evaluated through the Resident Assessment Instrument (RAI) process. The policy further identified the IDT is responsible to assess mood and behavioral symptoms, develop individualized interventions, and review behaviors and effectiveness of interventions on admission, quarterly, annually, and with significant change, to ensure residents' needs are met and risks are addressed. Facility policy, Vulnerable Adult-Abuse Protection Plan, reviewed 10/2024, identified the facility supports zero tolerance for abuse, including sexual abuse, and requires protection of vulnerable adults from maltreatment. The policy defined abuse to include non-consensual sexual contact, including sexual contact with a resident who lacks capacity to consent due to cognitive impairment. The policy further identified that residents must be protected from abuse and that staff are responsible for identifying, reporting, and responding to suspected maltreatment. The policy also identified the facility will assess residents for risk of abuse and implement care planning interventions to protect residents from harm and prevent abuse. The Immediate Jeopardy was removed on 4/17/26 when it was verified the facility implemented immediate corrective actions to ensure the health and safety of residents and prevent further risk of resident-to-resident sexual abuse, including: -R2 was placed on 1:1 continuous supervision to prevent unsupervised access to other residents and was observed to be under direct staff monitoring. -The facility implemented immediate separation of R2 from female residents, including structured seating arrangements and supervision in common areas. -R2's care plan and kardex were revised to include specific, individualized, and enforceable interventions, including: -Continuous supervision requirements -Direction to maintain distance from female residents (not within arm's reach) -Immediate staff intervention and redirection for any inappropriate behavior -Defined staff responsibilities for monitoring and reporting -Staff were educated on R2's supervision requirements and abuse prevention and were able to verbalize expectations for maintaining resident safety. -The facility conducted a facility-wide review of residents with potential for sexually inappropriate behaviors, and updated care plans to ensure appropriate supervision and interventions were in place. -The facility implemented a system to communicate high-risk behaviors to staff, including accessible resident-specific information at nurse stations. -The facility initiated auditing and monitoring processes to ensure compliance with supervision, care planning, and abuse prevention policies.</p>		

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NAME OF PROVIDER OR SUPPLIER Mayo Clinic Health System - Lake City		STREET ADDRESS, CITY, STATE, ZIP CODE 500 West Grant Street Lake City, MN 55041	
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report an allegation of resident-to-resident sexual abuse involving 2 of 2 residents (R1) and (R2) to law enforcement, in accordance with established policies and procedures for abuse. Findings include:R1's Face sheet printed 4/16/26, identified R1 had diagnoses of dementia and anxiety disorder.R1's quarterly Minimum Data Set (MDS), dated [DATE], identified that R1 had severe cognitive impairment and used a Wanderguard daily.R1's care plan, revised 8/26/25, identified a focus of risk for vulnerability related to recent placement, impaired cognition, and limited mobility. Interventions, dated 7/30/25, identified that any suspicion of maltreatment was to be reported per facility policy, a safe environment was to be maintained, and suspected incidents of abuse were to be reported to the supervisor.R2's face sheet, printed 4/16/26, identified that R2 had diagnoses of dementia and unspecified mood disorder.R2's quarterly MDS, dated [DATE], identified that R2 had severe cognitive impairment and was independent with wheelchair mobility.R2's care plan, dated 4/1/22, identified a focus of risk for vulnerability related to recent placement. Interventions, dated 4/1/22, identified that any suspicion of maltreatment was to be reported per facility policy, a safe environment was to be maintained, and suspected incidents of abuse were to be reported to the supervisor.The facility reported incident (FRI), submitted to the state agency on 4/4/26 at 8:27 a.m., identified a nurse observed R2 touching R1's breast in the Country View (CV) TV lounge and immediately separated the residents. The report indicated the residents did not believe the behavior was inappropriate. The section identifying the name and position of the individual who reported the incident to law enforcement, if different from the submitter, was left blank, with no documentation indicating the allegation was reported to law enforcement.The facility's 5-day investigative summary, submitted to the state agency on 4/10/26 at 10:36 p.m., indicated the allegation was verified as it was witnessed by staff; however, the report did not identify that the incident was reported to law enforcement.R2's progress note, dated 4/4/26 at 9:15 a.m., identified that at approximately 7:00 a.m., a hall nurse observed R2 place his hand under R1's shirt and touch her left breast in the Country View (CV) TV lounge. Staff immediately removed R2's hand, separated the residents, and returned R2 to his room. R2 was noted to have dementia and was unable to recall the incident, stating, Some people don't mind and I didn't hurt anyone. The administrator, director of nursing (DON), and nurse manager were notified, and R2 was placed on increased monitoring with separation from female residents and redirection to his room following meals. Provider was contacted to evaluate medication management due to history of similar behaviors.During an interview on 4/15/26 at 12:43 p.m., the Director of Nursing (DON) and Administrator stated they were responsible for managing the investigation and confirmed the incident was not reported to law enforcement.Facility policy, Vulnerable Adult-Abuse Protection Plan, reviewed 10/2024, identified the facility supports zero tolerance for abuse and requires all alleged violations involving abuse, including sexual abuse, to be reported immediately. The policy identified mandated reporters must report suspected abuse internally and externally, including reporting reasonable suspicion of a crime to law enforcement and required state agencies within required timeframes. The policy further identified that when an allegation involves potential criminal conduct, the Administrator or designee will contact law enforcement.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a thorough investigation of an allegation of resident-to-resident sexual abuse for 2 of 2 residents (R1) and (R2), including failure to complete staff and resident interviews and failure to fully assess the circumstances surrounding the incident, reviewed for abuse. Findings include: R1's Face sheet printed 4/16/26, identified R1 had diagnoses of dementia and anxiety disorder. R1's quarterly Minimum Data Set (MDS), dated [DATE], identified that R1 had severe cognitive impairment and used a Wanderguard daily. R1's care plan, revised 8/26/25, identified a focus of risk for vulnerability related to recent placement, impaired cognition, and limited mobility. Interventions, dated 7/30/25, identified that any suspicion of maltreatment was to be reported per facility policy, a safe environment was to be maintained, and suspected incidents of abuse were to be reported to the supervisor. R2's face sheet, printed 4/16/26, identified that R2 had diagnoses of dementia and unspecified mood disorder. R2's quarterly MDS, dated [DATE], identified that R2 had severe cognitive impairment and was independent with wheelchair mobility. R2's care plan, dated 4/1/22, identified a focus of risk for vulnerability related to recent placement. Interventions, dated 4/1/22, identified that any suspicion of maltreatment was to be reported per facility policy, a safe environment was to be maintained, and suspected incidents of abuse were to be reported to the supervisor. The facility reported incident (FRI), submitted to the state agency on 4/4/26 at 8:27 a.m., identified a nurse observed R2 touching R1's breast in the Country View (CV) TV lounge and immediately separated the residents. The report indicated the residents did not believe the behavior was inappropriate. Further identified the allegation was witnessed by staff; however, the report did not include detailed findings from a comprehensive investigation. The facility's 5-day investigative summary, submitted to the state agency on 4/10/26 at 10:36 p.m., indicated the allegation was verified as it was witnessed by staff; however, the report lacked documentation of comprehensive interviews with staff and residents who may have had knowledge of the incident or relevant history. R2's progress note, dated 4/4/26 at 9:15 a.m., identified that at approximately 7:00 a.m., a hall nurse observed R2 place his hand under R1's shirt and touch her left breast in the Country View (CV) TV lounge. Staff immediately removed R2's hand, separated the residents, and returned R2 to his room. R2 was noted to have dementia and was unable to recall the incident, stating, Some people don't mind and I didn't hurt anyone. The administrator, director of nursing (DON), and nurse manager were notified, and R2 was placed on increased monitoring with separation from female residents and redirection to his room following meals. Provider was contacted to evaluate medication management due to history of similar behaviors. During an interview on 4/15/26 at 9:35 a.m., registered nurse (RN)-B stated she witnessed the incident and reported it to the charge nurse; however, she was not contacted by administration for follow-up interview as part of the investigation. During an interview on 4/16/26 at 9:55 a.m., registered nurse (RN)-D stated she completed assessments of R1 and R2 following the incident and notified administration; however, she was not directed to interview additional residents or staff beyond those immediately involved. During an interview on 4/16/26 at 9:55 a.m., RN-D stated she was not directed to conduct interviews with other residents in the area or staff who may have had additional information regarding R2's behaviors. During an interview on 4/15/26 at 9:58 a.m., registered nurse (RN)-C stated she was the assigned nurse for both residents on the date of the incident; however, she was not interviewed by administration regarding the incident. During an interview on 4/15/26 at 10:11 a.m., nursing assistant (NA)-F stated she assisted both residents on the morning of 4/4/26 and placed them in the Country View (CV) TV lounge prior to the incident; however, NA-F stated she was not interviewed by administration as part of the investigation. During an interview on 4/15/26 at 12:43 p.m., the Director of Nursing (DON) and Administrator stated they were responsible for managing the investigation; however, no documentation was provided to demonstrate that a comprehensive investigation, (continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>including interviews with all relevant staff and residents, was completed. Facility policy, Vulnerable Adult-Abuse Protection Plan, reviewed 10/2024, identified the facility will immediately initiate an internal investigation of all alleged violations involving abuse. The policy identified the investigation will include, but is not limited to, interviews with staff, residents, and witnesses; collection of written statements; care observations; environmental review; and medical record review. The policy further identified the facility is responsible to ensure a thorough investigation is completed and results are reported.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain a complete and accurate medical record for 1 of 1 resident (R2) when staff did not consistently document episodes of sexually inappropriate comments toward staff, resulting in gaps in behavioral tracking and an inability to accurately evaluate the frequency and severity of R2's behaviors, reviewed for abuse. Findings include: R2's face sheet, printed 4/16/26, identified that R2 had diagnoses of dementia and unspecified mood disorder. R2's quarterly MDS, dated [DATE], identified that R2 had severe cognitive impairment and was independent with wheelchair mobility. R2's behavior care plan focus, revised 4/7/26, identified R2 had behavioral instances of inappropriately sexual touching toward another resident on 9/17/23 and 4/4/26 in the Country View (CV) common area. R2 was identified as being at risk for alteration in behavior due to a diagnosis of dementia and was unable to recall the incidents. The care plan further identified R2 occasionally made inappropriate comments to female staff that were usually easily redirected. R2 had previously been on Paxil with a successful gradual dose reduction (GDR) and discontinuation. Interventions included not placing R2 in close proximity to female residents. R2's plan of care (POC) behavior monitoring and interventions were reviewed from 3/18/26 to 4/16/26 and identified that on 4/15/26 R2 was grabbing others; however, no corroborating documentation was identified in the medical record to support or further describe this behavior. During an interview on 4/14/26 at 1:14 p.m., nursing assistant (NA)-A stated it was her first day working on RV unit with R2. NA-A stated while she was getting R2 ready in the morning, R2 asked if he could lick my belly while he was on the toilet, and she redirected him, stating it was not appropriate. During an observation on 4/14/26 at 2:04 p.m., R2 was seated in the Country View (CV) TV lounge when he responded to staff offering to assist him to bed by stating, With you? During an interview on 4/15/26 at 7:08 a.m., licensed practical nurse (LPN)-B stated she received report from the night shift that R2 had been up approximately every hour since 12:30 a.m. using the bathroom and had been real grabby with staff while being toileted. Review of R2's medical record did not identify documentation of the above sexually inappropriate behaviors. During an interview on 4/16/26 at 11:07 a.m., the Director of Nursing (DON) stated when R2 exhibited inappropriate behaviors, staff were expected to document these in behavior notes to allow tracking and evaluation of the effectiveness of interventions. Facility policy, Mood and Behavioral Health, reviewed 1/22/2025, identified the facility must provide behavioral health care and services to meet residents' psychosocial and behavioral needs based on comprehensive assessment and interdisciplinary team (IDT) care planning. The policy identified behavioral symptoms may be potentially harmful to the resident or others and must be assessed, care planned, implemented, and evaluated through the Resident Assessment Instrument (RAI) process. The policy further identified the IDT is responsible to assess mood and behavioral symptoms, develop individualized interventions, and review behaviors and effectiveness of interventions on admission, quarterly, annually, and with significant change, to ensure residents' needs are met and risks are addressed. Facility policy, Retention and Destruction Policy, dated 10/2024, identified medical records must be retained in accordance with state and federal requirements and must be maintained in a manner that ensures they are available for audits, legal review, and quality assessment during the retention period. The policy further identified active medical records are maintained in the electronic health record (EHR) and must be accessible to authorized staff for ongoing care and documentation of resident services. The policy also identified resident medical records must be complete and maintained in a manner that supports continuity of care and accurate review of resident condition and services provided.</p>		