STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245224	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Augustana Care Hastings Health and Rehabilitation	930 West 16th Street Hastings, MN 55033

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245224	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Augustana Care Hastings Health and Rehabilitation	930 West 16th Street Hastings, MN 55033

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to assess and monitor non-pressure related skin injuries for changes until resolved for 1 of 3 (R1), reviewed for quality of care.Findings include:Findings include:R1's annual Minimum Data Set (MDS), dated [DATE], identified R1's cognition was intact and had diagnoses of multiple sclerosis (MS)- (an autoimmune disease where your immune system mistakenly attacks the protective covering of your nerves (called myelin) in the brain and spinal cord producing symptoms such as fatigue, walking difficulties, numbness, and muscle weakness), diabetes, congestive heart failure and pyoderma gangrenosum (a rare disease where a person's immune system attacks its own skin, causing extremely painful, rapidly spreading ulcers or sores, most often on the legs). Further indicated R1had open lesions other than ulcers, rashes, cuts.and Moisture Associated Skin Damage (MASD) that required applications of ointment/medications and nonsurgical dressings other than to feet.R1's care plan dated 9/30/24, identified a problem at risk for moisture due to incontinence of bladder and/or bowel, decreased activity, immobility, shear and friction. Other risk factors: recent ADL decline, MS, cardiovascular disease, depression, diabetes, polyneuropathy, pain, shortness of breath, required assist with activities of daily living (ADL)s, congestive heart failure (CHF), and Pyoderma Gangrenosum and admitted to the facility with several lesions on her body. Also has a history of MASD to her buttocks. Followed by Dermatology since 2/2024 for Pyoderma Gangrenosum lesions (neck, midback, right shin and abdomen). At times have refused treatments. Interventions dated 9/20/24 include to provide treatment per physician orders, involve and educate R1 and family in prevention/treatment methods related to skin integrity, NAR/CNA to observe daily during cares and notify nurse promptly of any areas of concern.R1's Visual Body Inspection note dated 9/17/25, identified R1 had no new skin concerns at this time.R1's Wound Management note dated 9/20/25, identified R1 had a right shin rash that measured 31 centimeters (cm) x 7 cm and left shin rash measured 2.5 cm x 13 cm. Healed discontinued information: policy updated, wound management no longer required this skin alteration, Staff will continue to monitor until resolved per updated facility policy.R1's progress note dated 9/20/25 at 1:50 p.m., identified R1 was noted to have 31 centimeters (cm) X 7 cm rash from right inner lower leg to the middle of her inner thigh. A 2.5 cm x 13 cm rash from left inner lower leg to top left inner knee. R1 complained of pain to her right foot and rated it 8 out of 10. Tylenol, 650 mg prn was given for pain. Medication seems effective. The rashes are not raised; they are flat and pink in color, no warmth to the touch. Provider updated through email and family-member (FM)-A at the facility visiting and stated R1 used to have that kind of rash. Will continue to monitor.R1's Visual Body Inspection note dated 9/24/25, identified R1 had no new skin concerns at this time.R1's progress note dated 9/27/25, identified R1 was sent to the hospital per provider orders.R1's hospital Consult notes dated 9/29/25, identified R1's initial wound assessment note described the wound etiology to be Pyoderma gangrenous:1. Wound 1 location left neck, bilateral axilla, left back, abdomen, right thigh and right leg wound base appears to be scar tissue with a few small ones on the abdomen with small amount of yellow/gold/tan drainage with mild pain present.2. Wound 2 location bilateral axilla fungal/yeast wound etiology rash with odor present.Orders to follow up weekly with wound care.R1's Hospital Discharge summary dated [DATE], identified R1 was hospitalized for congestive heart failure and had new orders for the following wounds:1. Left neck, bilateral abdomen and right thigh: cleanse wounds with normal saline and pat dry, place xeroform gauze product (non-adherent, occlusive dressing, which means it helps protect the wound, maintains a moist healing environment, and does not stick to the new tissue) over wound bed, cover with ABD pad (large, sterile, absorbent dressing used to cover large wounds or surgical incisions on the abdomen) and secure with tape, change dressings daily.2. Left back and right anterior shin: cleanse wounds with normal saline and pat dry with non-sterile 4 x 4 gauze. Right shin cover with 4 x 4 Mepilex soft, foam bandage designed to absorb fluid from a wound). Left back cover with xeroform and a 6 x 6 Mepilex.3. Bilateral axilla: do not use Cavilon advanced wand (a single-use foam applicator containing a unique, ultra-thin polymer barrier designed to protect and heal severely damaged or intact skin from caustic body fluids like liquid stool and gastric fluid) on this patient. Clean axilla with bath wipes and dry, apply a very thin layer of citric aid AF ointment and continue treatment for 2 weeks. R1's progress noted dated 10/1/25 at 9:07 p.m., identified R1 returned from hospital.no new skin concerns. R1's Visual Body Inspection note dated 10/1/25, Although the hospital discharge summary identified R1 had wounds, R1's inspection not only identified that R1's scars were visually inspected and without change, both