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	05/23/2025

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48299 Based on observation, interview, and document review, the facility failed to ensure resident's needs were addressed in a respectful and dignified manner when a resident (R12) requested incontinence assistance. Findings include: R12's quarterly Minimum Data Set (MDS) dated [DATE], indicated R12 had intact cognition and diagnoses of cancer, anemia, hypertension, diabetes mellitus, psychotic disorder, and chronic obstructive pulmonary disease. R12 had hallucinations, verbal behaviors towards others, and did not reject cares. R12 was always incontinent of bowel and bladder. R12's bowel toileting program care plan revised 4/21/25, directed staff to offer bed pan after breakfast between 9:30 a.m. and 11:00 a.m. R12's activities of daily living (ADL) care plan related to toileting revised 4/21/25, indicated R12 was incontinent of bowel and bladder and required extensive assist of one staff for toileting. The care plan directed staff to check and change and/or offer bed pan upon arising, after meals, before bed and as needed. R12's ADL care plan related to transfers revised 4/21/25, indicated R12 required total assistance of two staff for transfers using a full body mechanical lift. R12's progress note dated 4/21/25 at 3:37 p.m., indicated: BOWEL TOILETING PROGRAM: An individualized, resident specific toileting program was developed on 4/3/25, based on the assessment of the resident's unique bowel pattern in which the resident is to be offered the bed pan after breakfast between [9:30 a.m. and 11:00 a.m.]. She is at risk for impaired elimination related to diagnoses of COPD, rectal cancer, and Delirium aeb [as evidenced by] weakness and immobility. She is not always able to effectively communicate needs and request toileting. She requires total assist for check and change. She has a history of being frequently incontinent of bowel, but more recently bowel incontinence has increased to always incontinent. Most of her incontinent episodes occur following breakfast between 0930-1100, [9:30 a.m. - 11:00 a.m.) per staff. Resident would benefit from increased continence. During the reference period week of 4/11/25-4/17/25, the program was followed one day. Resident did not have a continent [bowel movement] during that time the program was carried out During interview on 5/19/25 at 2:21 p.m., R12 stated she was incontinent pooping and peeing on herself and waited for staff assistance with cares for extended periods of time. (continued on next page)

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	05/23/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During observation on 5/21/25 at 8:30 a.m., nursing assistant (NA)-G assisted R12's roommate with cares. At 8:44 a.m., NA-C wheeled R12 into the room after breakfast, and R12 stated I just did it again and needed a change. NA-C ensured R12 had call light within reach and left the room. At 8:48 a.m., NA-D entered the room to assist NA-G and R12's roommate. Shortly after, NA-D left the room and there was no mention R12 needed assistance. LPN-D entered the room to give R12's roommate medication and left. There was no mention R12 needed assistance. At 9:02 a.m., unknown nursing assistant entered the room to assist NA-G and R12's roommate. R12 expressed she needed assistance and unknown nursing assistant assured R12 she would be assisted soon. LPN-D and unknown nurse entered the room to assist R12's roommate and brought a full mechanical lift into the room. During observation on 5/21/25 at 10:14 a.m., NA-G was in R12's room and finished cares with R12. R12 laid in bed, and R12 stated staff finally assisted her. During interview on 5/21/25 at 10:27 a.m., NA-G stated R12 was assistance of one with most cares and needed assistance of two staff for transfers with the full mechanical lift. NA-G stated R12 had a small incontinent bowel movement and offered R12 the bed pan, and R12 refused. NA-G stated R12 verbalized she wanted to use the toilet, and R12 was not able to since she transferred with a full mechanical lift. NA-G stated she would redirect R12 and told R12 staff would help her with incontinent cares. During interview on 5/21/25 at 1:09 p.m., R12 was in bed and stated she did not use the toilet and was able to tell when she needed to use the bathroom. R12 stated she used a full mechanical lift to transfer so was not able to get to the toilet. R12 stated she did not like to use the bed pan, because the bed pan was hard and uncomfortable. R12 stated use of a commode was brought up in conversation before but had not used a commode. R12 stated it was important for her to stay dry and was hurt, with a tear down her face, when asked about incontinence cares. During interview on 5/21/25 at 1:52 p.m., NA-G stated R12 called when she needed a change in incontinence product and/or checked R12 every couple of hours. NA-G stated R12 needed more incontinence assistance than usual today. During interview on 5/22/25 at 11:18 a.m., licensed practical nurse (LPN)-E stated a staff member should respond to a resident's request after they finished assistance with the current resident. LPN-E stated R12 was incontinent and used a full mechanical lift. LPN-E stated residents who used a mechanical lift could use a commode and did not believe R12 tried a commode. LPN-E did not know if R12 was able to sense when she needed to use the restroom or wanted to use the toilet and stated the nursing assistants knew more about R12. During interview on 5/22/25 at 11:42 a.m., registered nurse (RN)-B staff should assist a resident within five to 10 minutes when resident asked for incontinence assistance. RN-B stated RN-D assessed bowel and bladder programs on a quarterly basis. RN-B stated R12 had a bowel program and followed the standard urinary incontinence cares of assistance upon rising, between meals, at bedtime and as needed. RN-B was not aware of any trial of a commode and stated the interdisciplinary team usually discussed commode use when bowel and bladder programs were reviewed. RN-B was not aware R12 requested toilet use. (continued on next page)

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	05/23/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 5/22/25 at 2:51 p.m., RN-D stated they reviewed residents' bowel and bladder programs during their MDS assessment period. RN-D stated they reviewed residents' chart and interviewed staff and residents to assess bowel and bladder programs. RN-D stated R12 recently started a bowel program when staff stated R12 had the urge to have a bowel movement after breakfast. RN-D did not know how to answer that one when asked about a bladder program. RN-D was not aware of any bowel and bladder concerns for R12. During follow-up interview on 5/23/25 at 8:46 a.m., NA-G stated they were with R12's roommate from approximately 8:00 a.m. and 9:00 a.m NA-G stated they answered a couple other call lights before they assisted R12, while they waited for assistance to transfer R12 into bed. During interview on 5/23/25 at 9:45 a.m., the director of nursing (DON) stated R12 was not always able to request toileting assistance before an incontinence episode. DON expected staff to communicate with nurses or nurse managers about bowel and bladder concerns to assess if there could be gains of continence for residents. The DON expected staff to prioritize to meet residents' needs. The facility's Resident Rights policy dated 11/15/24, indicated Cassia facilities recognize that they must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of the resident's quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

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	05/23/2025

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47495 Based on observation, interview, and document review, the facility failed to ensure a resident with known heart failure was routinely assessed for new or worse symptoms as directed by the discharging hospital physician for 1 of 1 resident (R15). In addition, the facility failed to comprehensively assess a non-pressure skin condition, to ensure wound change could be adequately monitored and acted upon promptly to promote healing and reduce the risk of complication (i.e., infection, worsening) for 1 of 2 residents (R51) reviewed who had skin impairments. Finding include: R15 R15's admission Minimum Data Set (MDS) dated [DATE], indicated R15 was admitted to the care facility on 5/5/25, had mild cognitive impairment, and an active diagnosis of peripheral vascular (or arterial) disease (a condition where narrowed arteries reduce blood flow to the arms and legs). R15's Hospital discharge note, dated 4/24/25 - 5/5/25, directed the care facility staff to monitor for signs of heart failure daily and more frequently as condition warrants including; assessing lung sounds daily, assessing for peripheral edema daily, measuring oxygen saturations daily at rest and with activity, and to notify the physician with any change in patient condition or worsening heart failure symptoms. R15's electronic medical record (EMR), including the Care Plan, Active Orders, and Progress Notes, all printed 5/22/25, lacked any direction for nursing staff to monitor R15 for signs and symptoms of worsening heart failure. The EMR lacked documentation of R15's edema and lung sounds. The EMR indicated R15's oxygen saturations were checked daily but did not indicate if the measurement was at rest or with activity. During observation on 5/29/25 at 1:54 p.m., R15 was sitting in his recliner chair in his room with a family member present. R51's bilateral hands appeared edematous. R15's family member stated she believed R15 was wearing some compression sleeves at the hospital but not any since being admitted to the care facility. During an interview on 5/21/25 at 12:16 p.m., registered nurse (RN)-C stated R15 did not have any routine orders for daily assessment, stating some residents would have ordered routine assessments, otherwise assessments would only be completed and charted on if there was a noted concern. During an interview on 5/22/25 at 8:00 a.m., nurse manager and assistant director of nursing (ADON) stated every resident in the transitional care unit had daily weights completed, however many times a resident would have specific orders regarding monitor shortness of breath, edema, lung sounds, etc. The ADON confirmed R15 left the hospital with directions to monitor R15 for signs of heart failure daily, stating she would expect to see the documentation in a progress note or medication administration record, confirming it was not there. The ADON stated the care community had good continuity of care but agreed it would be difficult to determine if R15 had worsening heart failure if his daily status was not being assessed and documented. (continued on next page)

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	05/23/2025

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	49034 R51 R51's admission Minimum Data Set (MDS) dated [DATE], indicated R51 had moderately impaired cognition and was diagnosed with heart failure, liver cirrhosis (chronic liver disease causing scarring, and decreased liver function), and polyneuropathy (a condition causing weakness, numbness, and pain in the feet and hands). The MDS indicated R51 had no ulcers or other open lesions of the foot. R51's care plan dated 4/17/25, indicated R51 was at risk for an alteration of skin integrity related to heart failure, liver disease, and edema in her legs. The care plan indicated that licensed staff were to complete a visual body observation weekly, implement appropriate interventions for any areas of concern, and notify the provider and family of these new areas. The care plan indicated the nursing assistants (NA) were to observe skin daily during cares and notify the nurse promptly of any areas of concern. R51's Comprehensive Skin Risk and Braden assessment dated [DATE], indicated R51 was at risk for skin breakdown (with a score of 17) related to decreased activity, nutrition level, and shear/friction risk. The assessment indicated R51 had bruises present but had no infections, ulcers, or open lesions of the foot, no burns, skin tears, rash/abrasion, skin tear/laceration, or moisture-associated skin damage (MASD). The assessment did not include documentation of any other skin injuries to the foot. The document indicated the NAs were to complete a daily skin assessment and the licensed nurse would complete an assessment weekly. The Comprehensive Skin Risk and Braden assessment was completed on: - 4/23/25 and indicated R51 had bruising with none of the other skin alterations as outlined above. - 4/30/25 and indicated R51 had none of the skin alterations as outlined above, and bruising was not present. - 5/7/25 and indicated R51 had none of the skin alterations as outlined above and R51 continued with no bruising. - 5/14/25 and indicated R51 had an open lesion(s) on the foot but did not include a further description of this lesion. R51 continued to have bruising. R51's Visual Body Observation dated 4/16/25, did not indicate R51 had a wound to her right great toe. The Visual Body Observation was also completed on 4/23/25, and 5/7/25, and did not indicate that R51 had a wound to her right great toe. The observation dated 5/14/25, included a section titled Describe any additional new alterations in the skin from above or otherwise noted and the section did not include a description of any wound to R51's right great toe, nor did the rest of the documentation. R51's Medication Administration Record (MAR) dated 5/1/25 to 5/19/25, included an order starting on 5/14/25, to apply a thin layer of bacitracin to R51's right great toe and cover daily until the wound was healed. The order was completed daily from 5/14/25 to 5/19/25. (continued on next page)

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	05/23/2025

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	R51's progress note dated 5/8/25 at 9:46 p.m., indicated R51 had requested the registered nurse (RN) to check her right great toe because it feels tender and noted an old scab and dry skin from a healed blister that was partially falling off. The note indicated that R51 requested the dry skin be removed entirely and the RN applied bacitracin (an antibiotic ointment) to the area. R51's progress note dated 5/12/25 at 10:28 p.m., indicated R51's entire tip of right big toe has a sore on it. The note indicated R51's right big toe had a dressing covering it, that the resident said had not been changed in approximately five days. R51 complained of soreness and asked for her dressing to be changed. The note indicated RN-A had cleansed the sore with saline, applied bacitracin, and covered the wound with gauze and tape. The note did not include a physical description of this sore or measurements. R51's progress notes dated 5/17/25 at 11:49 p.m., and 5/18/25 at 11:00 p.m., indicated that R51's dressing to the right big toe was changed as ordered. The notes did not include a physical description of this sore or measurements. R51's progress notes dated 5/8/25, through 5/19/25, were reviewed and did not include any further description of R51's wound to her right great toe. R51's Wound Management tab printed on 5/20/25 at 8:56 a.m., indicated no active, healed, or discontinued wounds had been documented under this tab since admission on 4/16/25. R51's Wound Details dated 5/20/25 at 2:52 p.m., indicated R51 had a wound to her right big toe with a specific wound type of trauma from bumping it? that measured .5 cm by .5 cm. The wound was described as a small dry area and R51 had thought she bumped it. The note indicated R51 had no pressure forces and wore socks and slippers. R51's medical record was reviewed and no further descriptions of R51's wound to her right great toe were found. During an interview on 5/20/25 at 1:12 p.m., R51 stated she didn't have a wound on her toe when she was admitted . R51 stated she thought her sock was too tight about a month ago and had rubbed on her toe and caused a wound to open up. R51 stated It [the wound] was ugly and someone had applied a dressing to her toe when they had first found it. During an interview and observation on 5/20/25 at 1:20 p.m., licensed practical nurse (LPN)-A confirmed she was R51's nurse. LPN-A stated that R51 had no skin issues at the moment and if she did, she could find it under the observations tab. LPN-A stated they would put in on the visual body observations and it should be documented there, and all she saw documented were a scattering of bruises. LPN-A stated the skin was assessed every week on bath day or if something was reported by the aides. LPN-A stated if they had found something new they would open up an event, get an order for wound care, and then should open up something so they would continue to monitor it. On request, LPN-A examined R51's right foot, and a small pink wound was noted to the end of R51's right great toe and R51 stated the wound hurts very much so. (continued on next page)

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	05/23/2025

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	During an interview on 5/21/25 at 7:56 a.m., the assistant director of nursing (ADON) stated she followed residents with chronic wounds, or wounds that were more challenging or having a hard time healing. The ADON stated she was not following any residents in R51's unit. At 10:30 a.m., the ADON stated she would expect a full head-to-toe skin assessment to be completed on admission and then if there were any abnormalities, she would expect them to add a record to wound management if any new wounds were found so they wounds could be tracked. The ADON confirmed that she had reviewed R51's record but did not see a wound management note, that would include measurements or a description from when the wound was found/before survey entrance. During an interview on 5/21/25 at 11:12 a.m., nurse practitioner (NP)-A stated she had been notified of the wound to R51's right toe so she had assessed it on 5/14/25 on her visit but had not documented this. NP-A stated the wound was pink in color and she wanted a daily dressing change for it, so she had put in the order for the bacitracin and gauze. NP-A stated she did not feel that the wound was caused by pressure but was possible the wound was caused by R51 bumping her toe and not noticing related to her polyneuropathy. During an interview on 5/21/25 at 2:01 p.m., registered nurse (RN)-A stated she remembered the day of 5/14/25, when R51 had told her that her toe was hurting, and she had a dressing on it but the dressing didn't have a date on it so she was unsure how long it had been on there. RN-A stated the tape was very stuck to R51's skin and she had to use saline to get the dressing off. RN-A stated when she did get the dressing off of R51's big toe, a scab came off with it and a wound was present underneath. RN-A stated there was a small open wound underneath the scab but was unable to describe it in further detail. During an interview on 5/22/25 at 10:06 a.m., the director of nursing (DON) stated that she would expect nursing staff to open a wound management assessment if a new wound was discovered so the wound could be tracked. The facility Skin Integrity policy dated 3/10/25, indicated the facility staff would use the Wound Management area to document skin integrity issues. The policy indicated if, on a daily skin check by the NA, an alteration was noted, the nurse would follow the documentation guidelines below for any new skin alterations. The policy indicated staff were to document the skin alteration's specific location, physical description, and measurements. The policy included a section titled Measuring/Describing Wounds and included 14 items including the location of the wound, type of wound, measurements (length, width, depth), tissue types (epithelial, granulation, slough, eschar/slough, red/pink, etc), if drainage is present (and description if so), odor, pain, wound edge description, etc.

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	05/23/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48065 Based on observation and interview, the facility failed to ensure oxygen administration was administered according to physician orders for 1 of 1 resident (R11) observed for respiratory services. Findings include: R11's face sheet printed 5/22/25, indicated R11 had a diagnosis of chronic respiratory failure with hypoxia (a condition where the lungs struggle to provide enough oxygen to the blood, leading to low oxygen levels in the body). R11's significant change Minimum Data Set (MDS) dated [DATE], indicated R11 was on hospice, had moderate cognitive impairment, received maximal assistance with oral hygiene, eating, showers, upper body dressing, personal hygiene and was dependent with bed mobility, transfers, toileting hygiene and lower body dressing. R11's MDS indicated resident received oxygen therapy and identified diagnoses of dementia, chronic obstructive pulmonary disease, and respiratory failure. R11's orders printed 5/22/25, indicated orders for 2 to 4 liters of oxygen, continuous via nasal cannula to maintain SAO2 (arterial oxygen saturation) over 90%. R11's care plan printed 5/22/25, indicated I require oxygen therapy related to restrictive lung disease/chronic respiratory failure. R11's care plan goal indicated I will not exhibit signs of hypoxia (cyanosis, dyspnea, confusion, restlessness, nasal flaring, elevated blood pressure, increased respirations, increased pulse). The care plan interventions indicated the administration of oxygen at 2 liters per minute (Lpm) via nasal cannula (NC). R11's Medication administration record (MAR) printed 5/22/25, indicated oxygen 2 Lpm to 4 Lpm via NC, continuous to maintain SAO2 (oxygen level in blood) at 90% for a diagnosis of respiratory failure with hypoxia. During observation on 5/19/25 at 2:00 p.m., R11 was sleeping in bed in supine position she had an oxygen nasal cannula on her nares, and the oxygen tank was not on. R11 appeared to be resting comfortably with no signs of respiratory distress. During observation on 5/19/25 at 4:35 p.m., R11 was in bed awake, restless, and her respirations were rapid and labored. R11's oxygen nasal cannula was under her chin and the oxygen tank was not on. During observation on 5/19/25 at 4:38 p.m., surveyor left the room to obtain staff assistance, while licensed practical nurse (LPN)-C and a nursing assistant (NA) entered R11's room. Staff exited R11's room within two minutes. During observation on 5/19/25 at 4:40 p.m., surveyor returned to the room to check on R11 and R11 was in bed laying on her left side with the oxygen cannula on her nares but the oxygen tank was not on. Surveyor left the room again to obtain staff assistance. LPN-C returned to the room with surveyor. (continued on next page)

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	05/23/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During observation and interview on 5/19/25 at 4:41 p.m., LPN-C stated R11 had an order for continuous oxygen to keep her SAO2 above 90%. LPN-C stated R11 removed her nasal cannula but now it's on her nares. LPN-C was interviewed at R11's bedside, and confirmed the oxygen tank was not on. LPN-C stated It's always on. Maybe when they laid her [R11] down in bed after lunch, they [nursing assistants] didn't start the oxygen. LPN-C verified R11's breathing was rapid and appeared to be short of breath. LPN-C turned oxygen on at 2 liters, checked R11's O2Sats (oxygen saturation) and it was 69%. LPN-C instructed R11 to take deep breaths, O2Sats increased to 74%. LPN-C increased the oxygen to 4 Lpm and after a couple minutes, R11's O2Sats were 93%. R11's electronic medical record (EMR) lacked documentation regarding R11 being without oxygen on 5/19/25, and her SAO2 dropping below 90%. R11's Safety event described as a Medication Incident dated 5/20/25, indicated no vitals were recorded and there were no associated progress notes or additional details included for the event. During observation and interview on 5/21/25 at 7:21 a.m., nursing assistant (NA-E) switched R11's oxygen tank cannula with the portable oxygen tank's cannula and turned on the portable tank to 2 Lpm. NA-E stated he asked the nurse what R11's oxygen liter flow should be before he switched the cannula. During interview on 5/21/25 at 10:03 a.m., LPN-D stated this morning R11's O2Sats were 96% at 2 Lpm via her portable oxygen tank. During interview on 5/22/25 at 8:48 a.m., LPN-E stated the nurses monitored O2Sats and respiratory status of residents receiving oxygen. LPN-E stated the NAs were allowed to switch residents from a portable to a stationary oxygen unit, keeping the same oxygen liter. LPN-E stated if a resident O2Sats dropped under 90%, the nurse needed to make a progress note and report to the next nurse. During interview on 5/22/25 at 9:30 a.m., nurse manager/register nurse (RN)-B stated NAs were responsible for placing and switching between the portable and stationary oxygen tank. RN-B stated the nurses were responsible to monitor O2Sats levels, oxygen liter flow, replacing the oxygen tubing, and oxygen bubbler. RN-B stated when a resident had an incident like R11's, the expectation was for nurses to document and update the providers. RN-B verified there was not documentation about R11's oxygen incident. During interview on 5/22/25 at 12:55 p.m., director of nursing DON stated R11's oxygen incident was brought to her attention on 5/19/25. DON stated the nurse practitioner and guardian were updated about incident as a medication error. DON stated she has been monitoring R11's O2Sats and as soon as they learned about this incident, the staff was re-educated. DON indicated the staff was very aware of the need to ensure residents were receiving oxygen as ordered. Facility's policy titled Oxygen: Liquid Stationary dated 3/10/25, indicated oxygen will be administered per order.

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	05/23/2025

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48299 Based on observation, interview, and document review, the facility failed to appropriately monitor and comprehensively assess complaints of pain for 1 of 5 residents (R2) reviewed for pain. Findings include: R2's quarterly Minimum Data Set (MDS) dated [DATE], indicated R2 had intact cognition, no hallucinations, delusions, behaviors, or rejection of care. R2 was independent with most activities of daily living and had diagnoses which include seizure disorder, depression, and psychotic disorder. The MDS indicated R2 received scheduled pain medication, as needed pain medication, and non-medication interventions for pain. The MDS indicated R2 had frequent pain and rated pain at a four. The MDS indicated R2's pain frequently affected sleep and occasionally interfered with day-to-day activities. R2's pain care plan reviewed and/or revised 3/19/25, indicated R2 had a history of pain related to fibromyalgia (long-term condition which involves widespread body pain), chronic pain, diabetes, neuropathy, restless leg syndrome (nearly irresistible urge to move the legs; may experience pain), depression, and gastroesophageal reflux disease. R2 was able to verbalize pain and pain relief. Interventions included to follow PRN (as needed) analgesic house orders for pain, provide non-medication pain relief, such as rest and position changes, notify provider of any new or unrelieved pain, monitor for non-verbal signs and symptoms of pain, complete pain assessment on admission, quarterly, and as needed, give pain medication as ordered, monitor for pain medication side effects and notify provided if noted. R2's mood state care plan reviewed/revised 3/31/25, indicated pain was a situation which caused mood difficulty. The care plan indicated R2 became excessively focused on pain and health condition which became a barrier to having a quality of life. R2's pain focus may cause irritability, accusations towards staff and care, and belief R2 was not receiving proper care and services. R2's behavioral symptoms care plan reviewed/revised 3/31/25, indicated R2 had history of inappropriate use of over-the-counter analgesic medication due to a fear of being in pain. R2's associated clinic of psychology care plan reviewed/revised 3/31/25, indicated pain may affect mood and spending time out of bed doing previous hobbies. R2's cognition care plan reviewed/revised 3/31/25, indicated pain may affect cognition. R2's sleep care plan reviewed/revised 5/20/25, indicated R2 slept through the night without difficulties and was able to report alterations in sleeping patterns. Interventions included to offer pain medications as needed. (continued on next page)

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	05/23/2025

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's Pain-Comprehensive Observation dated 3/27/25, indicated R2 had moderate aching pain in her head caused by migraines and was not feeling well with the stomach flu. The assessment indicated rest and medication helped R2's pain, and movement made R2's pain worse. The assessment indicated anxiety and verbal expressions of pain was how resident expressed pain. The assessment indicated R2 had chronic pain and pain goals included sleep comfortably, comfort with movement, comfort at rest, and prefers to stay alert rather than increasing amount of pain medications or other sedating medications taken. R2's physician orders included the following scheduled medications: -10/6/20, pregabalin 100 mg (milligrams) by orally three times a day for fibromyalgia. -1/12/21, voltaren gel 1% 2 grams topically to right shoulder and bilateral knees four times a day for pain. -4/22/22, acetaminophen (pain reliever and fever reducer) 1,000 mg orally three times a day. -12/27/22, ropinirole 0.125 mg once a day one hour before bed for restless leg syndrome. -2/21/25, hydromorphone 1 mg orally twice a day and 2 mg orally twice a day for pain. -3/6/25, Topamax (anticonvulsant and nerve pain medication) 50 mg twice a day. R2's physician orders included the following PRN medications: -7/12/22, acetaminophen 1,000 mg orally for pain 1 to 3 out of 10. Non-pharmacological interventions: 1= Warm blanket, 2= re-position, 3= Ice pack, 4= Warm pack, 5= Aromatherapy. Once a day PRN. -2/21/25, hydromorphone 2 mg orally for pain 4-10 out of 10. Non-pharmacological interventions: 1= Warm blanket, 2= re-position, 3= Ice pack, 4= Warm pack, 5= Aromatherapy. Every four hours PRN. -3/25/25, Topamax 25 mg for headache. Non-pharmacological interventions: 1= Warm blanket, 2= re-position, 3= Ice pack, 4= Warm pack, 5= Aromatherapy. Once a day PRN. R2's vitals reviewed from 2/1/25 to 5/22/25, lacked evidence of R2's pain rating or scale. R2's progress note dated 4/27/25 at 10:26 p.m., indicated [R2] was steaming mad tonight. (Her words). She doesn't understand why she can't have enough pain meds for her back pain. [R2] never asked for any additional pain medication all shift. No follow-up was noted in R2's electronic health record. R2's medication administration record and progress notes during the time of medication administration were reviewed from 4/27/25 to 5/20/25 and indicated the following: -acetaminophen 1,000 mg PRN was administered during the night shift 19 out of 24 days. Five of the 19 days did not have a pain rating (verbal rating or use of non-verbal pain scale) or location documented. Three of the 19 days lacked a pain rating (verbal rating or use of non-verbal pain scale). One of the 19 days did not describe pain location. Non-pharmacological interventions were documented, and treatment was marked as effective. (continued on next page)

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	05/23/2025

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-hydromorphone 2 mg PRN was administered during the night shift 20 out of 24 days. Six of the 20 days did not have a pain rating (verbal rating or use of non-verbal pain scale) or location documented. Three of the 19 days lacked a pain rating (verbal rating or use of non-verbal pain scale). One of the 19 days did not describe pain location. Non-pharmacological interventions were documented, and treatment was marked as effective. A further review of R2's progress notes dated 4/27/25 to 5/20/25, indicated the following related to pain: -On 5/1/25 at 3:32 p.m., a note indicated R2 complained of headache and back pain during the shift and was not able to rate pain. R2 was given scheduled pain medications and was somewhat effective. Warm blanket given. Nurse encouraged R2 to get up as R2 was in room and in bed for the past two days, and R2 stated she did not want to get up due to headache. Vital signs were within normal limits. The note indicated staff would continue to monitor and update oncoming shift. During observation and interview on 5/19/25 at 1:10 p.m., R2 laid in bed and stated she had pain in her lower back and migraines. R2 stated she has experienced very bad pain for a long time now, and the pain medications did not help. R2 stated her pain was at an eight or nine out of ten most of the time. During observation and interview on 5/20/25 at 1:44 p.m., R2 stated the nurse gave her pain medication which would start to work soon. R2 laid in bed and stated she was tired. R2 stated she was not prescribed enough pain pills. During observation and interview on 5/22/25 at 12:09 p.m., R2 laid in bed and stated she was in pain and just received pain medication. R2 rated her pain at an eight and nine and stated her pain was in her lower back, right leg, and had a migraine. R2 stated nurses did not come back to check on her pain after pain medications given. During interview on 5/22/25 at 12:18 p.m., (LPN)-F stated R2 had a lot of different pain medications and had general pain such as back pain. LPN-F stated R2's pain was stable and relieved with current pain interventions, and R2 knew to inform the nurse when she had pain. LPN-F stated they gave scheduled pain medications and then PRN pain medications if resident continued to complain of pain. LPN-F called the provider if PRN pain medications were not effective. LPN-F stated a question popped up in the electronic health record when giving PRN pain medications where nurses indicated assessment of resident's pain, which included pain location and rating, and if the intervention was effective or not. During interview on 5/23/25 at 9:23 a.m., registered nurse (RN)-B stated staff monitored residents' pain every day in their first 100 days of admission and then assessed pain as needed with visual or verbal complaints of pain. RN-B stated R2 did not always give staff a pain rating and would say she hurts. RN-B stated R2 had chronic back pain, and R2's pain was typically described as well managed. RN-B reviewed the nursing note from 4/27/25, and stated staff should have followed-up on the comment made by R2 and stated they did not see any follow-up documented. RN-B stated it was important to manage pain for resident's quality of life. (continued on next page)

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	05/23/2025

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 5/23/25 at 10:00 a.m., the director of nursing (DON) reviewed R2's progress notes and stated staff assessed R2's pain daily. The DON reviewed R2's nursing note from 4/27/25, acknowledged R2's comment, and stated the nurse indicated R2 did not ask for as needed pain medications during the shift. The DON stated R2 and the pharmacist were involved in recent changes of pain medication. The facility provided progress note from 2/21/25 at 9:39 p.m., indicated Increase med dose: Res [R2] was upset about her Hydromorphone dose. Res stated that she talked to [nurse practitioner; (NP)] yesterday and NP stated that she would increase her Hydromorphone to 2 mg but NP didn't give an order. Res kept requesting to call NP to fix her Hydromorphone dose. Writer called [provider line] and updated about res complaints and NP ordered to change Hydromorphone to 1 mg PO, BID at 0800 and 1600 and Hydromorphone, 2 mg at noon and at 2000 and Hydromorphone, 2 mg, PO, Q4H [every 4 hours], prn. The note indicated R2 was told that her Hydromorphone dose increased and R2 was happy, she received her Hydromorphone 2 mg at bed time, and staff would update the oncoming shift. The facility provided Regulatory Visit note dated 4/11/25, indicated [R2] continues to [complain of] pain which is a behavioral pattern for her; subjective descriptions of pain do not really change or improve--even when she sometimes states that previous pain control was better, at that previous time her statements reflected significant pain/not well-controlled; and this pattern repeats. Therefore using more objective measures of pain - she has had less non-verbal pain behaviors with the most recent increase. The facility's Pain Management policy dated 4/28/25, indicated pain management included identifying the characteristics of pain, addressing the underlying causes of pain, developing and implementing approaches to pain management, monitoring for the effectiveness of interventions, and modifying approaches as necessary. The policy indicated nursing staff assessed pain on an ongoing basis and completed pain assessments on admission, quarterly, with change in pain and with change of condition. Reports of pain were handled as high priority and nurses determined which pain scale to use based on many factors. The policy indicated staff followed parameters for as needed pain medication use when more than one as needed pain medication was ordered.

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	05/23/2025

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47495 Based on observation, interview and document review, the facility failed to ensure a routine dental referral for a missing front tooth was followed up on along with a recommendation for an over-the-counter fluoride rinse to maintain oral health for 1 of 2 residents (R18) reviewed for dental services. Findings include: R18's quarterly Minimum Data Set (MDS), dated [DATE], indicated R18 was admitted to the care facility on 9/20/17, was cognitively intact and required supervision or touching assistance with oral hygiene. R18's most recent dental assessment form by Apple Tree Dental, dated 12/16/24, indicated R18 had obvious broken natural teeth and inflamed and bleeding gums. The note indicated R18 required direct staff supervision and if capable, could maintain oral care independently recommending oral care twice daily and to swish twice daily with an over-the-counter fluoride rinse. The Notes to Nursing Staff for follow up section indicated R18 was self-conscious of missing teeth and would like a dental assessment to repair/replace front teeth. R18's Care Conference Summary, dated 4/29/25, indicated ancillary services, including dental services, were offered to and accepted by R18. The note indicated R18's last dental visit was 4/6/23. R18's care plan, dated 9/21/17, indicated staff were to provide R18 with set up and supervision for cues for dental care. The care planned lacked any interventions related to R18 using an over-the-counter fluoride rinse. R18's Active Orders, printed 5/22/25, lacked any indication R18 was using an over-the-counter fluoride rinse. R18's electronic medical record (EMR) further lacked any indication that the dental referral to repair or replace her front teeth was followed up on. During an interview on 5/19/25 at 2:10 p.m., R18 stated her front tooth had fallen out, and while she did not have pain, she kept her mouth shut a little more due to feeling self-conscious of missing a front tooth. During an interview on 5/21/25 at 12:58 p.m., the social services designee (SSD) stated Apple Tree Dental came to the facility approximately every 4-6 months and the Health Information Director (HID) kept a running list of residents who were to be seen at the next dental visit. The SSD reviewed R18 most recent assessment from Apple Tree Dental and confirmed there was a referral for a follow up appointment related to her missing front tooth but was unaware of whether R18 had seen the dentist or had a future referral for dentistry, stating the HID would know that information. (continued on next page)

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	05/23/2025

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/21/25 at 1:13 p.m., the HID stated R18 had refused dental care in the past so they would only make an appointment for her if she asked. The HID stated he was unaware of any dental issues for R18 and that she was not on his list to be seen by the dentist. During a follow up interview at 1:22 p.m., the HID referred to a dental visit for R18, dated 6/27/22 and two dental refusals dated 1/19/23, 4/6/23, and 10/9/23. The HID reviewed R18's chart, confirming R18 was seen by Apple Tree Dental on 12/16/24, stating he is responsible for reviewing the forms and following up on any recommendations, stating the referral should have been followed up on but was not. During an interview on 5/22/25 at 8:28 a.m., the long-term care manager and registered nurse (RN)-B stated the HID was responsible for referring the dental visits/assessments from Apple Tree Dental and passing on any recommendations as needed. RN-B stated she was unaware of the recommendation for R18 to have an over-the-counter fluoride rinse and to have follow up regarding her missing tooth. A facility policy titled Dental Services, reviewed 11/15/24, indicated it was the facility policy to assist residents in obtaining routine and 24-hour emergency dental care.

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	05/23/2025

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48065 Based on observation, interview, and document review, the facility failed to ensure food temperatures were checked or obtained in a manner to reduce the risk for cross-contamination between food items prepared in the main production kitchen. In addition, the facility failed to ensure 1 of 1 can opener was kept in a clean and sanitary manner. These findings had the potential to affect 66 of 67 residents who consumed food from the main production kitchen. Findings include: Can opener During a visit to the kitchen on 5/19/25 at 6:08 p.m., an [NAME] commercial can opener blade's tip had a dark tan dry shinny debris on the tip of the blade up to, black debris caked along most of the blade, reds spots in the upper part of the blade. During observation and interview on 5/20/25 at 8:50 a.m., the commercial can opener blade was still covered with same debris. The culinary director (CD) observed and confirmed the debris built up on the can opener's blade. CD stated the can opener was washed 3 to 4 times a week. CD stated he was not sure when was the last time it was washed. CD stated a dirty blade posed a risk for cross contamination and it should be washed daily. CD added it will add to the evening cleaning duties. Thermometer During observation and interview on 5/21/25 at 11:45 p.m., cook (Ck)-A checked the temperature of the food ready to be served to the residents. Ck-A used a commercial thermometer to check the temperature of the country fried steak. Ck-A grabbed a moist and stained washcloth next to the sink behind the steam table and proceeded to wipe the thermometer before checking the asparagus temperature. When Ck-A was stopped from checking the next food item's temperature and asked to explain the procedure to clean the thermometer, Ck-A stated he never used alcohol wipes to disinfect the thermometer after checking a food item temperature and before checking the next food item on the steam table. Ck-A stated he would get a clean washcloth to prevent cross contamination. During interview on 5/21/25 at 1:44 p.m., CD stated using a moist dirty washcloth was not the facility's procedure to disinfect the thermometer. CD stated the thermometer used to check the food temperature should be sanitized with an alcohol wipe or a sanitizing solution to prevent cross contamination. During interview on 5/22/25 at 1:07 pm., director of nursing stated a dirty can opener and failure to use proper sanitization procedure of a thermometer used to temp the food were infection control issues. (continued on next page)

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	05/23/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility's policy titled Sanitation dated 1/10/25, indicated food service areas shall be maintained in a clean and sanitary manner. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solutions. Facility's policy title Food Temperature Monitoring dated 1/5/22, indicated during temperature monitoring, thermometers should be sanitized prior to checking food temperatures, and between each food item. You may use an alcohol swap or sanitizing solution.

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	05/23/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48299 Based on observation, interview, and document review, the facility failed to ensure personal protective equipment (PPE) was removed and hand hygiene completed prior to room exit for 2 of 2 residents (R6 and R28) observed for enhanced barrier precautions (EBP). In addition, the facility failed to ensure housekeeping staff changed their gloves and performed hand hygiene between cleaning of two resident (R2 and R27) rooms. As well, the facility failed to follow infection control practices while assisting with resident eating to reduce the risk for the spread of infection for 3 of 8 residents (R3, R28, R32) reviewed who required staff assistance with dining. Findings include: ENHANCED BARRIER PRECAUTIONS R6's annual Minimum Data Set (MDS) dated [DATE], indicated R6 had intact cognition and a diagnosis of diabetes mellitus. In addition, R6 had a stage four pressure ulcer and required substantial and/or maximal assistance to roll left and right and was dependent on staff for transfers. R6's physician order dated 4/3/25, indicated treatment orders for R6's sacral wound once daily. R6's EBP care plan revised 3/28/25, indicated R6 required EBP for impaired skin integrity and directed staff to follow EBP per policy. R28's quarterly MDS dated [DATE], indicated R28 had moderately impaired cognition, and diagnoses of heart failure, other fracture, anxiety disorder and depression. In addition, R28 had an indwelling catheter and was dependent on staff for activities of daily living. R28's physician orders dated 1/30/25, indicated Catheter type: Coude Fr. (French) 16; Balloon size: 10 cc (cubic centimeters); Frequency catheter changes every 4 hours PRN (as needed) for by passing or if clogged/falls out. R28's EBP care plan revised 4/16/25, indicated R28 required EBP related to an indwelling catheter and directed staff to follow EBP per policy. During observation on 5/20/25 at 2:04 p.m., NA-C exited R28's room and wore a gown and gloves. NA-C pushed a mechanical lift down the hallway to a section where another mechanical transfer device was stored. NA-C cleaned the lift and still wore the same gown and gloves. NA-C removed their PPE, threw the PPE in a soiled utility room, and completed hand hygiene. During interview on 5/20/25 at 2:07 p.m., NA-C stated they assisted another staff member to transfer R28 into bed. NA-C stated they should have removed their PPE upon exiting R28's room, but kept the PPE on because the wipes to clean the lifts had bleach in them. (continued on next page)

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	05/23/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During observation on 5/21/25 at 9:35 a.m., NA-D wore a gown and gloves and took R6's toothbrush and basin from her and rinsed them in the bathroom. NA-D removed gloves, performed hand hygiene (HH), and assisted R6 to turn side to side to get a sling underneath her. NA-D removed the gown as exiting R6's room and held the gown in their hand as they went to the full mechanical lift, which was more than four feet away from the resident's room and across the hallway. Licensed practical nurse (LPN)-B nurse directed NA-D to place the gown in the hamper in R6's room. NA-D returned to R6's room with the lift and previously worn gown in hand and placed the gown in the hamper in R6's room. NA-D placed on a new gown, completed hand hygiene, and applied gloves. During interview on 5/21/25 at 10:04 a.m., NA-D stated they were supposed to remove PPE inside R6's room and prior to room exit. During interview on 5/21/25 at 2:03 p.m., LPN-B verified they gave NA-D correction in the moment and stated staff should remove PPE prior to room exit and not carry PPE down the hallway. During interview on 5/22/25 at 11:57 a.m., registered nurse (RN)-B stated staff needed to remove their gown and gloves and complete hand hygiene before leaving a room with enhanced barrier precautions for infection control purposes. During interview on 5/22/25 at 1:34 p.m. with the director of nursing (DON) present, the infection preventionist (IP) stated staff needed to remove their gowns and gloves before they left a resident room under enhanced barrier precautions. IP stated there was a risk of spreading infection when PPE was not removed prior to room exit. The facility policy Transmission-based precautions, enhanced barrier precautions and empiric precautions dated 5/13/25, directed staff to don gown and gloves prior to high-contact care activity and change PPE before caring for another resident for a resident under enhanced barrier precautions. The policy directed staff to doff gown and gloves before room exit for a resident under contact precautions and did not specific PPE removal for a resident under enhanced barrier precautions. HOUSEKEEPING R2's quarterly MDS dated [DATE], indicated R2 had intact cognition and diagnoses of seizure disorder or epilepsy, depression, and psychotic disorder. In addition, R2 was independent with most activities of daily living. R27's significant change MDS dated [DATE], indicated R27 had intact cognition and their activities of daily living needs varied from independent to substantial and/or maximal assistance. During observation on 5/21/25 at 9:57 a.m., housekeeping aid (HA)-A wore gloves, exited R27's room, took a mop head off the mop handle, and placed the mop head in a plastic bag. HA-A wore the same gloves, removed the broom and dustpan from the housekeeping cart, and swept near the entrance of R27's room. HA-A wore the same gloves, placed the broom and dustpan back on the cart, and placed a wet floor sign in R27's room. HA-A wore the same gloves, knocked on R2's door, entered R2's room, and turned on the bathroom sink. Another housekeeping aid came to clean the bathroom. HA-A wore the same gloves and wiped furniture surfaces near the window in R2's room. HA-A wore the same gloves, mopped R2's floor, and used the broom and dustpan near R2's room entrance. (continued on next page)

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	05/23/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview on 5/21/25 at 10:09 a.m., HA-A verified they did not change their gloves or complete hand hygiene between R2 and R27's room. HA-A stated they should change their gloves and complete hand hygiene after every room and before cleaning the bedroom if they cleaned the bathroom first. During interview on 5/21/25 at 11:21 a.m., the director of environmental services (ESD) expected staff to change their gloves and perform hand hygiene between resident rooms to prevent cross contamination. During interview on 5/22/25 at 1:34 p.m. with the director of nursing (DON) present, IP expected housekeeping staff to change their gloves and complete hand hygiene between residents' rooms and upon exit of room to go to the housekeeping cart. IP stated staff were at risk of spreading germs. The facility policy Hand Hygiene dated 7/3/24, directed staff to perform hand hygiene after touching environmental surfaces. 49034 DINING R3's Resident Profile dated 5/21/25, indicated R3 required extensive assistance from staff while eating. R28's Resident Profile dated 5/20/25, indicated R28 required extensive assistance from staff while eating. During an observation on 5/21/25 at 8:15 a.m., nursing assistant (NA)-A was observed sitting with R28 to her left and R3 to her right. NA-A was observed to use her right hand to take a spoon of food to R28's mouth, put the spoon down, and then use R28's clothing protector to wipe R28's mouth. NA-A then used her right hand to take a spoon of food to R3's mouth and used R3's clothing protector to wipe her mouth. NA-A then used her right hand to adjust the top of R3's straw to assist R3 with drinking. NA-A then began assisting R28 with eating with her right hand and continued the same process as outlined above. At 8:33 a.m., NA-A was observed to take a pen out of her pocket and write something down. NA-A then put the pen back in her pocket, grabbed R3's straw with her right hand, and adjusted it to give R3 another drink before removing her clothing protector. NA-A was observed to then leave the table. During this observation, hand hygiene was not observed to be completed by NA-A. During an interview on 5/21/25 at 11:07 a.m., NA-A stated she had received training on how to assist residents with eating from the facility. NA-A stated she was supposed to complete hand hygiene before and after assisting residents with eating and make sure each hand was only used to assist one resident. During observation on 5/21/25 at 12:41 p.m., NA-C assisted R3 and R28 with dining. NA-C primarily used one hand to alternate between R3 and R28 with meal assistance and did not perform hand hygiene between the residents. NA-C wiped R28's mouth with a clothing protector and continued with meal assistance for both residents without hand hygiene between the residents. (continued on next page)

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	05/23/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview on 5/21/25 at 2:17 p.m., NA-C stated they completed hand hygiene before meal assistance and verified they did not complete hand hygiene between resident assistance. NA-C stated they were right-handed and was not sure if they should use both hands to assist two residents at the same time with their meals. During interview on 5/22/25 at 11:57 a.m., RN-B stated staff needed to complete hand hygiene between residents during meal assistance or should designate one hand to each resident. During interview on 5/22/25 at 1:34 p.m. with the director of nursing (DON) present, IP stated staff needed to perform hand hygiene between assistance of residents in the dining area due to infection risk. 48065 R32 R32's annual Minimal Data Set (MDS) dated [DATE], indicated was cognitively impaired, needed maximal assistance with eating, oral hygiene, showers, upper body dressing, personal hygiene and was dependent on staff with lower body dressing, toileting hygiene and transfers. R32 also included diagnoses of dementia, non-traumatic brain dysfunction, diabetes mellitus, arthritis and anxiety disorder. R32's eating care plan printed 5/22/25, indicated R32 required extensive assistance of one staff to eat meals due to weakness and dementia. During observation on 5/19/25 at 6:00 p.m., dinner was served in the second-floor dining room. The dinner consisted of a pulled pork sandwich, tater tots, mixed greens salad and mandarin oranges gelatin. Some of the residents did not require any assistance, some needed help to set up their meals, and others required maximal assistance to eat their meals. During observation on 5/19/25 at 6:21 p.m., R32 was sitting with 5 other residents who required moderate to maximal assistance to eat. Nursing assistant (NA)-F was sitting between R32 and another resident who required maximal assistance to eat. At 6:38 p.m. NA-F held R32's sandwich in his hand, talked to her, and brought the sandwich to 32's mouth and she took a bite. NA-F used a fork to give a bite to the resident sitting on his right side without hand hygiene. A couple minutes later, NA-F grabbed a tater tot with his hand but R32 didn't eat it. NA-F held R32's sandwich in his hand and offered to R32 but she turned her head away. During interview on 5/21/25 at 1:53 p.m., NA-F stated on 5/19/25, as usual, he used hand sanitizer before he started to help R32 and another resident to eat their dinner. NA-F stated both residents needed maximal assistance and R32 used special silverware. NA-F said sometimes R32 had trouble holding the silverware and needed maximal assistance to eat, and sometimes R32 could not focus and it was easier to for NA-F to hold the food with his hand to bring the food very close to R32's mouth. NA-F stated sometimes R32 needed to take a first bite and appeared to remember she was eating. NA-F acknowledged he was helping R32 and another resident to eat dinner, and acknowledged he held a tater tot and the sandwich with his hands. NA-F stated it was wrong to hold R32's food with his hands because it was a break of the infection control practice. (continued on next page)

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	05/23/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview on 05/22/25 at 01:07 p.m., director of nursing stated using one's bare hands to help R32 to eat was an infection control issue. The facility's Feeding of Residents by Staff policy dated 3/10/25, indicated staff were to perform hand hygiene before and after assisting residents with eating but did not outline the procedure when staff were assisting more than one resident at a time to eat. In addition, the policy indicated residents unable to feed themselves will be provided with assistance per their care plan. The policy indicated to offer small bite-sized portions on the fork or spoon at a regular rate.