STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure resident status was accurately identified in the Minimum Data Set (MDS) assessment for 1 of 2 residents (R38) reviewed for hospice. Findings include: R38's Face Sheet included diagnoses of dementia, sarcoidosis (inflammatory disorder that affects lungs) and right breast cancer. R38's significant change Minimum Data Set (MDS) dated [DATE], indicated on section O, under Other hospice stated no. Section J 1400 Prognosis: conditions or chronic diseases that may result in a life expectancy of less than 6 months was answered as no. A physician order dated 11/12/25, included a hospice order. A progress note dated 10/19/25, by licensed practical nurse (LPN)-A, included R38 was admitted to hospice care on 10/19/25 with the diagnosis of Alzheimer's disease. On interview 1/6/26 at 12:37 p.m., registered nurse (RN)-A, also MDS coordinator, reviewed R38's MDS dated [DATE], and stated hospice should have been answered as yes as that was the reason for the significant change MDS being submitted. RN-A stated she will correct and resubmit the MDS. On interview 1/6/26 at 4:03 p.m., the director of nursing stated she would expect the MDS to be coded accurately and the MDS to be resubmitted accurately. MDS policy was requested but none received.

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