STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245244	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Long Prairie	20 9th Street SE Long Prairie, MN 56347

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 - Some	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** Based on observation, interview and record review, the facility failed to ensure call lights were answered in a timely manner to promote dignity for 4 of 4 residents (R3, R4, R5, R6) reviewed for complaints of long call light wait times.Findings include: R3R3's quarterly Minimum Data Set (MDS) dated [DATE], identified R3 was admitted to the facility on [DATE]. R3's cognition was intact, minimal bilateral hearing loss, utilized hearing aids, and had no behaviors. R3 had limited impairment with range of motion of the upper one side extremity and used a walker and wheelchair for mobility. R3 required substantial/maximal assistance with toileting hygiene and lower body dressing, partial/moderate assistance with toilet transfers, and supervision or touching assistance with sit to stand, chair/bed-to chair transfers, and was able to walk 150 feet. R3 was frequently incontinent of bladder and bowel. R3 diagnoses included anemia (low red blood count), depression, osteoarthritis, disorder of synovium and tendon of left shoulder (inflammation and pain that can significantly affect joint mobility and overall function).R3's care plan dated 3/1/26, identified:Self-care deficit related to bilateral shoulders. Staff were directed to use assist of one for transfers due to stiff shoulders and may need extra help with toilet. Offer ambulation with front wheeled walker to bathroom versus wheelchair and may opt to use wheelchair if fatigued.Alteration in elimination related to incontinence of bowel and bladder and diagnosis of constipation. Staff were directed to offer/assist with toileting before and after meals, upon walking, and prior to bedtime.Potential for impaired thought process related to difficulty making decisions, forgetfulness, impaired decision making, and periods of confusion. Staff were directed approach warmly and positively, provide constant caregiver as able, and validate resident's thoughts and feelings.R3's Bowel and Bladder assessment dated [DATE], identified offer assist with toileting upon waking, bedtime, as well as before and after meals. Assist with clothing, hygiene, and transfer to toilet. R3 had a history of urinary tract infections (UTI), intact cognition with no memory loss. R3 had two to three soft bowel movements (BMs) a day and usually continent with occasional bowel incontinence. R3 received daily MiraLAX (laxative). R3 had mixed bladder incontinence (both urge and stress), frequent urinary incontinence but remained occasionally continent of urine. She was incontinent 16 times and continent 5 times during the week prior to the assessment, required more help with toileting transfers and hygiene due to left shoulder stiffness and pain. Elimination plan: Assist as needed/requested (cognition intact, aware of bowel/bladder needs, but required mobility assistance) and prompt voiding (scheduled toileting that required the caregivers prompting) criteria: able to use toilet and feel sensation and request toileting.Grievance dated 1/30/26, filed by R3 identified R3 stated her call light was on for a long time and R3 ended up being very late for breakfast. This caused her to feel weak and did not want to go to exercise. Follow-up dated 1/30/26, social worker completed a resident investigation and apologized for the event. Re-educated staff members regarding understanding of expectations.The call light response time log was reviewed for the date range of 4/2/26 through 4/8/26. R3's call light response times were not responded to in a timely manner on the following dates:On 4/2/26, the call light was activated at 4:51 p.m. and was responded to 42 minutes 31 seconds after it was activated.On 4/2/26, the call light was (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	activated at 7:37 p.m. and was responded to 18 minutes 56 seconds after it was activated.On 4/2/26, the call light was activated at 8:19 p.m. and was responded to 20 minutes 47 seconds after it was activated.On 4/5/26, the call light was activated at 6:54 a.m. and was responded to 22 minutes 23 seconds after it was activated.On 4/6/26, the call light was activated at 2:01 p.m. and was responded to 19 minutes 9 seconds after it was activated.On 4/6/26, the call light was activated at 6:19 p.m. and was responded to 20 minutes 9 seconds after it was activated On 4/6/26, the call light was activated at 6:57 p.m. and was responded to 32 minutes 1 second after it was activated.On 4/6/26, the call light was activated at 8:38 p.m. and was responded to 23 minutes 34 seconds after it was activated.On 4/7/26, the call light was activated at 12:58 p.m. and was responded to 20 minutes 21 seconds after it was activated.On 4/7/26, the call light was activated at 2:25 p.m. and was responded to 23 minutes 21 seconds after it was activated.On 4/8/26, the call light was activated at 8:23 a.m. and was responded to 30 minutes 8 seconds after it was activated.On 4/8/26, the call light was activated at 1:24 p.m. and was responded to 20 minutes 48 seconds after it was activated. (*identified in interviews)On 4/8/26, the call light was activated at 6:32 p.m. and was responded to 21 minutes 31 seconds after it was activated.During an observation/interview on 4/8/26 at 2:25 p.m., R3 sat in her recliner fully dressed by the window. She stated, I am having a very bad day. R3 reported problems with constipation and tried to have a BM every day. R3 stated, after lunch she placed her call light on, required assistance to bathroom to have a BM. When I have the urge to go, I am unable to wait a long time. R3 added, when I have to go, I have to go. R3 provided the following example: I was in my wheelchair right outside my door and flagged down the physical therapy person for assistance. They offered to take me to the bathroom. Then two more staff stopped by my room and asked the physical therapy person why they were assisting me to bathroom. The physical therapy person told them I waited a long time to go to the bathroom and really needed to go. When the physical therapy person left the room the two other staff helped me to the bathroom. R3 stated she was unable to have a BM and added, how darn miserable is that, had to go so bad, no one would take me. I cannot believe this was the way they treated me. Staff cannot tell me they did not have a chance to help me for over an hour. R3 stated she had issues with constipation all her life, was surprised she was able to hold it that long, it cannot be good for me. R3 stated it was a bad day for surveyor to stop by; R3 did not want to make waves with staff, R3 wanted to be treated like other residents, but did not have a choice, This is the way I'm treated. I am not ok with it! R3 had tears in her eyes and stated she complained to staff about long call light times before today and nothing had been fixed. R3 stated she had small urine accidents due to being unable to get to bathroom, wore a pad. R3 felt this was minor compared to lack of having a BM when she needed to go so bad. R3 reported, long call light wait times happened at least once a week, and more during the day shift. R3 stated it seemed she had to push her call light many times before someone came to help her, If I could only get around, take myself to bathroom, there would not be any concerns. I'm afraid of falling.R4R4's quarterly MDS dated [DATE], identified he was admitted to facility on 5/22/24. R4 had intact cognition and had no behaviors. R4 had impaired range of motion to one lower extremity and used a walker and wheelchair for mobility. R4 required substantial/maximal assistance with toileting hygiene, upper/lower body dressing, sitting to lying, sit to stand and all transfers. He required partial/moderate assistance with walking 10 feet. R4 was occasionally incontinent of bladder and always continent of bowel. R4's diagnoses included: anemia (iron deficiency), renal insufficiency, diabetes mellitus (DM), seizure disorder/epilepsy, depression, morbid obesity (331 pounds), and shortness of breath/trouble breathing with exertion. R4 received anticonvulsant and diuretic (increases the production of urine to promote removal of fluid from the body) medications.R4's care plan dated 3/4/26, identified:Alteration in elimination related to occasional incontinence of bladder due to impaired mobility, uses medications that may impact urinary tract functioning, and impaired cognition. Staff were directed to keep call light within reach when in room, offer toileting every two to three hours and as needed (PRN), and provide peri cares with incontinence episodes.Potential for injury related to impaired mobility, edema, and impaired skin (continued on next page)

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Staff did most of R4's toileting hygiene, clothing management and provided substantial assist with clothing management and boost to standing. Incontinence likely related to functional status and required assistance with emptying urinal. Mode of elimination was commode or urinal, required staff assist every two to three hours and usually asked for assist.R4's NA Bladder/toilet use documentation from 4/2/26 through 4/8/26, identified: On 4/2/26, limited assistance required at 5:31 a.m., 1:31 p.m., 9:09 p.m., and 11:11 p.m.On 4/3/26, limited assistance required at 9:48 p.m. and independent at 11:10 p.m.On 4/4/26, limited assistance required at 7:43 a.m.On 4/5/26, limited assistance required at 5:59 a.m., 9:00 a.m. and independent at 11:40 p.m.On 4/6/26, limited assistance required at 8:34 a.m. and 9:46 p.m.On 4/7/26, limited assistance required at 8:58 a.m., 9:26 p.m. and independent at 2:47 p.m.On 4/8/26, limited assistance required at 5:30 a.m., 1:59 p.m., 9:23 p.m., and 11:17 p.m.The call light response time log was reviewed for the date range of 4/2/26 through 4/8/26. R4's call light response times were not responded to in a timely manner on the following dates:On 4/2/26, the call light was activated at 6:41 a.m. and was responded to 19 minutes 51 seconds after it was activated.On 4/7/26, the call light was activated at 3:50 p.m. and was responded to 13 minutes 33 seconds after it was activated.On 4/7/26, the call light was activated at 6:06 p.m. and was responded to 15 minutes 17 seconds after it was activated.On 4/8/26, the call light was activated at 6:12 a.m. and was responded to 14 minutes 17 seconds after it was activated.On 4/8/26, the call light was activated at 12:35 p.m. and was responded to 16 minutes 27 seconds after it was activated (*observation).During an observation/interview on 4/8/26 at 12:38 p.m., R4 sat in his wheelchair fully dressed with gripper socks on his feet, and well groomed, in his room with television on. R4 stated he had already pushed his call light, he needed assistance to use the urinal. In the past it had taken up to 30 minutes at times to get staff assistance. Now it was dinnertime so would most likely take longer for the staff to answer it. R4 stated, the long wait times had been going on for a while now. He required assistance with standing up, pulling his pants down, and urinal placed, he was unable to do it alone. R4 stated it was hard to wait at times, to use the urinal. R4 reported no urine accident yet, but he came close. He had told staff about long call wait times and how he could just pee on the floor, they could clean it up and change his socks. R4 stated, This would be embarrassing. I wish I could do more for myself. R4 stated he wasn't sure he could hold it much longer; there had already been 15 minutes of waiting for staff to help him. R4 was able to transfer himself to the toilet but had difficulty pulling his pants down and was afraid of falling. He required assistance wiping his bottom and peri cares after he used the bathroom, especially with a BM. At 12:51 p.m., nursing assistant (NA)-A entered R4's room, turned call light off, and asked him what he wanted. R4 stated he needed help getting his pants undone, pulled down, and urinal placed. NA-A closed door to the room, applied gait belt, placed walker in front of him, and applied brakes on wheelchair. R4 placed hands on arms rests of wheelchair and pushed himself up to a standing position, grabbed walker, while NA-A held onto gait belt. NA-A undid R4's pants, pulled them down to his knees, removed a urine soiled brief (verified by NA-A), and placed a towel on wheelchair. R4 lowered himself down onto wheelchair and placed the urinal while visiting with NA-A. At 1:00 p.m., NA-A applied gloves, grabbed the urinal with yellow urine in it, emptied urinal, and R4 stood up in front of wheelchair. NA-A completed peri cares, applied clean brief, pulled up pants, bagged garbage, removed gloves, and exited the room. R4 stated he was embarrassed about being incontinent, could (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not hold it any longer, and had to go in his pants. R4 stated he had talked about the long call wait times with other residents while staff were present but wait times did not seem to get any better. R5R5's admission MDS dated [DATE], identified R5 was admitted to the facility on [DATE], from a hospital. R5 had impaired vision and intact cognition without behaviors. R5 used a walker and wheelchair for mobility with impaired range of motion on one lower extremity. R5 required substantial/maximal assistance with toileting hygiene, lower body dressing, lying to sitting, and dependent for all transfers. R5 was occasionally incontinent of bowel and bladder. R5's diagnoses included hip fracture, anemia, renal insufficiency, urinary tract infections, arthritis, and impaired gait and mobility.R5's care plan dated 3/5/26, identified R5 had an alternation in elimination related to incontinence of bowel and bladder due to impaired mobility and history of UTI. Staff were instructed to keep call light within reach when in room, R5 was independent with toileting and would use the call light if assistance was needed.R5's bowel and bladder assessment dated [DATE], identified R5 took diuretics (urgency/frequency) and beta-blockers (can lead to urinary retention). R5 required assistance with ambulation, transfers, wheelchair mobility, and utilized the stand lift with total assist of two staff. R5 was able to identify the need or urge to void/defecate (have a BM) and used the call light. R5 was continent of bowel and incontinent of bladder (one to two years) more than once a week but not daily. R5 had to rush to the bathroom when she felt the urge to void. The call light response time log was reviewed for the date range of 4/3/26 through 4/8/26. R5's call light response times were not responded to in a timely manner on the following dates:On 4/5/26, the call light was activated at 8:43 a.m. and was responded to 15 minutes 48 seconds after it was activated.During an observation/interview on 4/8/26 at 3:00 p.m., R5 stated she used the call light located on her right wrist and requested assistance to the bathroom. Most of the staff were good about answering her call light quickly but she had waited up to 20 minutes at times, the urine comes too fast, so I do not make to bathroom in time. R5 stated this made her feel upset and embarrassed. R5 had hip surgery and was afraid of falling again. They have many great staff, but some are young, turnover is high, some don't really want to work, and most are on their cell phones quite a bit.R6R6 admission MDS dated [DATE], identified R6 was admitted to the facility on [DATE]. R6 had intact cognition with behaviors that occurred one to three days out of seven: physical behavioral symptoms directed towards others (hitting, kicking, pushing, scratching, grabbing), verbal behavioral symptoms directed toward others (threatening, screaming, and cursing at others), rejection of care, and other behavioral symptoms not directed towards others (e.g. physical symptoms such as hitting or scratching self, rummaging, public sexual acts, disrobing in public, throwing or smearing food of bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds). R6 had impaired upper extremity range of motion (ROM) bilaterally and lower extremity ROM impairment on one side. R6 required partial/moderate assistance with oral, personal and toilet hygiene, sit to lying, lying to sitting on side of bed, and dependent for sit to stand, all transfers. R6 was always continent of bowel and bladder. R6 had diagnoses of anemia, arthritis, osteoporosis (causes bones to become weak and brittle), Non-Alzheimer's dementia, anxiety, depression, spinal stenosis, epilepsy, and constipation. She had two or more falls since admission without injury.R6's care plan dated 3/25/26, identified:Potential for falls related to impaired mobility, cognition, use of antidepressant, antipsychotic, antianxiety, diuretic medications, history of falls and limited range of motion upper and lower extremities. Staff were directed to keep call light within reach in bedroom and encourage her to utilize it.Potential for alteration in elimination related to impaired mobility. Staff were directed to offer assistance with toileting upon waking, before and after meals, before bed, PRN and observe for changes incontinence level, if significant/unusual update medical provider.Self-care deficit related to lumbar stenosis (narrowing) and weakness. Staff were directed to provide assist of two and patient assist lift (PAL) for transfers and toileting.R6's Bowel and Bladder assessment dated [DATE], identified R6 required assistance with all transfers, wheelchair mobility, was chairfast/bedfast, had limitations to accessing bathroom, used a wheelchair/walker for mobility. R6 was dependent and required a high level of staff assist with (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	transfers, toileting hygiene, and used a four-point lift. R6 had a diagnosis of dementia/Alzheimer's. R6 received diuretics, antipsychotics, and antispasmodics (muscle relaxation leading to urinary incontinence) medications. R6 was continent of bowel and bladder, used a call light, able to report when she needed to void and so far, had not had any urinary incontinence.R6's urinary continence NA documentation from 4/1/26, through 4/9/26, identified on 4/4/26 at 1:23 p.m. and 4/6/26 at 4:34 p.m. R6 was incontinent of bladder.The call light response time log was reviewed for the date range of 4/3/26 through 4/8/26. R6's call light response times were not responded to in a timely manner on the following dates:On 4/2/26, the call light was activated at 8:43 a.m. and was responded to 20 minutes 19 seconds after it was activated.On 4/3/26, the call light was activated at 6:30 a.m. and was responded to 17 minutes 36 seconds after it was activated.On 4/3/26, the call light was activated at 2:02 p.m. and was responded to 14 minutes 29 seconds after it was activated.On 4/3/26, the call light was activated at 3:46 p.m. and was responded to 18 minutes 12 seconds after it was activated.On 4/5/26, the call light was activated at 5:42 a.m. and was responded to 22 minutes 23 seconds after it was activated.On 4/6/26, the call light was activated at 8:45 a.m. and was responded to 15 minutes 53 seconds after it was activated.On 4/7/26, the call light was activated at 6:05 a.m. and was responded to 16 minutes 26 seconds after it was activated.On 4/7/26, the call light was activated at 7:02 a.m. and was responded to 16 minutes 4 seconds after it was activated.On 4/8/26, the call light was activated at 6:41 a.m. and was responded to 37 minutes 4 seconds after it was activated.On 4/8/26, the call light was activated at 10:57 am and was responded to 18 minutes 43 seconds after it was activated.On 4/8/26, the call light was activated at 8:26 p.m. and was responded to 20 minutes 46 seconds after it was activated.On 4/8/26, the call light was activated at 11:31 p.m. and was responded to 22 minutes 54 seconds after it was activated.During an observation on 4/9/26 at 12:01 p.m., R6 sat on her bed fully dressed. She stated she was admitted on [DATE]. R6 used her call light for assistance to bathroom and getting dressed. R6 stated she had waited up to 25 minutes for staff assistance at times and, almost peed in my pants, staff told her they were sorry. R6 was frustrated, it made her feel, upset and pissed off, when I'm unable to get to bathroom when needed. R6 reported long call wait times happened every couple of days and more often during mealtime. R6 stated she placed her call light on today before lunch for assistance to bathroom, staff didn't answer her call light for at least 20 minutes. The staff have many residents to care for and not enough help. R6 stated, on those dam water pills, I have to pee many times during the day, especially in the morning. R6 reported no incontinence as of yet, and hoped to keep it that way. R6 stated, I'm so frustrated I'm not able to take myself to bathroom when needed.During an interview on 4/8/26 at 3:22 p.m., NA-B stated the expectation for staff was to answer call lights within five minutes. When staff are in another resident's room they are expected to get there as soon as possible. After meals many residents are on the call light to be taken to bathroom and laid down. R3 complained today about her call light not being answered after lunch and R3 had to go to the bathroom. According to R3, her call light was on for at least 20 minutes. NA-B informed R3, he [NA-B] had left the area, assisted a resident on a different lane and NA-C came with him. NA-B stated another NA was expected to cover the floor and should have answered R3's call light sooner. R3 had been taken to the bathroom at least four times from 6:00 a.m. to 3:00 p.m. and sometime it took a while to answer her call light, especially when busy with other residents. NA-B stated resident calls light should be answered as soon as possible to make them feel important, meet their needs, prevent falls, and, it's rude to leave them sit in a chair for a length of time when they have to go to the bathroom. NA-B stated residents had complained to staff prior to this day about long call light wait times and staff should have told a nurse about concerns.During an interview on 4/8/26 at 4:00 p.m., NA-C stated resident call lights should be answered within six minutes. There were certain times during the day, such as early morning and around mealtimes, that did not get done. NA-C stated answering the call lights within six minutes would be important to help prevent falls, self-transfers, prevent the residents wetting themselves, and bad things could have happened, such as a resident falling to the floor. NA-C was aware R3 had (continued on next page)

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Answering call lights as quickly as possible was important to provide toileting and help avoid frustration among residents who had to go to bathroom and are not able to get there without assistance. Staff were expected to provide toileting in a timely manner. This caused frustration among residents when they had to go and were not able to get to bathroom in time. NA-D stated there were many residents all over the building who expressed their concerns with long call light times. NA-D gave the following example: Last week in the dining room, those residents that are more verbal talked about how frustrated they were when staff don't answer call lights for a long time, they some residents pushed the check mark to cancel the call light, and placed the call light on again so that it popped up as a recent call light going off. NA-D overhead R4 state to other residents that same day during a general conversation he was frustrated, needed the bathroom, and could not get assistance. NA-D did not tell anyone about R4's concern; unsure it was a problem that happened often. NA-D stated staff tried their best to answer call lights quickly but got delayed when an emergency happened in another room or when charting. It was easy to get distracted, long call light times really should not have happened if staff communicated well. NA-D stated, Yesterday, [4/8/26] after lunch break [R3] complained she had to wait 20 minutes to get her call light answered. She was frustrated. I tried to calm her down and provided an apology for the long wait to get her call light answered. NA-D stated she was on a different wing with two call lights on and the other NA assisted another resident on a different wing. R3 had told NA-D when she felt the need to have a BM, she required assistance to go right away, whenever R3 waited too long it backed up and then she was unable to go.During an interview on 4/9/26 at 2:35 p.m., director of nursing (DON) stated the facility did not have a call light policy. There was not a specific maximum wait time for call lights in any of the facility's policies. We look at facility needs, staffing, and whether the staff were just in the residents' room and helped them. A staff float was added to assist with meals and trays during high volume call light times which seemed to be identified as a trend during meals. During the evenings there was a rush to bed and the need for expansion of more staff was identified. DON encouraged to complete purposeful rounding, alternate staff breaks so that staff were available on each lane at all times, ask residents if there was anything else they could get them before leaving the room, especially with those who were call light happy. Staff were expected to answer call lights as soon as possible to provide residents' safety, dignity as priority for anyone, and meet the residents' needs.Facility Policy Resident Rights dated 1/2024, identified the facility will protect and pro-actively promote the rights of each resident. Each resident of the facility has a right to dignified existence, self-determination, communication with, and access to, people and services inside and outside the facility. Residents have the right to be informed of their rights and to exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility and to be supported by the facility in the exercise of his or her rights.Facility policy Quality of Life - Dignity dated 10/2025, identified each resident shall be cared in a manner that promotes and enhances quality of life, dignity, respect, and individuality. Residents shall be treated with dignity and respect at all times, assisted in maintaining and enhancing his or her self-esteem and self-worth. Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed by promptly responding to the resident's request for toileting assistance. Staff shall treat cognitively impaired residents with dignity and sensitivity, for example: Addressing the underlying (continued on next page)

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	245244	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Long Prairie	20 9th Street SE Long Prairie, MN 56347

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 - Some	motives or root causes for behaviors or statements and not challenging or contradicting the residents' beliefs or statements.Requested Call Light policy on 4/9/26 and informed by DON facility did not have one.