STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regina Senior Living	1175 Nininger Road 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** 44656 Based on observation and interview, the facility failed to ensure dignity was maintained for 3 of 3 residents (R24, R51, R151) observed for long call light response times. Findings include: R24 R24's quarterly Minimum Data Set (MDS) dated [DATE], identified R24 had intact cognition, did not reject cares, and required substantial to maximal assistance with toileting hygiene and upper and lower body dressing. In addition, R24's medical diagnoses include paralysis on left side from stroke, and depression. During continuous observation and interview on 3/19/25 from 12:42 p.m., to 1:11 p.m., for a total of 28 minutes and 48 seconds, R24 call light was activated and beeping outside R24 room before staff entered room. During interview at 1:27 p.m., R24 stated she had turned on the call light for changing [sic] brief. It is frustrating for me to wait to have [staff] answer my light. I have to wait and wait. My brief was dirty and I had to sit in it until [staff] got around to it. Made me feel gross. R51 R51's face sheet downloaded 3/20/25 at 7:54 a.m., identified R51 with admission to facility's transitional care unit (TCU) following left hip replacement surgery. In addition, R51 with diagnoses of heart failure, arthritis, and depression. R151 R151's face sheet downloaded 3/20/25 at 7:46 a.m., identified admission to facility's TCU for osteomyelitis (bone infection) to left ankle and foot resulting in partial bone removal. In addition, R151 had diagnoses of diabetes, and depression. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regina Senior Living	1175 Nininger Road 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 continuous observation on 3/20/25 from 6:35 a.m., to 7:20 a.m., call light was activated for R51 for twenty-two minutes and sixteen seconds before staff entered room. During interview with R51 at 8:11 a.m., R51 stated, it made me cry to wait that long for help. It upsets me when I feel that no one is out there to help me. During same continuous observation R151 call light was activated for twenty minutes and thirty-two seconds. During interview on 3/20/25 at 8:20 a.m., R151 stated, I don't want to be sitting here in my wet diaper. This is horrible to have to wait so long for help. I know [staff] are busy but I cannot wait that long for them to answer my light. During interview with nursing assistant (NA)-B on 3/19/25 at 10:38 a.m., NA-B stated expectation of staff to answer call lights right away but due to staffing and facility's use of agency staff, every one of us is busy and too much to expect [nursing assistants] to get fourteen people up, dressed, changed, before breakfast. During interview with NA-C on 3/19/25 at 10:51 a.m., NA-C stated expectation to respond right away when call lights are activated, if I am busy then I cannot answer it. NA-C stated normal patient assignment is eight to ten residents, But today is 14. Too much to keep up. Can't answer call lights promptly when [staff] are busy. During interview with NA-E on 3/20/25 at 8:29 a.m., NA-E stated call light times, too long is more than twenty minutes. Important to me to meet their needs and are safe. Some [residents do] complain. They can be frustrated waiting so long. During interview with licensed practical nurse (LPN)-B on 3/20/25 at 8:26 a.m., LPN-B stated call light times, over five minutes is too long. Because we don't know what they need and we want to make sure they are safe. During interview with director of nursing (DON) on 3/20/25 at 11:04 a.m., DON stated expectation of staff to answer call lights as soon as possible. Also, long call light times, [are] a concern for dignity. [Patient] could be hungry or scared. DON stated facility was not short staffed and that 28 minutes is too long for a call light response time. Facility policy titled Call Lights-Call System Activation and Response dated 5/28/24 state, Calls for assistance may be triaged and answered as soon as possible based on immediate needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44656 Based on interview and document review, the facility failed to notify the medical provider of a change in condition in a timely manner for 1 of 1 resident (R11) reviewed for respiratory care. Findings include: R11's quarterly Minimum Data Set (MDS) dated [DATE], identified R11 had intact cognition, and was dependent on staff for toileting, bathing, dressing, and personal hygiene. In addition, R11 had diagnoses of diabetes, anxiety, morbid obesity, and chronic obstructive pulmonary disease and was utilizing oxygen. R11's physician orders (PO) with start dates of 8/31/23, identify the following: -Guaifenesin liquid; 100 milligrams (mg)/5 milliliters (ml); Amount to administer: 10 ml; oral. Every 4 hours-porn (as needed) for cough, and -Benzonatate capsule; 100 mg; Amount to administer: 100 mg; oral every 4 hours prn. take 1 Every (q) 4 hours prn for cough. R11's February 2025 Medication Administration Record (MAR) identified no administration of Benzonatate or Guaifenesin. R11's March 2025 MAR identified first dose of guaifenesin was provided on 3/14/25 at 12:03 a.m., and R11 received subsequent doses on 3/15/25 at 3:53 a.m., and 3/16/25 at 3:40 p.m., and 11:12 p.m. R11's first dose of benzonatate was provided on 3/13/25 at 7:46 p.m., and R11 received subsequent doses on 3/15/25 at 10:48 p.m., and on 3/16/25 at 2:29 a.m., and 5:52 p.m., and on 3/17/25 at 1:21 a.m. R11's progress notes (PN) in electronic medical record (EMR) downloaded 3/18/25 for dates 3/3/25 to 3/18/25, failed to identify assessing or monitoring for cough or sore throat. R11's vital signs (blood pressure, pulse, respirations, oxygen saturation) documentation from EMR downloaded 3/18/25 identified vital signs were documented on 3/9/25 and 3/16/25. Vital signs were not documented on 3/14/25 and 3/15/25. During observation and interview with R11 and registered nurse (RN)-A on 3/17/25 at 7:00 p.m., RN-A entered R11 room with evening medications. R11 had an audible coughing stating, my throat is hurting now. [I] need something stronger than a cough drop. RN-A walked out of R11's room to the medication cart. R11 stated, [I] can't get rid of it with cough. [sic] feel like it is getting worse. RN-A stated R11 had complained of cough and was not sure if R11 was tested for Covid-19. RN-A stated R11 was not on enhanced barrier precautions or transmission-based precautions right now pointing to no personal protective equipment cart located outside resident room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regina Senior Living	1175 Nininger Road 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During observation and interview on 3/17/25 at 7:43 p.m., R11 was lying in bed with head of bed elevated. R11 was using oxygen at two (2) liters via nasal cannula and had a productive strong cough. R11 stated, it sounds like [I] have pneumonia. No one has tested me or asked me about it. I have had a cough for four days. It is not getting better. No one has done anything about it. I cough up phlegm. R11 also stated, I want to see a doctor. I need to see a doctor or I am going to be dead. I told them last week. During observation and interview with registered nurse (RN)-A on 3/17/25 at 7:47 p.m., stated it was second time I have been assigned to care for her. She told me last night and today about her cough. And I don't know if she [R11] was seen by a provider. RN-A stated the expectation for staff was to document in the progress note about any changes in respiratory status and to follow up. RN-A stated, I had [R11] as a patient last night as well and no, I did not contact the provider for [R11's] coughing. During interview with LPN-A on 3/20/25 at 8:36 a.m., LPN-A stated expectation, for new onset of cough, we are to get vitals and lung sounds. Then, call triage. Get a weight. Offer something for cough if [on standing orders]. I would put it in progress note and give verbal report. Until we know what it is then we keep [resident] in their room. LPN-A stated, I called triage on R11 yesterday. She sounded crappy yesterday. I called triage and gave report to oncoming nurse. I don't know what happened for follow up. I did not hear. I left [work] before triage called back. It should be in the progress note. LPN-A reviewed R11's EMR and verified no response from triage was documented. LPN-A verified R11's first dose of benzonatate was documented on 3/14/25, Oh, this has been going on since the 13th. I did not know that. LPN-A stated, [staff] should have followed up on the new onset of cough if someone is taking it prn. Does not look like it was done. Nothing in the nursing progress notes that I see. We still need to follow up. I hate to say it but this has been going on too long and should have been looked at before yesterday. During interview with nurse practitioner (NP) on 3/20/25 at 10:10 a.m., NP stated expectation of facility to, perform vital signs and lung sounds including temperature to be monitored right away for new onset of respiratory symptoms. After 24-48 hours if the symptoms are persistent and not getting better then [provider] should be notified. NP stated R11 is high risk for respiratory compromise if new onset of cough and using prn meds. NP verified facility failed to contact provider team until 3/19/25 regarding R11's respiratory symptoms. We should have been notified several days ago. During interview with director of nursing (DON) on 3/20/25 at 11:04 a.m., DON stated, if new symptoms occur the expectation was to for staff to document in the EMR including a progress note and plan for following up. DON stated expectation for staff, to use judgement when deciding to notify provider for change of condition. this was not done for R11 and should have. Facility policy titled Change in Condition reviewed 10/2/23 state purpose of policy was, To inform resident/resident representative and attending provider when a significant change in resident condition occurs. In addition, Notification of Changes-A community must immediately inform the resident; consults with the resident representative when there is a significant change in the resident's physical, mental or psychosocial status, or there is the need to alter treatment significantly. Need to alter treatment significantly, means a need to stop a form of treatment because of adverse consequences or commence a new form of treatments to deal with a problem. Also, the policy state licensed nursing associate to: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Obtain a set of vital signs and repeat as needed or ordered, Notify the attending provider of the change in condition and implement orders for treatment and appropriate monitoring as directed, Document symptom(s), assessment, observations, resident/resident representative, and medical provider notification, Monitor and provide treatment as ordered by the attending provider, and Update the care plan as appropriate. Policy stated Responsible for Oversight: DON.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regina Senior Living	1175 Nininger Road 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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44656 Based on observation and interview, the facility failed to ensure resident identifiable personal health information (PHI) was kept secured and not accessible to unauthorized personnel. This had the potential to affect 2 of 2 residents (R31, R37) whose personal information was listed on exposed care sheets. Findings include: R31 R31's quarterly Minimum Data Set (MDS) dated [DATE] identified R31 with intact cognition. R37 R37's quarterly MDS dated [DATE] identified R37 with intact cognition. During continuous observation on 3/20/25 from 6:28 a.m., to 7:19 a.m., a care sheet was left unattended in an alcove across the hall from nursing station. The care sheet identified R31 and R37 with name, room number, diet, allergies, assistance needed with personal care, days of showers and weights, preferences reminders, transfer assistance needed, and reminders for bowel and bladder monitoring. During fifty-one minutes there were seventeen instances of staff walking past and four instances of residents being wheeled past the unattended care sheet. During interview with licensed practical nurse (LPN)-B on 3/20/25 at 7:19 a.m., LPN-B pointed to the unattended care sheet and stated, [it] should not be left in open because it has[sic] HIPAA [Health Insurance Portability and Accountability Act] violation. Not supposed to have that out at all. During interview with R31 on 3/20/25 at 7:41 a.m., R31 stated, Yeah, I believe my medical information should only be seen and used by those that absolutely need it. My info should not be left out for anyone to see. That would embarrass me and I don't think strangers that do not know me should see anything about me unless I want them to. In fact, I would be miffed. None of anyone's business. During interview with director of nursing (DON) on 3/20/25 at 11:12 a.m., DON stated unattended care sheets were not acceptable. Part of HIPAA training. Facility policy titled Introduction to HIPAA Privacy Policies reviewed 1/28/25, identified Protected Health Information. The Privacy Rule applies to any information that (1) is created or received by a health care provider; (2) either identifies the resident or could reasonable be used to identify the resident; and (3) relates to the past, present, or future physical or mental condition of a resident, the provision of health care to a resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER: Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE: 1175 Nininger Road 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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925 Based on interview and document review, the facility failed to ensure voiced grievances and complaints about the offsite laundry service were acted upon and, if needed, investigated or resolved for 1 of 1 resident (R2) reviewed who complained their clothing was missing or damaged due to the service. Findings include: R2's quarterly Minimum Data Set (MDS), dated [DATE], identified R2 had intact cognition and demonstrated no delusional thinking during the review period. On 3/18/25 at 9:53 a.m., R2 was interviewed and expressed frustration with the facility's laundry service which was completed offsite. R2 explained she stated many of her clothing items taken through the service, and several items such as various shirts and pants, either didn't return until several weeks later, didn't return at all, or were damaged with holes in them upon return. R2 stated they had talked with staff about it but had been told there was nothing they [staff] can do about it. R2 stated her voiced concerns remained unresolved to her liking or satisfaction adding aloud, Most certainly not! [resolved] When interviewed on 3/18/25 at 1:46 p.m., nursing assistant (NA)-E stated they had worked with R2 multiple times prior and described her (R2) as being pretty close to a total assist with mobility and activities of daily living (ADLs). NA-E stated the facility's laundry, including personal items and linens, was done offsite by another company. NA-E stated they had not heard R2 make complaints about missing or damaged items from the laundry service, however, had heard other residents voice complaints about not getting items back timely adding aloud, Most people complain about how long it takes [to get items back]. On 3/19/25 at 10:21 a.m., NA-D was interviewed and expressed R2 had complained about her clothes being missing or damaged due to the offsite laundry service adding aloud, She [R2] has complained about that. NA-D explained the laundry was all sent offsite and multiple residents, including R2, had complained about it adding, It's a terrible service. NA-D stated clothing seemed to not return or was quite slow in coming back. NA-D stated R2 had last voiced a comment about the laundry service within the last month and reiterated the poor service with the laundry adding aloud, It's sad. NA-D stated they had talked with the nurses about the resident' complaints, however, they were unsure if management was aware of the voiced concerns from R2 and other residents. NA-D stated the facility had used the outside laundry service for several years without issue, however, it seemed to become a problem within the last six months or so adding, It's gotten to be a real issue. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility provided surveyor_report_25031 . excel spreadsheet, dated 3/2024 to 3/2025, identified all facility logged grievances during the time period and listed them to include the resident name, date of grievance, staff assigned to it, and the general concern being voiced. This listing identified a concern was logged in February 2024 by a family member which outlined, Resident [not R2] is always getting the wrong clothes, she is being given someone else's clothes and then staff are placing them on resident and they are too big for this resident. However, R2's concern about the laundry service and her missing/damaged items was not listed on the log despite direct care staff having knowledge concerns were voiced. Further, R2's medical record was reviewed and lacked evidence the voiced concern about untimely clothing return and potentially damaged items had been reviewed or acted upon for resolution. On 3/19/25 at 11:34 a.m., the account manager for the offsite laundry service (AM) was interviewed via telephone. AM explained they were the contact person the facility used for anything related to the service, and verified their company provided the offsite laundry services for personal clothing and linens. AM stated they picked up and returned clothing to the care center five days a week and explained soiled items were placed into a mesh-bag which was specific to each resident. The items were never removed from the bag(s) and laundry, in general, was picked up and returned within 48 hours. AM stated they were unaware of any recent concerns about their service adding nobody from the care center had reached out to them to discuss it, or what, if any, action needed to be taken to help resolve the concerns either by the company or the care center. AM stated they had one issue they could recall from several months prior where clothing from another site had accidentally been sent to [NAME] Senior Living, however, that was like six months or so prior and they haven't heard anything from them [[NAME]] for awhile. AM stated if the mesh-bags were not closed properly, then items could spill out during wash and possibly end up with wrong people as a result. AM stated they had noticed some issues with that happening in the past. During the recertification survey, from 3/17/25 to 3/20/25, no documentation or evidence the laundry concern(s) were acted upon, investigated or resolved was provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/19/25 at 1:05 p.m., the administrator, social services designee (SSD)-A, director of nursing (DON, regional director of clinical services (RDCS) and director of facilities (DOF) were interviewed. The administrator verified the provided grievance listing include all grievances, and the DON expressed they try to ask residents to have seven days worth of clothing when they admit to account for the turn-over with the laundry service. DOF explained the offsite laundry service had been used for several years and there had not been an issue until more recent when some incorrect bags were being used to transport the soiled items (i.e., clear bags vs mesh bags). This made a situation where staff have no idea who they [items] belong to which had just happened again that day. DOF verified soiled items should be sent in the mesh bag to be laundered, however, the DON expressed there may be some instances where a clear, non-permeable bag may be needed such as if heavily soiled with bodily fluid. DON stated they were unaware the floor staff were hearing complaints from residents about the laundry service or missing/damaged items adding, I didn't hear about that. DOF stated they were unaware residents were reporting extended turn-around times with items, too, adding aloud, That's a new one on me. DOF stated they had toured the offsite laundry site and the process for washing and cleaning could be very aggressive. However, the DON and administrator both acknowledged there had been no investigation or PIP (performance improvement process) to review the complaints about laundry from R2 or anyone, since they were unaware of the comments the floor staff were hearing. DON added aloud, [It] sounds like we should. Further, the administrator stated had the comments been brought to management' attention, then a triage of the concern would have been done to see what, if any, areas of the process maybe needed a deeper dive on it. A facility-provided Concerns, Grievances policy, dated 2017, identified residents or customers had the right to voice grievances or concerns without discrimination or reprisal. The policy outlined, The term 'voice concerns' is not limited to a formal, written grievance process, but may include a resident's verbalized concerns to staff. The policy outlined a procedure which included having voiced concerns or complaints placed on a written form and forwarded to the grievance officer. The concern would then be screened and assigned to a responsible member who then investigates the issue or concern. The policy outlined, The staff person responsible investigates, resolves the issue, and responds back to the customer without five business days and documents action [taken].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER: Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE: 1175 Nininger Road 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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925 Based on interview and document review, the facility failed to ensure the quarterly Minimum Data Set (MDS) was completed in a thorough manner to ensure areas of cognition and depressive symptoms were evaluated for 2 of 4 residents (R36, R12) reviewed for MDS accuracy. Findings include: The Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, dated 10/2023, identified the RAI consists of three basic components including the MDS, the Care Area Assessment (CAA) and the utilization guidelines and this process (i.e., use of the entire RAI) was mandated by CMS. The manual outlined a quarterly assessment was a non-comprehensive assessment which was to be completed every 92 days and was used to track a resident' status between comprehensive assessments . to ensure critical indicators of gradual change in a resident's status are monitored. The manual included a section labeled, SECTION C: COGNITIVE PATTERNS, which outlined the section would be used to help determine the resident's attention, orientation and ability to register or recall information adding, These items are crucial factors in many care-planning decisions; with provided methods and instructions to ensure accurate, thorough coding of the MDS. Further, the manual included another section labeled, SECTION D: MOOD, which outlined the section would be used to help address mood distress and social isolation adding, Mood distress is a serious condition that is underdiagnosed and undertreated in the nursing home and is associated with significant morbidity, and again, the manual provided methods and instructions to ensure the comprehensive evaluation of these conditions. R36 R36's quarterly MDS, dated [DATE], identified R36 had several medical conditions including high blood pressure, renal insufficiency, diabetes, and used a Foley catheter. The 'Section C - Cognitive Patterns' was reviewed and the spacing to record a completed Brief Interview for Mental Status (BIMS) was left blank and not completed and, in addition, the subsequent section for the staff assessment (used if the resident is rarely or never understood) was also left blank and not completed. In total, section C 0200 to C1000 was left blank and not completed. The 'Section D - Mood' was reviewed and the spacing to record a mood interview, including with symptom presence of frequency of depression, was left blank and not completed and, in addition, the subsequent section for the staff assessment (also used if the resident is rarely or never understood) was left blank and not completed. In total, section D0150 to D0600 was left blank and not completed or addressed. R36's medical record was reviewed and lacked evidence either of these sections and corresponding evaluations (i.e., BIMS, PHQ-9) had been completed during the quarterly assessment reference date (ARD) to determine what, if any, complications or issues R36 demonstrated with those corresponding areas. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/18/25 at 2:58 p.m., registered nurse (RN)-C was interviewed, and verified they complete the MDS for the campus. RN-C reviewed R36's quarterly MDS (dated 2/17/25) and verified the sections were dashed. RN-C stated they were dashed as the corresponding assessments to code them, such as a BIMS and PHQ-9, were not completed or in the medical record. RN-C explained the social services department was responsible to complete those assessments, however, due to turn over they likely had been missed adding aloud, Then stuff falls through the cracks. RN-C stated they felt the situation had improved lately, however, verified the importance of ensuring assessments and, in turn, the MDS are completed accurately adding to dash items could result in missed Medicare reibursement. RN-C added, It's major Medicare dollars if not [done]. 49034 R12 R12's quarterly MDS dated [DATE], indicated that Section C - Cognitive Patterns, which included the BIMS assessment and/or subsequent section for the staff mental status assessment, with subsections, C0100 to C1000 was left blank and not completed. The Section D - Mood which included a mood interview and/or subsequent staff mood assessment, with subsections D0100 to D0700 was left blank and not completed. R12's medical record was reviewed and lacked evidence of either of these sections and corresponding evaluations (i.e., BIMS, PHQ-9) had been completed during the quarterly assessment. During an interview on 3/19/25 at 1:48 p.m., RN-C confirmed she had reviewed R12's most recent quarterly MDS and verified Section C and Section D of the MDS were not completed. RN-C stated they had a social worker who oversaw the completion of these sections but was new to the role at the time of the assessment and thought it must have been missed. RN-C acknowledged that they had a problem with getting these sections of the MDS complete previously when they had staff turn over in social services and were unsure who would complete that MDS section if this occurred again. A facility policy regarding MDS completion was requested and not received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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** 44656 During observation, interview and record review, the facility failed to comprehensively assess and monitor a resident with new onset of respiratory symptoms for 1 of 1 residents (R11) reviewed for respiratory complications. Findings include: R11's quarterly Minimum Data Set (MDS) dated [DATE] identified R11 had intact cognition, was dependent on staff for toileting, bathing, dressing, and personal hygiene. In addition, R11 had diagnoses of diabetes, anxiety, morbid obesity, and chronic obstructive pulmonary disease and was utilizing oxygen. R11's physician orders (PO) with start dates of 8/31/23, identify the following: -Guaifenesin liquid; 100 milligrams (mg)/5 milliliters (mL); Amount to administer: 10 ml; oral. Every 4 hours-prn (as needed) for cough, and -Benzonatate capsule; 100 mg; Amount to administer: 100 mg; oral every 4 hours prn. take 1 Every (q) 4 hours prn for cough. R11's PO with start date of 1/29/25, identified: Proventil HFA (albuterol sulfate) HFA aerosol inhaler; 90 mcg/actuation; Amount to Administer: 2 puffs; inhalation Every 4 Hours-PRN as needed for wheezing, cough for chronic obstructive pulmonary disease. R11's February 2025 Medication Administration Record (MAR) identified no administrations of Benzonatate, Guaifenesin, and albuterol. R11's March 2025 MAR downloaded 3/20/25 identified first dose of Guaifenesin was provided on 3/14/25 at 12:03 a.m., and received subsequent doses on 3/15/25 at 3:53 a.m., and 3/16/25 at 3:40 p.m., and 11:12 p. m. R11's first dose of Benzonatate was provided on 3/13/25 at 7:46 p.m., and received subsequent doses on 3/15/25 at 10:48 p.m., and 3/16/25 at 2:29 a.m., and 5:52 p.m., and 3/17/25 at 1:21 a.m. R11's albuterol inhaler first dose for March 2025 was documented on 3/20/25 at 12:45 a.m. R11's progress notes (PN) in electronic medical record (EMR) downloaded 3/18/25 for dates 3/3/25 to 3/18/25 failed to identify assessment or monitoring for cough or sore throat. R11's vital signs (blood pressure, pulse, respirations, oxygen saturation) documentation from EMR downloaded 3/18/25, identified vital signs were documented on 3/9/25 and 3/16/25. Vital signs were not documented on 3/14/25, and 3/15/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER: Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE: 1175 Nininger Road 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 observation and interview with R11 and registered nurse (RN)-A on 3/17/25 at 7:00 p.m., RN-A entered R11 room with evening medications. R11 had audible coughing stating, my throat is hurting now. [I] need something stronger than a cough drop. RN-A walked out of R11 room to the medication cart. R11 stated, [I] can't get rid of it with cough. [sic] feel like it is getting worse. RN-A stated R11 had complained of cough and was not sure if R11 was tested for Covid-19. RN-A stated R11 was not on enhanced barrier precautions or transmission-based precautions right now pointing to no personal protective equipment cart located outside resident room. During observation and interview on 3/17/25 at 7:43 p.m., R11 was lying in bed with head of bed elevated. R11 was using oxygen at two (2) liters via nasal cannula and had a productive strong cough. R11 stated, it sounds like [I] have pneumonia. No one has tested me or asked me about it. I have had a cough for four days. It is not getting better. No one has done anything about it. I cough up phlegm. R11 also stated, I want to see a doctor. I need to see a doctor or I am going to be dead. I told them last week. During observation and interview with registered nurse (RN)-A on 3/17/25 at 7:47 p.m., stated it was second time I have been assigned to care for her. She told me last night and today about her cough. And I don't know if [R11] she was seen by a provider. RN-A stated expectation for staff to document in the progress note about any changes in respiratory status and to follow up. RN-A stated, I had [R11] as a patient last night as well and no, I did not contact the provider for [R11's] coughing. R11's PN dated 3/19/25 stated, [R11 was noted today to have increased lethargy and coughing. And described some crackles to mid/lower left lungs and decrease in appetite. In addition, Was noted to have some diaphoresis (flushing of face with perspiration) prior to last administration of scheduled tylenol[sic]. R11's PN dated 3/20/25 stated, Res has noted wet sounding occasional coughing and nasal congestion noted with vital signs. In addition, R11 requested and given the following PRN's[sic] throughout the night: Albuterol inhaler 2 puffs at 2300, Benzonatate 100mg at 0100 and tussin (Guaifenesin) 10mls at this time. During interview with LPN-A on 3/20/25 at 8:36 a.m., LPN-A stated expectation, for new onset of cough, we are to get vitals and lung sounds. Then, call triage. Get a weight. Offer something for cough if [on standing orders]. I would put it in progress note and give verbal report. LPN-A stated, [R11] sounded crappy yesterday. LPN-A verified R11's first dose of Benzonatate was documented on 3/14/25, Oh, this has been going on since the 13th. I did not know that. LPN-A stated, [staff] should have followed up on the new onset of cough if someone is taking it prn. Does not look like it was done. Nothing in the nursing progress notes that I see. We still need to follow up. I hate to say it but this has been going on too long and should have been looked at before yesterday. During interview with nurse practitioner (NP) on 3/20/25 at 10:10 a.m., NP stated expectation of facility to, perform vital signs and lung sounds including temperature to be monitored right away for new onset of respiratory symptoms. After 24-48 hours if the symptoms are persistent and not getting better then [provider] should be notified. NP stated R11 is high risk for respiratory compromise if new onset of cough and using prn meds are started. NP verified facility failed to contact R11's provider team until 3/19/25, regarding R11's respiratory symptoms. We should have been notified several days ago. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regina Senior Living	1175 Nininger Road 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 interview with director of nursing (DON) on 3/20/25 at 11:12 a.m., DON stated expectation of staff to do assessment and vital signs including lung sounds as soon as possible if new symptoms occur and, It must be documented. I can't teach nurse's common sense. This was not done for R11. Facility policy titled Change in Condition, reviewed 10/2/23 state: - Assess significant change in the resident's condition noted through direct observation, interview or report for other staff, -Conduct a symptom review and assessment, as condition warrants, -Notify the attending provider of the change in condition and implement orders for treatment and appropriate monitoring as directed. The policy defined Notification of Changes as commence a new form of treatments[sic] to deal with a problem.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regina Senior Living	1175 Nininger Road 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 44656 Based on observation and interview and policy review, the facility failed to ensure medications were securely and safely stored and under direct observation of authorized staff in areas where residents, staff and guests could access them. This had the potential to affect 37 residents whose medications were stored in the cart. Findings include: During observation on 3/17/25 at 6:15 p.m., an unattended and unlocked medication cart was observed in alcove across from resident room with no staff in sight. One female resident in wheelchair wheeled past the cart. At 6:22 p.m., nursing assistant (NA)-A walked towards the medication cart and stated, Yeah it is unlocked. Anyone can get in there [pointing to the medication cart] if they want. Registered nurse (RN)-A walked around the corner and approached the medication cart. RN-A stated it was her cart and verified, it is unlocked. Should not be because anyone can get in there and get narcotics and other medications. During observation and interview on 3/18/25 at 9:38 a.m., an unlocked and unattended medication cart was observed between two resident rooms with no staff in sight. At 9:42 a.m., a male resident in a wheelchair wheeled himself past the unlocked medication cart. During interview with director of nurse (DON) on 3/20/25 at 11:04 a.m., DON stated unlocked and unattended medication carts, should not happen. DON declined to comment further. Facility policy titled Medication Storage in the Facility Storage of Medications, revised 3/2017, state Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) permitted to access medications. Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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** 46804 Based on observation, interview, and document review, the facility failed to ensure food stored in the refrigerators and dry storage were labeled, dated and discarded properly. In addition, the facility failed to consistently track and monitor dishwasher temperatures for both the wash and rinse cycles, and take timely action to correct the temperatures, for 1 of 1 dishwasher observed, and failed to monitor sanitation level of the three-compartment sink and cleaning of food equipment. This deficient practice had the potential to affect all 53 residents who received food from the refrigerators and the kitchen, as well as staff, who ate food served from dishes and tableware that were cleaned in the dishwasher. Findings include: Label, cover and date: During an observation and interview on 3/17/25 at approximately 7:15 p.m., there were two large clear plastic undated containers with Raisin Bran and [NAME] Krispies. The regional director clinical services (RDCS) verified the cereal should be labeled and dated. The RDCS requested dietary aide (DA)-A to throw the unlabeled cereal as there was no date. During an observation on 3/17/25 at 7:20 p.m., in the walk-in freezer there were tomato paste balls on a sheet pan that were not covered or dated. Also, there was partially covered Tator tots on a pan that had no date. During an observation on 3/17/25 at 7:25 p.m., in the reach in cooler there was a 12-quart container that was not labeled or dated which contained assorted melons and grapes. During an observation on 3/17/25 at 7:26 p.m., in the walk-in cooler there were frozen pancakes in shallow pan labeled [NAME] but not dated. There was a covered quarter pan of sausage that was covered but not dated. During an interview on 3/18/25 at 11:15 a.m., food service director (FSD) verified all items should be labeled, covered and dated as soon as food is removed from its original container. The FSD stated it was important to label and date food items to know when food items are fresh. During an observation on 3/18/25 at 11:20 a.m., tater tots were in a deep pan in the walk-in freezer. The tater tots were not labeled or dated. At 2:34 p.m. the FSD stated the tater tots were not labeled and dated but should have been. Equipment: During two observations on 3/17/25 at approximately 7:15 p.m., and 3/18/25 at 11:53 a.m., the standing food mixer had dried creamy white substance around the knob that connects the whip. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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	During an observation on 3/17/25 at 7:38 p.m., there was a thick black substance on both the range grate and grill grates. The corner grate of the stove had about one to two ounces of raw ground beef under the grate. During an observation on 3/17/25 between 7:15 a.m., and 7:45 p.m., there was a sign which indicated the daily weekly cleaning schedule for cooks with a beginning date of 3/14/25. The sheet indicated 3/17/25, cleaning duties had been signed off. There were no entries for the 3/14/25, 3/15/25, or 3/16/25. During an interview on 3/18/25, between 11:15 a.m. and 11:45 a.m. the FSD verified the cleaning check list should be completed daily. 3 compartment sinks: During an observation and interview on 3/17/25 at 7:15 p.m. to 7:45 p.m., an observation was made of no log to monitor the sanitizer of the three-compartment sink. DA-A stated the three-compartment sink had test strips, but most dishes went through the dishwasher. DA-A stated she was not aware of how to use the sanitation test strips for the three-compartment sink. During an observation and interview on 3/18/25 at 11:46 a.m., an observation was made of no sanitation log for the three-compartment sink. The FSD stated there was no log to test the sanitation of the sanitizer in the three-compartment sink. During an observation and interview on 3/18/25 11:37 a.m., the third sink in the three-compartment sink contained water that was rust color and was 1/3 full of liquid. The FSD verified they did not have a log to monitor the sanitation of the 3-compartment sink. The FSD stated she planned to implement a sanitation log to monitor the sanitation level starting 3/19/25, after she scheduled a staff meeting. Dish machine: During an observation and interview on 3/17/25 between 7:15-7:45 p.m., the dishwashing log was missing 15 days of monitoring the temperature of the dish machine. DA-A stated temperatures of dish machine should be taken three times a day. During an observation and interview on 3/18/25 at 11:46 a.m., the temperature log for the dish machine was missing several entries to monitor the temperature of the wash and rinse cycles. The FSD stated it was her goal to document the dish machine temperatures at least twice a day, but each shift should complete at each meal. The FSD verified the documentation to monitor the temperature of the dish machine was not completed and was not acceptable. The FSD confirmed it was important that the dishes were sanitized properly before dishes were used. The Dish Machine Temperature Log dated 3/25, indicated there were a total of 32 missing entries out of 51 entries of documentation for the dish machine temperature from March 1, 2025, until March 17, 2025. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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	The facility Food Protection Methods and Standards policy dated 2012, indicated all food items should be labeled, and date marked to identify when food was prepared or opened or when food must be used or discarded. The facility Dishwashing Procedures policy dated 2019, indicated a three-compartment sink may be used to wash pots and pans by hand. Sanitation is completed in the third compartment. Complete immersion for at least 30 seconds in 170-degree water or 75-degree water containing 50 ppm hypochlorite or 12.5 ppm iodine or a quaternary sanitizer dispensed per manufactures directions. The facility Dishwashing Temperature Monitoring Logs policy dated 2019, indicated a log must be completed of the wash and rinse temperatures. Entries must be made daily. The Culinary Director was responsible to monitor daily completion of the dishwashing temperature logs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49034 Based on observation, interview and document review, the facility failed to ensure enhanced barrier precautions (EBP) were maintained for 1 of 3 residents (R12) reviewed for EBP. Furthermore, the facility failed to implement and maintain respiratory precautions and have proper infection surveillance for 1 of 1 resident (R11) reviewed who had active symptoms of a potential respiratory illness. Findings include: EBP The CDC article titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) dated 4/2/24, indicated MDRO transmission in skilled nursing facilities was common and contributed to substantial resident morbidity. EBP is an infection control intervention to reduce transmission of MDROs by using gowns and gloves during high contact resident care activities. The article indicated high-contact activities include providing hygiene, changing briefs, dressing, urinary catheter care, etc. The article indicated that EBP should be implemented (when contact precautions did not apply) for residents with indwelling medical devices (urinary catheter) or chronic wounds regardless of MDRO colonization status. R12's quarterly Minimum Data Set (MDS) dated [DATE], indicated R12 was diagnosed with heart failure, peripheral vascular disease (blood vessel disorder that affects blood flow to the limbs), and obstructive uropathy (blockage of normal urinary flow). The MDS indicated R12 had two venous ulcers (slow healing sores on the leg) present and had an indwelling urinary catheter. R12's care plan dated 3/12/25, indicated R12 was on EBP related to a suprapubic catheter and chronic wounds. The care plan indicated staff were to apply a gown and gloves before high-contact care activities. During an interview and observation on 3/20/25 at 8:33 a.m., nursing assistant (NA)-E and NA-C were observed to complete hand hygiene, put gloves on, and enter R12's room. NA-C and NA-C were not observed to put on gowns. R12 was observed lying in bed with wrapped dressings applied to both of his lower extremities and a catheter bag hanging off the side of the bed. NA-C was observed to empty R12's catheter into a urinal and dispose of the urine with NA-E's assistance holding the catheter bag. After removing her gloves and completing hand hygiene, NA-C was observed to leave the room and came back dressed in a gown and gloves. NA-E (still not wearing a gown) and NA-C were observed to assist the resident with dressing and complete hygiene care after a bowel movement. During an interview on 3/20/25 at 9:11 a.m., NA-C stated she did not feel she needed to wear a gown when emptying the catheter if she used gloves and washed her hands. NA-E stated that a gown only had to be worn when nurses were completing wound care or catheter care but did not feel he needed to wear one when assisting a resident with dressing or performing personal hygiene tasks as he did with R12. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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 - Few	During an interview on 3/20/25 at 10:26 a.m., the infection control preventionist (ICPC) stated whenever a staff member touches a resident who is on EBP, she would expect them to be wearing a gown and gloves including during catheter and personal hygiene care and this was important to stop the spread of infection. A policy regarding EBP was requested and not received. 49339 RESPIRATORY / SURVEILLANCE R11's quarterly MDS, dated [DATE], indicated R11 had intact cognition with no hallucination, delusions or other behavioral symptoms noted and required maximal assistance for personal hygiene, set up for eating and dependent on staff for all other activities of daily living (ADLs). Section 0 special treatment and programs indicated R11 received oxygen therapy. During observation and interview on 3/17/25 at 7:43 p.m., R11 was observed to have a productive cough. R11 stated she had the cough for 4 days and was not getting better. R11 stated, I cough up phlegm .I need to see a doctor, or I am going to be dead .I told them last week. There was no precautions signs or personal protective equipment outside of R11's room. During interview on 3/17/25 at 7:51 p.m., registered nurse (RN)-A stated they had worked with R11 previously. RN-A stated R11 told her last evening and today about her cough along with having an itchy throat. RN-A stated R11 had an order for Tessalon [NAME] (benzonatate - a medication used to relieve coughs due to colds given in a capsule form). RN-A stated they are unsure if R11 had been seen by a provider and stated, I did not contact the provider for her coughing. Furthermore, RN-A stated all changes and reports of coughing, testing, x-rays and labs should be in the patient chart in the progress notes. During interview, R11 stated she wanted to see the doctor adding she was not seen by a doctor today. R11's March Medication Administration Record (MAR), dated 3/20/25, indicated the following, -benzonatate capsule (Tessalon [NAME]) - 100 milligram (mg) capsules take 1 every 4 hours PRN (as needed) for cough with a start date of 8/31/23, with the following administrations: -3/13/25 at 7:26 p.m., which was effective -3/15/15 at 10:48 p.m., which was effective -3/16/25 at 2:49 a.m., which was effective -3/16/25 at 5:52 p.m., which was effective -3/17/25 at 1:21 a.m., which was effective -3/17/25 at 7:38 p.m., which was effective -3/18/25 at 11:34 p.m., which was effective (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Nininger Road 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 - Few	-3/18/25 at 11:44 p.m., not given too early -3/19/25 at 9:51 a.m., which was documented as unknown for effectiveness -3/19/25 at 8:59 p.m., which was effective -3/19/25 at 4:41 a.m., which was documented as mistake in charting -3/20/25 at 12:58 a.m., which was documented as some relief -3/20/25 at 6:57 a.m., which was effective -guaifenesin (cough syrup) liquid 100 mg/5 milliliter (ml) give 10 ml orally every 4 hours as needed for cough with the following administrations: -3/14/25 at 12:03 a.m., which was effective -3/15/25 at 3:53 a.m., which was effective 3/16/25 at 3:40 p.m., which was somewhat effective -3/16/25 at 11:12 p.m., which was effective -3/17/25 at 10:12 a.m., which was documented as unknown for effectiveness -3/20/25 at 4:57 a.m., which was effective R11's progress notes reviewed from 3/10/25, to 3/20/25, included the following: -3/20/25 at 4:49 a.m.,: (R11) has noted wet sounding occasional coughing and nasal congestion noted. VS obtained as follows: B/P 122/68, P 78, R 18, T 97.9, O2 sats (oxygen saturation) 96% on 2 lpm (liters per minute) via NC (nasal cannula). Res requested and given the following PRN's throughout the night: Albuterol inhaler 2 puffs at 2300 (11:00 p.m.,), Benzonatate 100mg at 0100 (1:00 a.m.,) and tussin 10mL at this time. Also encouraged fluids which she took well and kept HOB elevated. Writer encouraged res to get up out of bed later today and into w/c, reminding her laying in bed constantly isn't the best for her lungs and some movement and activity can help clear mucus. -3/19/25 at 2:13 p.m.: (R11) was noted today to have increased lethargy and coughing. Cough is productive but she swallowed the sputum without spitting it out for observation. Has some crackles to mid /lower left lungs. Decreased appetite today also. Denies nausea. Denies sore throat, no nasal drainage noted. Was noted to have some diaphoresis (sweating) prior to last administration of her scheduled tylenol. T- 96.8, P- 73, R- 18, BP- 128/78, Sao2 97% with o2 at 2L. Call placed to triage with the above orders. Waiting for a reply from NP. Will pass on to oncoming shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER: Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE: 1175 Nininger Road 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 - Few	Progress notes lacked evidence of R11 being placed on respiratory precautions, monitoring of symptoms since increased use of PRN use (had started using PRN cough medication 6 days prior to first progress note entry), notification of physician prior to 6 days after symptoms started and assessment of lung sounds being completed. Review of facility infection tracker report, dated 3/18/25, revealed R11 was not listed as a resident with a infection or possible infection being followed. During interview on 3/20/25 at 8:36 a.m., licensed practical nurse (LPN)-A stated for a resident with a new onset of cough, we (nursing) would get vitals and lungs sounds, call triage (provider), and offer medication for cough if have an order. LPN-A stated a progress note would be entered in the electronic medical record (EMR) along with giving verbal report to the next shift and keeping the resident in their room until it was known what the resident was ill with. LPN-A verified, after review of EMR, first dose of Tessalon [NAME] was administered on 3/13/25, and added, I did not know about that. LPN-A stated this still needed follow up and I hate to say it, but this has been going on too long and should have been looked at before yesterday. During an interview on 3/20/25 at 8:43 a.m., regional director of clinical services (RDCS) and infection preventionist (ICPC) stated illnesses were tracked on the infection event log in the EMR system by creating an event. The expectation was any nurse could create an event with the onset of symptoms and the infection preventionist oversaw all the infection events. RDCS stated if a resident had respiratory symptoms such as cough and fever then a respiratory event would be open and tracked. During an interview on 3/20/25 at 9:01 a.m., RDCS reviewed R11's EMR. RDCS verified administrations of Tessalon [NAME] as listed above. RDCS verified first progress note entered was 3/19/25 at 2:15 p.m. regarding R11's cough. RDCS stated they were unaware of R11's prn use or onset of cough and symptoms or would have acted accordingly. RDCS stated R11 should have been added to the infection surveillance (infection tracking) for follow up and placed on respiratory precautions. RDCS stated she was going to follow up immediately. During continued interview on 3/20/25 at 9:05 a.m. IPCP verified R11 should have been on the infection surveillance (infection tracking log) and precautions should have been implemented, and verified neither were completed. During interview on 3/20/25 at 9:37 a.m., director of nursing (DON) stated the expectation was all nurses would create an infection event with respiratory symptoms. DON stated that staff had all been trained on how to create an event. DON stated there should have been an event (infection tracking event) made for R11 which would have triggered for additional follow up which included being added to the surveillance log. DON stated R11 should have been placed on respiratory precautions. During interview on 3/20/25 at 10:44 a.m., LPN-B stated an infection event should be created for a resident when there was a change of condition and after the initial information was gathered. LPN-B stated if a resident was utilizing a PRN cough suppressant more than a couple times, an assessment needed to be completed, triage notified, family notified, progress note entered, and an event created. LPN-B stated a resident would also be placed on precautions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER: Regina Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE: 1175 Nininger Road, 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 - Few	A facility policy titled Surveillance, revised 8/23, indicated infection surveillance will be collected on a routine, systematic and ongoing basis and the results will be used to recognize need for reporting, staff educations, as well as to identify individual resident problems in need of intervention.