STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 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. Based on observation and interview, the facility failed to clean and sanitize food-contact equipment, remove a paper bowl used as a scoop in a sugar container and keep food boxes off walk-in freezer unit floor. Findings include: During the initial kitchen tour on 2/23/26 at 12:15 p.m., with the culinary director (CD), the following was identified: seven boxes were stored on the Walk-in freezer floor, a brown paper bowel used as scoop left in the sugar container and the can opener part that meets the top of the can (blade and gear) was covered with dark dry substance. CD confirmed the scoop in the sugar container, is not the usual practice indicated it could cause for cross contamination. During a follow up kitchen tour 2/25/26 at 7:52 a.m., the can opener blade and gear remained covered with the dark dry substance and additionally a red paste was noted on the blade. Head cook (HC) indicated it was used and must have gotten dirty yesterday.In the walk-in freezer, five food boxes remained on the floor. HC stated the boxes were not supposed to be on the floors and were delivered the day prior. During an interview on 2/25/26 at 8:46 a.m., CD stated, the expectation was for the can opener to be cleaned weekly, when asked about the substance covering the can opener blade and gear-can remove this. CD confirmed, (could remove this also) and the boxes in the walk-in freezer should not be on the floor. A facility policy on food safety procedures was requested and not received.

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to correctly establish and ensure staff followed appropriate transmission-based precaution (TBP) for 1 of 1 resident (R66) who required enhanced respiratory precautions for COVID-19. Further, the facility failed to ensure appropriate personal protective equipment (PPE) was used for residents in enhanced barrier precaution (EBP) during podiatry treatments in a common area for 1 of 3 residents (R57) reviewed for EBP. Additionally, the facility failed to initiate EBP for 1 of 1 resident (R33) who required EBP due to a pressure ulcer.Findings include: R66 was admitted to the facility on [DATE] from a hospital, her Minimum Data Set (MDS) assessment had not been completed at time of survey. R66's progress note dated 2/21/26 indicated R66 had severe cognitive impairment. R66 had a diagnosis of dementia (syndrome characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities) and Covid-19. According to the Centers for Disease Control (CDC), residents diagnosed with COVID-19 require additional TBP that included an isolation gown, N95 respirator or higher-level respirator, eye protection (goggles or face shield), and gloves. During observation on 2/24/26 at 10:52 a.m., physical therapy (PT)-A was observed entering R66's room with a standard mask (not an N95) and without an isolation gown or gloves, placed a gait belt in her room and exited room. During an interview on 2/24/26 at 11:08 p.m., PT-A stated he had only put on a standard mask (not an N95) when he returned the gait belt to the room he had used when working with R66. PT-A stated when returning the gait belt, he should have put on the appropriate PPE before entering the room that included the isolation gown, N95 mask, and gloves. PT-A stated it is important to wear the appropriate PPE every time you enter the room to prevent the spread of infection. During observation on 2/26/26 at 9:08 a.m., nursing assistant (NA)-C was delivering the meal tray to R66. NA-C put on an isolation gown, standard mask (not an N95), gloves, and eye protection. NA-C opened R66's door, walked inside room with meal tray and closed the door. At 2/26/26 at 9:11 a.m., NA-C exited R66's room, performed hand hygiene, then moved down hall to continue delivering meal trays. During an interview on 2/26/26 at 10:11 a.m., licensed practical nurse (LPN)-E stated they receive infection control education upon hire, annually, and if something changes. LPN-E stated the infection control education contains information about proper PPE for the different types of infections they see at the facility. LPN-E stated for a resident who was in isolation for COVID-19, the isolation required included an isolation gown, gloves, face mask, and an N95 mask. LPN-E stated staff should wear the appropriate PPE every time you enter the room of someone with COVID-19; this is important to prevent the spread of infection. During an interview on 2/26/26 at 10:17 a.m., NA-C stated staff receive education about infection prevention when they are hired, annually, and if something changes. NA-C stated the infection prevention education they received included how to apply and take off PPE, when to use PE, and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	what type of PPE to use for the infections they typically see in the facility. NA-C stated the proper PPE to use when caring for someone with COVID-19 included an N95 mask, isolation gown, gloves, and goggles. NA-C stated she had been delivering morning meal trays that included R66. NA-C stated she was aware R66 had been diagnosed with COVID-19 and required additional PPE for that. NA-C confirmed she had not had a N95 mask on when delivering R66's meal tray. NA-C stated she did not wear the N95 mask because the isolation sign on the door stated she could wear an N95 mask or a standard mask. NA-C stated she thought residents with COVID-19 infections required an N95 mask but since the sign said she could wear a standard mask, that is why she wore the standard mask. During observation and interview on 2/26/26 at 10:28 a.m., director of nursing (DON) and regional director of clinical sales (RDCS) confirmed R66 had COVID-19; requiring additional PPE that would include an N95 mask, isolation gown, face mask, and gloves. RDCS confirmed staff are educated about isolation procedures when they are hired, yearly, and if there are any updates to isolation procedures. DON stated it is her expectation all staff at the facility should wear the appropriate PPE prior to entering R66's room. Additionally, DON and RDCS reviewed the isolation sign placed on R66's door, the isolation sign reflected staff would be required to wear: -Gown -Facemask or -N95 Respirator for aerosol-generating procedures -Eye protection (goggles or face shield) -One pair of gloves -Hair cover (optional) DON and RDCS confirmed the isolation sign currently on R66's door was not the correct sign; they were unsure where this sign came from or how it was placed on R66's door. RDCS stated the correct sign the facility uses read: -Gown -N95 Respirator or higher-level respirator - Eye protection (goggles or face shield) -One pair of gloves DON and RDCS stated it is important to apply the appropriate PPE to prevent the spread of infection. Additionally, the appropriate PPE should be worn every time facility staff enter R66's room. R57 R57's comprehensive MDS assessment, dated 11/26/25, indicated R57 had limited cognitive impairment . Further, R57 required a wheelchair for mobility, required set-up assistance for hygiene/oral care, and was independent with eating. R57's diagnosis included prostate cancer, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	chronic kidney disease requiring a urinary catheter (tube inserted into the body to drain urine), and difficulty walking. R57's care plan dated 11/11/24, had previously acquired infections and due to the placement of the urinary catheter, R57 now required EBP when receiving cares. During observation on 2/23/26 at 1:24 p.m., R57 was observed in the facility day room with 3 other residents; all 3 residents were receiving podiatry care. The podiatry team did not put on the appropriate PPE when providing treatment to R57; as recommended by the CDC. Medical doctor (MD)-A donned standard gloves removed R57's shoes and socks, performed callous shaving and clipping toenails. When completed, medical assistant (MA)-A assisted R57 with putting his shoes and socks back on; MA-A had not applied the appropriate PPE prior to assisting him. During an interview on 2/23/26 at 1:24 p.m., MA-A stated she was unsure if R57 required staff to wear special PPE when providing podiatry treatments. MA-A stated the podiatry team does not wear PPE when providing treatment, unless facility staff direct them to. MA-A stated she had not worn any additional PPE while caring for any of the residents today. During an interview on 2/23/26 at 1:41 p.m., MD-A stated he was unaware that R57 required podiatry staff to wear additional PPE when providing podiatry treatments. MD-A stated his team primarily performs callous removal and toenail clipping. MD-A stated he was aware of why residents would require additional PPE such as required for EBP; the primary reason being to reduce the spread of infection from one resident to another. When asked if residents in EBP or higher-level isolation should have podiatry treatments in a common area; MD-A stated only bed bound residents get podiatry care in their rooms. MD-A stated he would prefer the day room to be a private setting but, facility staff kept bringing more residents into the room. During an interview on 2/25/26 at 9:19 a.m., director of nursing (DON), regional director of clinical sales (RDCS), and administrator stated they would expect all ancillary service providers to adhere to the facility's infection prevention precautions such as EBP. The administrator confirmed he had walked through the day room during the podiatry treatments, PPE was not worn for residents receiving podiatry treatments. DON and RDCS stated it is important to apply the appropriate PPE to prevent the spread of infection. Additionally, the appropriate PPE should be worn every time facility staff or ancillary staff provide cares such as podiatry treatments. A facility policy titled COVID-19 Program Overview dated 9/29/22, healthcare workers caring for residents with suspected or confirmed COVID-19 should use full PPE (gowns, gloves, eye protection, and a NIOSH-approved N95 or equivalent or higher-level respirator.) A facility policy titled Enhanced Barrier Precautions dated 4/1/24, residents with indwelling medical devices (such as a urinary catheter) require EBP when providing hygiene cares. R33 R33's admission Minimum Data Set (MDS) assessment, dated 1/14/26,ˆindicated, intact cognition,ˆR33ˆrequiredˆsubstantialˆassistanceˆwith toileting and bed mobility, was occasionally incontinent of bladder and continent of bowel. R33 was at risk for a pressure ulcer, had no pressure ulcer/injury on admission. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R33's diagnosesˆincluded, cerebralˆinfarction-(CVA) (blood clot in the brain), pressure induced deep tissue damage of leftˆheel,ˆchronic systolic (congestive) heart failureˆ(a serious condition of the heart's ability to pump blood efficiently), edema (swelling).ˆˆ R33 was diagnosed with pressure induced deep tissue damage of leftˆheel (bedsore) on 2/19/26 and had an order for daily wound dressing change. R33 's afterˆvisit note byˆnurse practitioner (NP)-Eˆdated 2/19/26 Identified the following: Skin: left heel popped blister with purple color. DTI (deep tissue injury) and a large blister that has popped on left heel. Non weight bearing to left heel, wound care referral for left heel, cleanse wound withˆvashe (wound cleanser), allow to dry, cover withˆABD padˆand wrap with kerlix.ˆ R33's room or outside the room lacked EBP precautions. No signage on the door and no isolation cart (mobile container that stores personal protective equipment (PPE)- gowns, gloves, face shield, used by staff to prevent the spread of infection). During an interview on 2/25/26 at 9:40 a.m., DON and regional director of clinical services (RDCS) indicated R33 was not to be on EBP. Indicated, EBP is only required for Chronic wounds, diabetic wounds, and Pressure Ulcers per the facility policy. The facility policy titled: Enhanced [NAME] Precautions, reviewed on 3/28/24, indicates enhanced barrier precautions to be used for chronic wound care and defines chronic wound care as any skin opening requiring a dressing (excludes- shorter-lasting wounds, such as skin breaks or skin tears covered with adhesive bandage.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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. Based on observation, interview, and document review the facility failed to ensure privacy was maintained during treatments for 3 of 3 residents (R29, R54, R57) reviewed for privacy.Findings include:During an observation on 2/23/26 at 1:19 p.m., R57 was in the facility day room receiving podiatry (foot)cares. R54 and R29 were in the day room waiting for their podiatry appointments. Upon completion of foot care, R57 was removed from room by the podiatry medical assistant (MA)-A. MA-A returned and moved R54 so his foot cares could be completed. R29 remained in the day room during R54's podiatry treatments. Once completed R54 was assisted out of the room by facility staff. MA-A then moved R29 so she could have her podiatry cares completed. During R29's podiatry treatment, nursing staff and cleaning staff were walking through the day room. Upon completion, R29 was taken back to her room by facility staff.R29's quarterly Minimum Data Set (MDS)assessment, dated 1/8/26, indicated R29 had severe cognitive impairment. Further, R29 was dependent on facility staff for all cares. R29's diagnosis included neurocognitive disorder with Lewy-bodies Dementia (progressive neurodegenerative disease caused by abnormal protein deposits that destroy brain cells), chronic pain syndrome, and cognitive communication deficit.During an interview on 2/23/26 at 4:48 p.m., family member (FM)-A stated R29 would not have wanted to have her podiatry treatment performed with other residents around to watch. FM-A stated she has a lot of pain in her feet and would have wanted to have her podiatry treatments in private.R54R54's quarterly MDS assessment, dated 11/12/25, indicated R54 had no cognitive impairment. Further, R54 was independent with ambulation, toileting, and hygiene. R54's diagnosis included cellulitis (bacterial infection) of left lower limb, cellulitis of right second toe, and amputation of right lesser toe.During an interview on 2/23/26 at 5:10 p.m., R54 stated he would prefer to have his podiatry treatments done in his room.R57R57's comprehensive MDS assessment, dated 11/26/25, indicated R57 had limited cognitive impairment. Further, R57 required a wheelchair for mobility, set-up assistance for hygiene/oral care, and was independent with eating. R57's diagnosis included prostate cancer, chronic kidney disease, and difficulty walking.During an interview on 2/23/26 at 5:57 p.m., R57 stated he would prefer to do his podiatry treatments in a private space.During an interview on 2/23/26 at 1:34 p.m., MA-A stated the podiatry team comes to the facility every 9 weeks. MA-A stated the services provided include callus shaving and nail clipping. Podiatry treatments are done in the day room, unless the residents are not able to get out of bed then the podiatrist will go to the residents room. During an interview on 2/23/26 1:41 p.m., medical doctor (MD)-A stated he provided podiatry services roughly every 9 weeks. The services he provided were callus shaving and nail clipping, occasionally helping with ingrown toenails if this can be treated safely at the facility. When asked how treatments are handled in the clinic setting the MD-A stated the treatments would be done in a private room at his clinic. The facility staff bring in multiple residents at a time.During an interview on 2/25/26 9:19 a.m., director of nursing (DON), administrator, and regional director of clinical services (RDCS) confirmed medical procedures or treatments such as wound care, optometry, dental, or podiatry should be done in private. Administrator confirmed the podiatry treatments done on 2/23/26 were conducted in the day room. Further, stating multiple residents can be in the day room during podiatry treatments. DON and RDCS confirmed the importance of completing podiatry treatments in a private setting to ensure resident privacy.An undated facility policy titled Resident Rights and Notification of Resident Rights, the facility will ensure a residents right to privacy and confidentiality.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to ensure an evaluation was completed prior to renewal of PRN (as needed) antipsychotic medications for 1 of 5 residents (R10) reviewed for unnecessary medications. Findings include: R10's quarterly Minimum Data Set (MDS) assessment, dated 2/10/26 indicated R10 had severe cognitive impairment with a history of verbal behaviors. The MDS also indicated R10 was receiving hospice care and received antipsychotic medications (medications used to treat mental health disorders and behavioral disturbances). R10's diagnoses list included, unspecified dementia, cognitive communication deficit, anxiety, protein-calorie malnutrition.R10's care plan indicated mood state related to diagnosis of anxiety and restlessness and agitation, high risk medications including Haloperidol (antipsychotic medication), hospice services, and cognitive loss related to dementia.R10's medication administration record indicated R10 received haloperidol 1 mg every 4 hours PRN from 1/26-2/8 (21 doses given), haloperidol 1 mg every 1 hour 2/10-2/12 (4 doses given), and haloperidol 1 mg every hour 2/12-2/15 (8 doses given). R10's hospice enrollment history and physical signed by the hospice provider dated 1/19/26 indicated terminal illness attestation based on my review of this patient's available medical record and discussion with the hospice admission nurse. R10's hospice orders dated 1/20/26 indicated a verbal order for haloperidol 0.5 mg every 4 hours as needed for confusion, restlessness, agitation, nausea with a hand written stop date of 2/2/26. R10's hospice orders dated 1/26/26 indicated a verbal order for haloperidol 1 mg by mouth every 4 hours as needed for agitation and hallucinations with a hand written stop date of 2/8. R10's hospice orders dated 2/10/26 indicated a verbal order for haloperidol 1mg every hour PRN agitation with a stop date 2/23/26. R10's medical record indicated R10 was seen by the facility provider on 1/8/26. R10's record indicated hospice provider last seen 1/20/26. During an interview on 2/25/26 at 2:34 p.m., licensed practical nurse (LPN)-A stated residents who receive as needed antipsychotic medications are seen by a provider every 14 days. LPN-A stated the facility has updated the hospice provider several times of the requirement residents must be seen face to face every 14 days when receiving an PRN antipsychotic medication. LPN-A verified, R10 was seen by the hospice provider on 1/20/26, the facility provider on 1/8/26, and an acute visit by the facility nurse practitioner on 2/19/26. During an interview on 2/26/26 at 8:36 a.m., the hospice registered nurse (HRN) stated R10 enrolled in hospice 1/20/26 and is seen weekly by nursing staff. HRN confirmed R10 is receiving scheduled and as needed haloperidol. She stated hospice manages the medication however it is the facility's responsibility to determine if the resident is having breakthrough issues. The haloperidol is ordered every two weeks based on a mutual discussion between herself, facility staff, and if needed, the hospice medical provider. Hospice providers are involved in the interdisciplinary meeting to recertify a resident every 90 days, however, do not begin seeing residents until after their second 90 day recertification. At that time, the hospice provider will see the resident face to face every 8 weeks. Hospice providers do not see the resident face to face to re-order as needed antipsychotic medications. During a joint interview on 2/26/26 at 10:54 a.m., with the facility director of nursing (DON) and the Regional Director of Clinical Services (RDCS), the DON stated PRN antipsychotic medications are good for 14 days and the facility will automatically put a stop date. The DON stated hospice is the one managing R10's PRN haloperidol and would be the ones to see R10 in person. The DON and RDCS reviewed R10's medical records and could not provide documentation R10 received a face-to-face visit by a provider every 14 days. A policy titled Psychotropic Medication Use dated 9/7/23 indicated parameters required for antipsychotic medications that included PRN anti-psychotic orders are limited to 14 days and cannot be renewed unless the attending provider evaluates the resident for the appropriateness of that medication. It continued Documentation will reflect implementation of the above [referring to the list of required parameters].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review, the facility failed to develop a person-centered care plan for 2 of 2 residents (R24, R33) reviewed for care planning.Findings include: R33's admission Minimum Data Set (MDS) assessment, dated 1/14/26,ˆindicated intact cognition. ˆR33ˆrequiredˆsubstantialˆassistanceˆwith toileting and bed mobility, was occasionally incontinent of bladder and continent of bowel. R33 was at risk for a pressure ulcer, had no pressure ulcer/injury on admission. R33 had a pressureˆreducing device for chair and bed.ˆ R33's diagnosesˆincluded, cerebralˆinfarction (CVA) (blood clot in the brain), pressure induced deep tissue damage of leftˆheel,ˆchronic systolic (congestive) heart failureˆ(a serious condition of the heart's ability to pump blood efficiently), and edema (swelling).ˆˆ R33's admissionˆskin risk assessments, dated 1/8/26 indicated at risk for pressure ulcers with an intervention to reposition every two to three hours.ˆˆ R33'sˆcare plan datedˆ1/12/26,ˆindicated R33ˆneedsˆassistance with bed mobility, transfers, ambulation, and locomotion due to CVA.ˆˆInterventions included assistˆto turn and reposition.ˆ R33's record lacked the implementation of a care plan for risk of developing pressure ulcers and injuries.ˆ R33's mobility care plan dated 1/12/26, indicated R33 needs assist with bed mobility, transfers, ambulation, and locomotion due to CVA. Intervention dated 1/12/26, per skin care plan was to assist with turning and repositioning, although R33 care plan lacked a skin section care plan. R33's Care Sheet dated 02/24/26 lacked interventions to prevent developing pressure ulcers and injuries.ˆ During an interview with R33 on 2/24/26 at 4:05 p.m., R33 denied being assisted with frequent repositioning in bed and or chair. During an interview on 2/24/26 at 2:26 p.m., nursing assistant (NA)-B stated being unsure of R33 turning and reposition schedule. NA-B stated the schedule should be in point of care for charting and on the care sheet in a binder at the nursing station. During an interview on 2/25/26 at 8:34 a.m., director of nursing (DON) stated, there was no skin category or risk for pressure ulcer on R33's care plan. R24 R24's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R24 had no cognitive impairment. R24 required a walker for ambulation and was independent with eating, hygiene, and dressing. R24's diagnosis included COPD (progressive and irreversible lung disease causing shortness of breath), emphysema (progressive lung disease that causes damage to the air sacs in the lungs), and chronic respiratory failure with lack of oxygen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R24 record dated 2/13/26 was admitted to hospice. R24's comprehensive care plan lacked patient-centered hospice care plan. During an interview on 2/24/26 at 10:17 a.m., nursing assistant (NA)-A stated she is unsure why R24 was put on hospice. NA-A indicated there is a hospice binder although that includes just hospice numbers and miscellaneous. NA-A stated she was unsure what end-of life preferences R24 wanted. During an interview on 2/24/26 at 10:51 a.m., director of nursing (DON) and regional director of clinical services (RDCS) stated after the resident chooses a hospice company, the hospice banner is added in the electronic medical record (EMR), hospice contact information is added to the resident profile, and the resident care plan. The hospice care plan would include the hospice company information, hospice diagnosis, and any known resident choices and preferences. DON confirmed R24 was admitted to hospice on 2/13/26 and R24's care plan did not have a hospice care plan. DON and RDCS stated the hospice care plan is important, so all staff are aware of the resident status and how to care for them during the end-of-life stage. A facility policy titled Comprehensive Assessments and Care Planning dated 9/27/23, the facility will provide a comprehensive person-centered interdisciplinary care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure medications were available for administration per physician order for 2 of 2 residents (R1, R54) reviewed for pharmacy services. Findings include: R1's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R1 was cognitively intact with no behaviors, have pressure reducing devices, nutritional supplementation, and dressings. R1 was independent with eating, set up for oral hygiene and required assistance for all activities of daily living. R1's care plan indicated R1 had wounds to both feet, impaired cardiac output, enhanced barrier precautions related to wounds, and diabetes, R1's diagnoses list included, cerebral palsy (brain disorder causing decreased muscle coordination) , peripheral vascular disease (disorder affecting circulation in the arms and legs), diabetes (disorder affecting blood sugar levels), respiratory failure (disorder affecting breathing), lymphedema (disorder causing fluid collection under the skin), and venous insufficiency(disorder that causes blood to pool in the legs instead of returning to the heart). R1's provider orders included: wound care: right dorsal [top] foot every other day and as needed (PRN) Sprinkle metronidazole [medication used to treat fungal infection] 500 mg crushed tablet into wound bed every other day. R1's medical record indicated the following: 2/5/26-Wound Clinic provider wrote order for Metronidazole 500 mg to wound every other day 2/6/26-health unit coordinator entered order into electronic medical record 2/9/26-order was confirmed by facility nursing staff adding the location to apply metronidazole 2/10/26-R1's medication administration record (MAR) indicated medication was not given with a progress note stating Metronidazole currently unavailable. Writer left a message with pharmacy to see if this could be ordered. 2/12/26-medication was signed off as given however facility progress note indicated Metronidazole currently unavailable. Spoke with Rx (pharmacy), 30 day supply was delivered on 2/2 and 5 tablets were delivered on 2/5. 2/16/26-MAR indicated metronidazole was not given 2/17/26-facility progress note indicated pharmacy to deliver metronidazole tonight for dressing changes to right foot. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/19/26-Wound nurse practitioner provider note indicated metronidazole still hasn't come in or been applied. Nurse manager is going to look into Flagyl [metronidazole] 2/22/26-MAR indicated metronidazole was not given During an interview on 2/25/26 at 2:38 p.m., licensed practical nurse (LPN-A) confirmed R1 had chronic wounds to both feet that were followed by the wound clinic. LPN-A reviewed R1's MAR and confirmed dates metronidazole was not administered. LPN-A stated the medication should be in the automated dispensing unit (ADU) (machine used to dispense certain medications). During an interview on 2/25/26 at 3:31 p.m., the wound clinic nurse practitioner (NP)-B confirmed R1 had chronic wounds to both feet that are difficult to heal due to his diagnosis of venous insufficiency. NP-B stated she saw R1 for several months before referring R1 to the vascular clinic (clinic that treats circulatory issues). NP-B stated she started seeing R1 again 2-3 weeks ago. On 2/5 NP-B ordered metronidazole to R1's right foot due to a possible fungal infection. NP-B confirmed she saw R1 on 2/5, 2/12, and 2/19 and the metronidazole was not available at each visit. NP-B stated the medication had to be reordered last week. During an interview on 2/25/26 at 4:00 p.m., licensed practical nurse (LPN)-B confirmed R1's treatment order included metronidazole 500 mg to right foot. LPN-B recalled 1 day the medication was not available and a message was left to the pharmacy to deliver. LPN-B stated the next day a supervisor told her the medication was located in the ADU. During observation and interview on 2/25/26 at 4:15 p.m., a tall locked cabinet was noted in the medication room. LPN-A stated staff log into the computer in order to dispense medications. A list of available medications was located on the front of the machine which included metronidazole 500 mg tablets. During interview on 2/26/26 at 9:15 a.m., LPN-C stated new orders received from the provider are given to the health unit coordinator to enter and then verified by a nurse the same day. If the order is received on the night shift, it will be verified the next morning. LPN-C stated if a medication is not available in the medication cart, she would see if the medication were available in the ADU. If it is not, she would update the nurse manager and let the provider know a dose was missed. During an interview on 2/26/26 at 11:07 a.m., the pharmacy tech (tech) stated if a medication isn't available in the ADU the pharmacy will send a separate bubble pack card to the facility containing the medication. If the ADU is out of medication, the facility must request it because the pharmacy is not automatically alerted. The tech stated they received the order for metronidazole for R1 on 2/9/26 however the original date is 2/6/26. The tech stated metronidazole was dispensed from the ADU on 2/14, 2/20, 2/22, and 2/23 and confirmed no metronidazole was dispensed from the machine from 2/9-2/13. A report received from the facility and the pharmacy confirms the dates of metronidazole was removed from the ADU. During a joint interview with the director of nursing (DON) and Regional Director of Clinical Services (RDCS) on 2/26/26 at 11:18 a.m., the DON stated new orders are transcribed in the electronic medical record by either the health unit coordinator or a nurse and verified by a nurse. The DON stated she expects orders to be entered and verified the same day they are received. If an order is received late, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she would expect it to be verified by the next morning. If a medication is not available, staff are expected to call the pharmacy, and update the provider. Some medications are available in the ADU or the e-kit (emergency kit). The DON and RDCS verified the order for metronidazole was dated 2/5/26 and entered on 2/6/26 by the HUC however was not verified until 2/9/26. The DON stated she would have expected the metronidazole order to be processed by the next day. The DCS stated some medications are automatically dispensed via the ADU and some are sent from the pharmacy in bubble packs. Night nurses obtain all scheduled medications from the ADU and disperse them in the appropriate medication carts for the following day. If a medication is not scheduled to be dispensed, nurses do have the ability to manually request the ADU to dispense a medication. The DON stated she was first made aware of the missing metronidazole on 2/19/26 and verified the medication was in the ADU. The DON stated she spoke to the pharmacy on 2/25/26 who stated the metronidazole was officially loaded to be dispensed on 2/12/26 however the machine didn't start automatically dispensing it until 2/20/26. A policy titled Medication Ordering and Receiving From Pharmacy dated 12/2017 did not reference the ADU machine. A policy regarding processing of provider orders was requested and not received. R54 R54's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R54 had no cognitive impairment. Further, R54 was independent with ambulation, toileting, and hygiene. R54's diagnosis included cellulitis (bacterial infection) of left lower limb, cellulitis of right second toe, and amputation of right lesser toe. R54's care plan for skin has issues related to left lower limb cellulitis, right foot amputation, and skin tears. Interventions included moisture barrier and creams to be used to protect skin. R54's record indicated the following: 2/12/26 R54 was prescribed 25% urea lotion to both feet twice daily. 2/12/26 at 10:14 p.m., progress note recognizing new prescription of 25% urea lotion, additionally from pharmacy: this is on over the counter (OTC) medication and pharmacy will not be providing it. 2/19/26 at 2:23 p.m., progress note between pharmacy and facility, 25% urea lotion had been moved to the non-transcribed file at the pharmacy, facility requested immediate delivery of medication, additionally from pharmacy: they do not carry the specific percent of urea lotion-would need further clarification from ordering provider. 2/21/26 at 10:09 p.m., progress note between pharmacy and facility, pharmacy only carries 20% or 40% urea lotion, please clarify with ordering provider. Message sent to triage to send new orders for urea cream. 2/23/26 at 8:38 a.m., new order written for R54 for 20% urea cream to both feet twice per day. 2/23/26 at 12:19 p.m., progress note, new orders received from triage for 20% urea cream to both feet twice per day. Order transcribed into electronic medical record (EMR). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During observation on 2/23/26 at 1:19 p.m., R54 was observed in facility day room receiving podiatry cares. Medical doctor (MD)-A asked R54 if he had been using the urea lotion on his feet twice per day. R54 stated, he had not been using any lotion on his feet because the facility had not gotten the lotion yet. MD-A stated R54 needs the lotion to help reduce the dryness of his feet. R54 stated he didn't know when the facility would get the lotion. During a joint interview on 2/25/2026 at 2:08 p.m., director of nursing (DON), administrator, and regional director of clinical services (RDCS), DON stated new orders are typically ordered by the health unit coordinator (HUC) and a nurse verifies the orders. Further to this, orders should be completed and ready within 24 hours. RDCS stated the initial urea lotion order was received on 2/12/26 and confirmed there were issues with processing due to order clarification. DON stated the medication was reordered on 2/23/26 and was not available for use. DON stated it is important to obtain medications when ordered so residents can begin treatments as expected. A facility policy titled Medication Ordering and Receiving from Pharmacy dated 12/17, medications and related products are received from the dispensing pharmacy on a timely basis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245254	A. Building B. Wing	02/26/2026

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview and record review, the facility failed to monitor for effectiveness of a medication prescribed for sleep for 1 of 5 residents (R47) reviewed for unnecessary medications. Findings include: R47's Minimum Data Set (MDS) assessment, dated 12/2/25 identified R47 had no cognitive impairment, had lower extremity impairment on one side, maximum assistance with transfer and bed mobility, independent with toilet transfer, incontinent of bowel and bladder.R47 diagnoses include polyneuropathy (a condition in which multiple peripheral nerves are damaged, leading to weakness, numbness and impaired function in various parts of the body), type 2 diabetes, major depressive disorder, anxiety, obstructive sleep apnea, and laceration toˆrightˆgreat toe. R47's medication orders included: Melatonin tablet 5 milligram (mg), oral at bedtime: Start date 11/22/24. R47's Medication Administration Record (MAR) record review from 1/01/26 to 1/31/26 and 2/01/26 to 2/25/26 indicated medication was administered. R47's record lacked sleep tracking or monitoring assessment. During an interview on 2/26/2026 at 8:10 a.m., the director of nursing (DON) confirmed R47 taking melatonin 5 mg by mouth at bedtime for sleep. DON stated, sleep tracking was only initiated when ordered by the prescribing provider. DON also stated, sleep tracking would have been available in progress if it was ordered. Progress note review from 12/01/25 to 02/26/26 showed no sleep tracking notes. A facility policy on monitoring sleep was requested and not received.