STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245307	A. Building B. Wing	07/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cornerstone Nsg & Rehab Center	416 Seventh Street Northeast Bagley, MN 56621

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to implement a trauma-informed approach by failing to assess a resident's history of trauma upon admission and develop an individualized, person-centered care plan identifying trauma-related triggers and interventions for 1 of 1 resident (R1) reviewed for trauma-informed care. Findings include:R1's admission Minimum Data Set (MDS) dated [DATE], identified R1 had moderate cognition and required assistance with activities of daily living (ADL). R1 diagnoses included post-traumatic stress disorder (PTSD) (a mental health condition triggered by experiencing or witnessing a traumatic event), anxiety, and depression. R1's care plan dated 6/4/26, failed include trauma-informed interventions, approaches to minimize triggers, or strategies to promote emotional safety.On 7/6/26 at 5:41 p.m., nursing assistant (NA)-A stated she was not aware that R1 had any interventions related to PTSD. NA-A stated the staff reviewed a resident's care plan to identify if a resident had PTSD and what the triggers and interventions were needed when caring for the resident. On 7/7/26 at 8:45 a.m., R1 stated she had past trauma that caused bad dreams and affected her ability to fall asleep. R1 further stated staff had not asked about past trauma or potential triggers upon admission.R1's medical record lacked evidence that a trauma assessment was completed upon admission to identify past trauma, triggers, or individualized care needs related to trauma history. On 7/7/26 at 9:35 a.m., the director of nursing (DON) stated the trauma informed care assessments were completed by the social worker for every admission. If the social worker was out of the office the administrator delegated the duties to another nurse. On 7/7/26 9:44 a.m., social services designee (SSD) stated the trauma informed care assessments were completed as soon as possible for new admissions, annually and as needed with resident changes. Care plans were updated after assessments were completed and were important for staff to identify how to interact with the residents. SSD stated she was out of the office when R1 was admitted and when she returned SSD was unaware that R1 needed a trauma informed care assessment completed. SSD stated R1 should have had a trauma informed care assessment completed and potential triggers added to the care plan.On 7/7/26 at 10:00 a.m., the administrator stated trauma informed care assessments were completed by social services for each new admission or were delegated to nursing staff when social services were unavailable. The administrator stated when R1 was admitted , the social service assessments had been delegated to nursing staff; however, R1's TIC assessment was missed and not completed upon admission.The facility Trauma Informed Care Policy and Procedure reviewed 7/7/26, identified the facility would ensure that residents who were trauma survivors would receive culturally competent trauma informed care in accordance with professional standards of practice and considering residents experiences and preferences to eliminate or mitigate triggers that may cause re-traumatization of the resident. The policy further identified all residents would be screened for history of trauma and social information, and the interdisciplinary team would develop a person-centered care plan that addressed trauma informed care needs specific to each resident.

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