STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245361	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	600 South Davis Avenue Litchfield, MN 55355

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to provide sufficient staffing to ensure residents received the care and assistance they needed in a timely manner for 3 of 4 residents (R1, R2, R4) reviewed for staffing. Findings include: R1 R1's Minimum Data Set (MDS) admission assessment dated [DATE], identified R1 had intact cognition, no rejection of cares, and no behaviors. R1 required staff assist with dressing, bed mobility, transfers, and toileting. R1 was frequently incontinent of bowel and urine and had pain almost constantly and received scheduled and as needed pain medication. R1's diagnoses included rheumatoid arthritis (a chronic inflammatory condition that primarily affect the joints, causing pain, swelling and stiffness), anxiety, depression, pressure ulcer of left buttock, and polyneuropathy (disorder that damages the nerves and causes weakness, numbness, and burning pain). R1 also has one stage four pressure ulcer (extends into muscle, tendon, and ligaments, and can expose bone). R1's care plan last revised on 9/9/25, identified R1's area of vulnerabilities as depression, anxiety, mobility impairment, claustrophobia (fear of small spaces). R1 was alert and oriented x 3 and able to communicate her needs. R1 was restless at night and liked to get up in her wheelchair and will refuse cares if pain is too much. R1 was to be turned, repositioned or offloaded every 2-3 hours and as needed. R1 required assist with transfers, toileting, peri care after each incontinent episode, bathing, dressing, personal hygiene, During an interview on 9/11/25 at 9:32 a.m., R1 stated it would take a minimum of an hour before anyone would come and help and on weekends it was worse. R1 stated on Sunday 9/7/25, she couldn't get anyone to help me and I finally had enough and wanted to go to the hospital. R1 further reported she would call for staff if her incontinent pad was wet or she wanted to transfer to her wheelchair however, because it took so long for her call light to get answered, she stated, I finally got so scared that I would sleep in my wheelchair which isn't good for me. My medication was supposed to be delivered at 7 a.m. however, sometimes she would not receive her medications until 10:30-11:00 a.m. and some of them were pain medications for her rheumatoid arthritis. R1 further identified on the morning of her hospitalization, she urinated in her chair because no one would help her and she developed burns on the back of her legs from urine. R1 also stated she never refused any cares. R1 indicated sometimes staff would tell her that there was only one nurse aide to take care of the entire hallway. During an interview on 9/10/25 at 4:31 p.m., family member (FM)-A indicated R1 was hospitalized on [DATE], with an infected wound on R1's buttocks. FM-A stated the family was not notified that R1 went to the ED because the nurse said she was too busy. FM-A also noted that R1 complained about call lights not being answered in a timely manner and not getting medications on time and sometimes did not receive them at all. FM-A indicated the concern was brought to R1's care conference and the facility said they would send the call light response times however, did not follow through. FM-A visited R1 on Saturday 9/6/25, and R1 had not received her medications yet that were due at 7am; they were four hours late. FM-A also contacted staff after noticing the toilet was overflowing with feces and the room stunk however, no one responded to assist. FM-A stated R1 would not return to the facility after hospitalization. The facility's Grievances Log included a grievance entry dated 8/11/25, R1 had a (continued on next page)

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
	245361	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	600 South Davis Avenue Litchfield, MN 55355

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	concern that it was difficult to receive assistance from midnight to 3:00 a.m. Staff were nowhere to be found, and call light waiting times were long during this time period. The resolution/follow-up indicated call light times were reviewed and director of nursing (DON) educated staff on timely call light response and spoke with the cart nurses to also watch call light time and assist with answering call lights and rounds. R1's Extended Wait Time (call light log) dated 8/28/25 to 9/11/25, included but was not limited to the following reset times (time from when light is activated to when it is cleared): -8/28/25 at 6:05 a.m., 63 minutes and 30 seconds (greater than one hour).-8/28/25 at 8:04 a.m., 27 minutes and 28 seconds.-8/28/25 at 11:24 a.m., 21 minutes and 31 seconds.-8/28/25 at 5:38 p.m., 22 minutes and 8 seconds.-8/28/25 at 6:59 p.m., 23 minutes and 0 seconds.-8/29/25 at 5:56 p.m., 21 minutes and 41 seconds.-8/29/25 at 7:02 p.m., 22 minutes and 43 seconds.-8/30/25 at 8:44 a.m., 37 minutes and 41 seconds.-8/31/25 at 7:30 p.m., 31 minutes and 16 seconds.-8/31/25 at 10:03 p.m., 40 minutes and 33 seconds.-9/1/25 at 5:16 a.m., 120 minutes and 27 seconds (greater than 2 hours).-9/1/25 at 11:23 a.m., 22 minutes and 44 seconds.-9/1/25 at 9:22 a.m., 51 minutes and 11 seconds.-9/2/25 at 8:40 a.m., 31 minutes and 14 seconds.-9/2/25 at 3:48 p.m., 35 minutes and 58 seconds.-9/2/25 at 6:57 p.m., 22 minutes and 46 seconds.-9/3/25 at 8:52 a.m., 75 minutes and 4 seconds (greater than one hour).-9/3/25 at 10:20 a.m., 45 minutes and 52 seconds.-9/3/25 at 5:32 p.m., 22 minutes and 40 seconds.-9/3/25 at 6:25 p.m., 40 minutes and 46 seconds.-9/4/25 at 5:00 a.m., 48 minutes and 51 seconds.-9/4/25 at 6:13 a.m., 74 minutes and 58 seconds (greater than one hour).-9/4/25 at 8:34 a.m., 29 minutes and 46 seconds.-9/4/25 at 3:11 p.m., 26 minutes and 5 seconds.-9/4/25 at 11:35 p.m., 51 minutes and 3 seconds.-9/5/25 at 2:00 a.m., 22 minutes and 39 seconds.-9/5/25 at 5:41 p.m., 40 minutes and 19 seconds.-9/5/25 at 6:32 a.m. 65 minutes and 23 seconds (greater than one hour).-9/5/25 at 9:37 a.m., 35 minutes and 14 seconds.-9/5/25 at 10:46 a.m., 23 minutes and 46 seconds.-9/5/25 at 5:50 p.m., 50 minutes and 55 seconds.-9/6/25 at 8:50 a.m., 37 minutes and 39 seconds.-9/6/25 at 9:40 a.m., 74 minutes and 18 seconds (greater than one hour).-9/6/25 at 1:01 p.m., 38 minutes and 52 seconds.-9/6/25 at 4:40 p.m., 27 minutes and 38 seconds.-9/6/25 at 5:14 p.m., 57 minutes and 23 seconds.-9/7/25 at 7:50 a.m., 40 minutes and 3 seconds. R2 R2's MDS significant change assessment dated [DATE], indicated R2 had intact cognition, was able to make his needs known, and no rejection of cares. R2 had impairments of both upper and lower extremities, uses a wheelchair, and is frequently incontinent of bowel and bladder. R2's diagnoses included kidney disease, congestive heart failure, morbid obesity, major depressive disorder, and diabetes. R2's care plan last revised on 9/11/25, indicated R2's areas of vulnerability were weakness, diabetes, poor motivation to do things for himself, and history of being a victim of verbal abuse. R2 was at risk for falls and was to have call light within reach at all times. R2 was alert and oriented x3 and is able to communicate his needs. R2 was on a diuretic (removes excess fluid) and required assistance with transfers, dressing, personal hygiene, bathing, and toileting. During an interview and observation on 9/10/25 at 3:41 p.m., R2 was in his room, with his bed unmade and blood spots on his sheets. R2 stated staffing is horrible here, takes a long time to get your call light answered. R2 identified it could take over an hour to get staff to answer his call light in the evening and on weekends. R2 also said he has missed showers and fallen because he could not wait for help anymore and then stated, I get in trouble for transferring without staff, but I just couldn't wait anymore. R2's call light log dated 8/28/25 through 9/11/25, included but was not limited to the following reset times:-8/28/25 at 8:39 a.m., 26 minutes and 26 seconds.-8/28/25 at 12:25 p.m., 20 minutes and 44 seconds.-8/28/25 at 12:54 p.m., 36 minutes and 58 seconds.-8/29/25 at 8:59 p.m., 33 minutes and 46 seconds.-8/30/25 at 12:05 p.m., 22 minutes and 57 seconds.-8/31/25 at 7:08 a.m., 26 minute and 3 seconds.-8/31/25 at 8:48 a.m., 22 minutes and 4 seconds.-8/31/25 a.m. at 10:12 a.m., 34 minutes and 45 seconds.-8/31/25 at 5:12 p.m., 31 minutes and 10 seconds.-8/31/25 at 6:12 p.m., 29 minutes and 57 seconds.-8/31/25 at 7:51 p.m., 26 minutes and 11 seconds.-9/1/25 at 7:09 a.m., 27 minutes and 41 seconds.-9/1/25 at 10:38 a.m., 24 minutes and 49 seconds.-9/1/25 at 12:47 p.m., 20 minutes and 37 seconds.-9/1/25 at 1:42 p.m., 21 minutes and 48 seconds.-9/2/25 at 6:05 a.m., 20 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245361	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	600 South Davis Avenue Litchfield, MN 55355

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	minutes and 52 seconds.-9/2/25 at 11:25 a.m., 26 minutes and 29 seconds.-9/2/25 at 1:24 p.m., 40 minutes and 23 seconds.-9/2/25 at 2:38 p.m., 20 minutes and 55 seconds.-9/2/25 at 6:09 p.m., 110 minutes and 37 seconds (greater than one hour).-9/2/25 at 8:33 p.m., 31 minutes and 12 seconds.-9/2/25 at 10:59 p.m., 29 minutes and 0 seconds.-9/3/25 at 2:43 p.m., 26 minutes and 12 seconds.-9/3/25 at 4:06 p.m., 55 minutes and 54 seconds.-9/3/25 at 6:44 p.m., 45 minutes and 42 seconds.-9/4/25 at 7:15 a.m., 20 minutes and 45 seconds.-9/4/25 at 9:03 a.m., 23 minute and 18 seconds.-9/4/25 at 3:58 p.m., 25 minutes and 5 seconds.-9/4/25 at 4:53 p.m., 26 minutes and 23 seconds.-9/4/25 at 7:18 p.m., 32 minutes and 52 seconds.-9/4/25 at 9:39 p.m., 32 minutes and 22 seconds.-9/5/25 at 9:45 a.m., 36 minutes and 29 seconds.-9/5/25 at 4:27 p.m., 20 minutes and 22 seconds.-9/5/25 at 5:16 p.m. 39 minutes and 39 seconds.-9/5/25 at 8:38 p.m., 26 minutes and 33 seconds.-9/6/25 at 8:39 a.m., 34 minutes and 23 seconds.-9/6/25 at 2:31 p.m., 29 minutes and 12 seconds.-9/7/25 at 12:49 a.m., 27 minutes and 27 seconds.-9/7/25 at 12:06 p.m., 20 minutes and 12 minutes.-9/7/25 at 5:32 p.m., 21 minutes and 42 seconds.-9/8/25 at 8:16 a.m., 35 minutes and 8 seconds.-9/8/25 at 2:14 p.m., 22 minutes and 12 seconds.-9/8/25 at 3:18 p.m., 34 minutes and 12 seconds.-9/8/25 at 7:21 p.m., 69 minutes and 40 seconds (greater than one hour).-9/9/25 at 10:52 a.m., 30 minutes and 13 seconds.-9/9/25 at 12:28 p.m., 20 minutes and 37 seconds.-9/9/25 at 1:25 p.m., 21 minutes and 55 seconds.-9/9/25 at 5:56 p.m., 27 minutes and 22 seconds.-9/9/25 at 7:40 p.m., 38 minutes and 7 seconds.-9/10/25 at 8:17 a.m., 32 minutes and 43 seconds.-9/10/25 at 1:11 p.m., 26 minutes and 49 seconds.-9/6/25 at 9:03 a.m., 43 minutes and 38 seconds.-9/6/25 at 12:24 p.m., 24 minutes and 12 seconds.-9/6/25 at 2:40 p.m., 30 minutes and 43 seconds.-9/6/25 at 3:47 p.m., 102 minutes and 13 seconds (greater than one hour).-9/6/25 at 5:54 p.m., 31 minutes and 12 seconds.-9/6/25 at 6:26 p.m., 25 minutes and 9 seconds.-9/6/25 at 11:07 p.m., 44 minutes and 6 seconds.-9/6/25 at 9:08 p.m., 32 minutes and 2 seconds.-9/7/25 at 9:09 a.m., 39 minutes and 35 seconds.-9/7/25 at 10:31 a.m., 38 minutes and 45 seconds.-9/7/25 at 12:53 p.m., 26 minutes and 46 seconds.-9/7/25 at 1:59 p.m., 35 minutes and 37 seconds-9/7/25 at 3:15 p.m., 22 minutes and 1 second.-9/7/25 at 6:48 p.m., 73 minutes and 13 seconds (greater than one hour).-9/8/25 at 6:31 a.m., 25 minutes and 59 seconds.-9/8/25 at 7:19 a.m., 109 minutes and 45 seconds (greater than one hour).-9/8/25 at 9:59 a.m., 39 minutes and 32 seconds.-9/8/25 at 12:46 p.m., 28 minutes and 21 seconds.-9/8/25 at 3:05 p.m., 21 minutes and 0 seconds.-9/8/25 at 3:58 p.m., 21 minutes and 44 seconds.-9/8/25 at 4:32 p.m., 24 minutes and 47 seconds.-9/8/25 at 8:18 p.m., 35 minutes and 54 seconds.-9/8/25 at 9:08 p.m., 26 minutes and 36 seconds.-9/9/25 at 7:23 a.m., 22 minutes and 13 seconds.-9/9/25 at 8:19 a.m., 51 minutes and 6 seconds.-9/9/25 at 9:17 a.m., 48 minutes and 13 seconds.-9/9/25 at 1:23 p.m. 45 minutes and 33 seconds.-9/9/25 at 5:50 p.m., 23 minutes and 53 seconds.-9/9/26 at 6:36 p.m., 37 minutes and 21 seconds.-9/9/25 at 7:44 p.m., 24 minutes and 49 seconds.-9/9/25 at 9:00 p.m., 32 minutes and 38 seconds.-9/10/25 at 6:51 p.m., 50 minutes and 22 seconds.-9/10/25 at 3:11 p.m., 42 minutes and 5 seconds.-9/10/25 at 4:50 p.m., 23 minutes and 0 seconds.-9/10/25 at 6:35 p.m., 94 minutes and 18 seconds.-9/11/25 at 8:35 a.m., 59 minutes and 27 seconds.-9/11/25 at 9:39 a.m., 28 minutes and 10 seconds.-9/11/25 at 12:31 p.m., 29 minutes and 24 seconds. R4 R4's MDS quarterly assessment dated 8/27/25, indicated she had modified independence for daily decision making and had no rejection of cares. R4 was dependent on staff for toileting, transferring, dressing, personal hygiene, bed mobility, toileting, and showering. R4 was always incontinent of bowel and bladder, received scheduled and as needed pain medications, and was at risk for pressure ulcers with no turning and repositioning programs. R4's diagnoses included diabetes, morbid obesity, osteoarthritis, irritable bowel syndrome, mild cognitive impairment, and insomnia. R4's care plan last revised 2/5/25, indicated R4 was alert and oriented and able to communicate needs. R4's areas of vulnerability were limited mobility, depression, chronic pain syndrome, anxiety disorder, adjustment disorder, paranoia, morbid obesity, making attention seeking comments and false accusations towards staff and other residents. R4 was a fall risk and was to have call light within reach. R4 was to always have two staff with cares, receive diabetes medication as ordered by the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245361	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	600 South Davis Avenue Litchfield, MN 55355

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	doctor. R4 has a behavior of no using call light appropriately and will yell out at staff instead of using call light or will put call light on and still call out and will go up and down the hallways seeking staff and will open resident's doors to find staff. R4 requires assist of two for toileting with bedpan and prefers to have incontinent product changed as close to 8:30 a.m. as possible. Required two assist with dressing, personal hygiene, and bed mobility and is to be repositioned every 2-3 hours and prefers to get up at 9:30 a.m. and back to bed at 11:30 a.m. During an observation and interview on 9/11/25 at 11:26 a.m., R4 was lying in bed with a hamper full of dirty linens and wrappers and empty glass on the floor. R4 indicated she had not received any morning cares yet and stated, I am always the last one. R4 stated, it takes forever for them [nursing staff] to come when I put a call light on, further indicated she puts her call light on at 7:00 am and sometimes it is 10:00 a.m. before it is answered. R4 identified she did not get her shower the day before because she was told there were only two staff on and there was not time. R4 reported she felt like she got treated like dirt and makes me feel sad and depressed. R4 indicated she did not receive her meds on time in the evening and that she was a diabetic and rarely received a snack in the afternoon. R4 also expressed that she was embarrassed that her room smelled like urine. R4 indicated she had talked to the administrator about her concerns and stated she told the administer, you get mad at me because I yell out but you don't come and help me, I wouldn't do that if they came in and helped me, even the little things they don't help me with. R4s call light log dated 8/28/25 through 9/11/25, included the following reset times:-8/28/25 at 5:19 p.m., 44 minutes and 36 seconds.-8/29/25 at 6:39 p.m., 20 minutes and 44 seconds.-8/30/25 at 7:54 a.m., 20 minutes and 31 seconds.-8/30/25 at 9:25 a.m., 23 minutes and 59 seconds.-8/30/25 at 11:1 a.m. 50 minutes and 55 seconds.-8/30/25 at 7:41 p.m., 37 minutes and 20 seconds.-8/31/25 at 11:11 a.m., 28 minutes and 34 seconds.-8/31/25 at 12:32 p.m., 27 minutes and 32 seconds.-8/31/25 at 6:53 p.m., 61 minutes and 32 seconds (greater than one hour).-9/1/25 at 8:32 a.m., 60 minutes and 44 seconds (greater than one hour).-9/1/25 at 12:24 p.m., 52 minutes and 29 seconds.-9/1/25 at 1:56 p.m., 32 minutes and 26 seconds.-9/1/25 at 5:43 p.m., 98 minutes and 0 seconds (greater than one hour).-9/1/25 at 7:35 p.m., 59 minutes and 8 seconds.-9/2/25 at 8:12 a.m., 21 minutes and 52 seconds.-9/2/25 at 10:46 a.m., 27 minutes and 53 seconds.-9/2/25 at 12:28 p.m., 44 minutes and 10 seconds.-9/2/25 at 1:36 p.m., 32 minutes and 34 seconds.-9/2/25 at 2:14 p.m., 49 minutes and 36 seconds.-9/2/25 at 6:38 p.m., 126 minutes and 14 seconds.-9/3/25 at 9:04 a.m., 35 minutes and 19 seconds.-9/3/25 at 12:31 p.m., 53 minutes and 7 seconds.-9/3/25 at 1:32 p.m., 37 minutes and 6 seconds.-9/3/25 at 5:56 p.m., 35 minutes and 6 seconds.-9/3/25 at 7:26 p.m., 32 minutes and 36 seconds.-9/3/25 at 8:34 p.m., 32 minutes and 46 seconds.-9/4/25 at 8:54 a.m., 45 minutes and 37 seconds.-9/4/25 at 12:39 p.m., 32 minutes and 41 seconds.-9/4/25 at 1:24 p.m., 70 minutes and 12 seconds (greater than one hour).-9/4/25 at 6:26 p.m., 91 minutes and 36 seconds (greater than one hour).-9/5/25 at 4:01 p.m., 41 minutes and 4 seconds.-9/5/25 at 6:01 p.m., 76 minutes and 11 seconds (greater than one hour).-9/5/25 at 8:17 p.m., 33 minutes and 14 seconds. During an interview on 9/11/25 at 11:10 a.m., nursing staff (NS)-A wanted to assure her anonymity but identified the facility had a lot of residents that had behaviors and require two people for cares and transfers. NS-A stated staff do the best they could however, there was not enough staff and lots of residents complained about call light wait times. NS-A stated, it is really tough, and administration tells us we need to chart more to get more staff but there is no time to chart, we can't even take care of the basic needs of the residents. NS-A also indicated morning medication pass started at 6:15 a.m. and often ended at10:30 a.m. because they were being asked to assist with resident cares and to administer medications. NS-A identified; meds should be administered within an hour of the scheduled time and confirmed most of the medications were given late. NS-B stated, some residents wet themselves because we [staff] do not get to them in time, baths get missed, and meals sometimes are cold by the time we get to them. During an interview on 9/11/25 at 11:45 a.m., NS-B stated, we never have enough staff to meet the needs of the residents. NS-B indicated night shift typically completed last rounds at 4:00 a.m. and it was almost 10:00 a.m. and day staff still had not cared for (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245361	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	600 South Davis Avenue Litchfield, MN 55355

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the residents yet. NS-B also identified call lights were always on and lots of extended wait times and often staff still had not cared for the initial forty residents before the other residents were returning from breakfast and had their lights on to use the bathroom. NS-B stated staff are running constantly and residents complain about the long call light wait times and take it out on us but there is nothing we can do. NS=B identified the concerns have been brought to management and the response was that staff did not get their charting done so they cannot provide any more staff. Facility policy titled Call Light Policy last updated 5/16/23, identified the purpose of the protocol is to identify that residents, when in their rooms, toilet, and bathing areas, have a means of directly contacting caregivers and the facility has a process to routinely ensure the call light system for residents is operational. Definition of functioning properly is all portions of the system are functioning, and the calls are being answered. The policy does not define expected call light response time. During an interview on 9/11/25 at 1:05 p.m., NS-C identified that it was hard to monitor the call lights because there was no audible sound until it was extended, and the kiosk was hard for some staff to see the numbers. NS-C indicated that more staff was needed because many of the residents needed two staff and often staff gets pulled to assist and then there delays in treatments or medication administration. NS-C identified many residents complained about the long call light wait times and administration was aware of the concern. During an interview on 9/15/25 at 10:58 a.m., NS-D stated, staffing is so bad, makes me want to cry. NS-D indicated there were times when there was a nurse and a nursing assistant (NA) at night for 33-35 residents and staff could not keep up with the needs of the residents. The residents waited a long time to get their call lights answered and heard extended wait time for call lights, all the time. NS-D further identified medications were often late and residents would get upset but there was nothing I could do. NS-D stated the lack of staffing caused increased falls, missed baths, residents not getting changed, not getting cleaned up, and overall resident dissatisfaction. During an interview on 9/11/25 at 12:25 p.m., the interim director of nursing stated, there was a copious amount of call lights and resident complain all time. The DON identified she was aware of the long wait times and the goal for responding to call lights was 6-7 minutes. The DON indicated if a call light was on for over 10 minutes, the extended wait time would be heard on the two way radios the nurse aides (NA)s carry on them however, the extended wait time was so frequent, the NA's had to shut them off on the two way radios just to have a conversation. The DON stated, call lights show up on the kiosk, but I hear them [extended wait times] so much that I don't even hear them anymore The DON felt staffing was adequate however, the staff had to work smarter not harder and the situation depended on which staff were working. During an interview on 9/12/25 at 4:10 p.m., the administrator indicated she had been staffing over budget and felt the nursing staff needed to learn how to work together and it depended on the staff working on a particular day. The administrator verified there had been 5 admits in the previous two days and staffing was adjusted accordingly. Facility policy titled Resident Rights and Notification of Resident Rights dated 1/2024, included, it was the practice of this facility to uphold the rights of all residents. The Facility Assessment last updated 2/11/25, identified the purpose of the assessment was to determine what resources were necessary to care for residents competently during both day-to-day operations and emergencies. The assessment was used to make decision about direct care staff needs as well as capabilities to provide services to the residents in the facility. When assessing potential residents for admission, the interdisciplinary team (IDT) worked together to ensure they had the proper equipment, resources, and staff to meet the resident's needs. The acuity of the residents was evaluated daily. The administrator, director of nursing, and other IDT members reviewed RUG levels (resource utilization group score which shows the type and quantity of care required for each individual resident) and CMI (case mix index value used for determining the allocation of resources to care for and or treat the residents in the group). The facility's average CMI is 0.9959. Staff plan/individual staff assignment was to ensure an adequate number of staff, resident acuity, population, CMI, and census was assessed daily and used to determine daily staffing needs. Staffing and census were (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245361	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Manor Rehabilitation Center, LLC	600 South Davis Avenue Litchfield, MN 55355

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reviewed each morning during morning meeting. The number of admissions and discharges assisted in determining sufficient daily staffing. Staff (nursing) required during normal operations: 2 direct nurses depending on census, 2-3 nursing supervisors per day, 4-5 certified nursing assistants (CNA)s day and evening, 2-3 CNA's overnights, one administrator, and one director of nursing.