STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245410	A. Building B. Wing	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Willmar	1801 Willmar Avenue Southwest Willmar, MN 56201

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to ensure timely assistance with repositioning occurred for 1 of 2 residents (R29) reviewed for pressure ulcers.Findings Include: R29's quarterly Minimum Data Set (MDS) dated [DATE], identified R29 was cognitively intact and had diagnosis which included; diabetes mellitus, coranary artery disease, and hypertension. R29's MDS identified R29 was dependent for dressing lower half, transfer, toileting and required substantial/maximal assistance with rolling in bed side to side. R29 had one stage 4 pressure ulcer (full-thickness skin and tissue loss with exposed or with directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer). R29's Care Area Assessment (CAAS) dated 12/19/25, identified R29 had alteration in skin integrity due to being admitted with chronic pressure ulcers and diabetic foot ulcers. R29's CAAS identified R29 was often noncompliant with repositioning and often refused to get out of bed. R29's Braden Scale For Predicting Pressure Sore Risk assessment dated [DATE], identified R29 was at moderate risk for pressure ulcers with a score of 13. R29's Tissue Tolerance Lying assessment dated [DATE], identified length of observation time was two hours. The assessment identified R29 had exhisting wounds to heels and coccyx, and based on observations R29 should be repositioned every two hours. R29's Wound Observation Tool dated 7/15/26, identified R29 had a stage 4 pressure ulcer on his coccyx, 2 centimeters (cm) lenght, 1 cm width and 3 cm depth. Summary identified wound stable, no change. No signs or symptoms of infection, with a small amount of serosanguineous drainage. Surrounding (peri) wound skin intact and within normal limits. R29's care plan revised 6/11/26, identfied R29 had alteration in skin integrity related to chronic pressure ulcer and diabetic foot ulcer. Interventions included air pressure mattress, nutritional supplements, and turn and repostion per tissue tolerance. R29's Visual Bedside Kardex Report dated 7/15/26, identified R29 was independent to make minor position changes but for turns and boosts up in bed required two assistance with lift sheet. Able to use trapeze (triangle bar above bed) independently. R29 unable to reposition self in bed, needed frequent encouragement to reposition due to wounds. Assistance of two to boost up in bed and assist to turn over in bed. May use trapeze to assist with bed mobility. R29s Kardex lacked instructions for how often to reposition R29. During continuous observation on 7/14/26 at 7:06 a.m to 9:51 a.m., identified the following:-7:06 a.m., R29 lying in bed on back, pillows on sides and under lower legs, head of bed slightly elevated. R29 was drinking water. R29 indicated his wound care was completed earlier that morning. -7:18 a.m., staff member entered R29's room with breakfast tray, then left room. -7:19 a.m., hospital staff member outside of R29's door, then left area.-7:20 a.m., facility staff member returned with a glass of milk she provided to R29. The hospital staff member entered R29's room to complete lab work. -7:26 a.m., hospital staff member left R29's room. -7:52 a.m., staff member entered R29's room and asked if could remove breakfast tray. Staff member obtained two containers of pudding out of R29's refridgerator, and placed on bedside table as requested, then left R29's room with breakfast tray. -7:52 a.m., a staff member entered room and asked if needed anything as R29's call light was on. R29 asked when could get pain medication, and staff member stated would inform nurse, sanitized hands, then left room. R29 remained in same position. -8:17 a.m., nurse in hallway with medication cart leaving area, staff (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245410	A. Building B. Wing	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Willmar	1801 Willmar Avenue Southwest Willmar, MN 56201

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	member walked by stating daily chronical then entered R29's room. Staff member sat down in chair next to bed and began to read and visit with R29. -8:40 a.m. staff member left R29's room. R29 remained in same position. R29 held a paper in hand and appeared to be reading it. -8:58 a.m., R29 remained in same position. No staff members near R29's room.-9:07 a.m., R29 remained in same position, while looking out window. No staff members near R29's room.-9:31 a.m. R29 remained in same position, while on phone. No staff members near R29's room. -9:32 a.m. activity assistant (AA)-A entered R29's room and brought snacks. AA-A straightened R29's room asked about daily chronicels and appointment, then sat down in chair and began visiting. R29 remained in same position. -9:51 a.m. AA-A continued to sit in chair in R29's room visiting. R29 remained in same position. At no time during continouous observation did any staff offer to reposition R29. During observation on 7/15/26 at 9:54 a.m. surveyor informed clinical manager registered nurse (RN)-A that R29 had not been repositioned as care planned. At 9:56 a.m. RN-A went to R29's room and donned a gown and gloves. Assistant director of nursing (ADON) joined RN-A outside R29's room and donned gown and gloves then both entered R29's room. RN-A asked R29 if they could check his skin, and R29 agreed. ADON and RN-A removed pillows from both sides of R29, and two pillows from under R29's lower legs and assisted R29 to turn onto his right side. RN-A proceeded to perform incontinence cares for R29. RN-A confirmed R29's left buttocks and upper thigh was red in color, but blanchable. RN-A removed R29's socks and boots, checked R29's heels, then replaced the slipper socks and blue heel protection boots. No redness on heels were noted. ADON and RN-A proceeded with cares, then assisted R29 to return to previous position with a pillow on each of his sides of buttocks and trunk, and a pillow under each lower leg. During interview on 7/15/26 at 10:45 a.m., nursing assistant (NA)-C verified was working on R29's wing with NA-D. NA-C stated had not assisted R29 earlier that morning. NA-C indicated usual practice was to assist R29 with repositioning every 2-3 hours. NA-C indicated R29 did not like to be repositioned and liked two pillows under his bottom and legs. NA-C stated she thought R29 may be able to offload himself with use of trapeze as she had seen him use it while repositioning him, but was not certain. During interview on 7/15/26 at 10:50 a.m., RN-A confirmed R29's last tissue tolerance assessment indicated to reposition R29 every two hours. RN-A stated R29 could offload his upper body, but was not sure of his lower body. RN-A indicated it was important to reposition R29 for skin integrity and get the pressure off. RN-A stated R29 wanted to be returned to the same position after cares completed with the use of the pillows. During interview on 7/15/26 at 11:06 a.m., director of nursing (DON) indicated she had been informed of R29 not being repositioned timely and confirmed R29's tissue tolerance assessment instructed staff to reposition R29 every two hours. DON stated that was important because R29 was bed bound, for his skin integrity and to prevent R29's pressure ulcer from worsening. DON indicated they would educate on the proper way to complete a tissue tolerance, because it was stopped at two hours, and R29 may have been able to be repostioned less often. DON also indicated staff needed education to check on R29 and reposition him following care plan. During interview on 7/15/26 at 12:04 a.m., NA-D verified that morning she had assisted R29 with morning cares and repositioning shortly after 6:00 a.m., as he was the first person who liked cares at that time. NA-D indicated R29 now could assist them with turning onto one of his sides. NA-D stated they had pillows to support him and he had an air pressure mattress on his bed. The facility policy titled Pressure Ulcers/Injuries Overview dated 4/24, identified the purpose of the procedure was to provide information regarding clinical identification of pressure ulcers/injuries and associated risk factors. The policy referenced definitions from the MDS Resident Assessment Instrument User's Manual. The policy identified pressure ulcers/injuries occurred as a result of intense and/or prolonged pressure or pressure in combination with shear. The policy lacked interventions for care and prevention of pressure ulcers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245410	A. Building B. Wing	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Willmar	1801 Willmar Avenue Southwest Willmar, MN 56201

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to implement care planned interventions to prevent further falls for 1 of 2 resident (R22) reviewed for falls.Findings include: R22 quarterly Minimum Data Set (MDS) dated [DATE], identified R22 had moderate impaired cognition, had diagnosis which included cancer, non-Alzheimer's dementia. R22 required extensive assistance with activities of daily living (ADL's) which included toileting, transfers, and locomotion. R22 had one fall with no injury since the last required assessment. R22 quarterly Care Area Assessments (CAA) dated 05/22/2026, identified R22 had a terminal condition due to cancer, had hearing or vision impairment, and was on hospice care. The CAA indicated R22 was an increased risk for falls. Review of R22's current care plan revised 12/24/26, showed R22 was a fall risk. Care plan indicated R22 was at high risk for falls related to de-conditioning, cognitive deficits and history of falls prior to admission. R22's care plan listed various fall interventions which included anti-rollbacks placed on the back of wheelchair to prevent tipping, encourage resident to wear appropriate footwear/shoes. Ensure resident has wheelchair behind him when ambulating in case resident is weak so he can sit, remove mobile bedside table and place a non-movable bed side table next to bed for tripping prevention. R22's fall risk assessment dated [DATE], identified R22 was at risk for falls. Review of R22's most recent post fall assessment dated [DATE], identified new interventions to try: Reviewed current fall prevention interventions. Re-established the intervention to remove the resident's mobile bedside table, as it was not clearly visible in commonly referenced documentation by staff. Review of R22's progress notes dated 6/27/26 at 02:52 P.M., R22 was calling out for help when staff followed the noise, staff observed R22 on the floor by room [ROOM NUMBER] doorway, resting on L elbow and feet facing forward, mobile bedside table in hallway next to R22. R22 was asked what he was doing with his bedside table, he indicated he was using it as walker. R22 stated I was going to my room, when asked how he fell. During an observation on 07/13/2026 at 2:13 P.M., R22 was in bed with mobile bedside table alongside bed. During an observation on 07/14/2026 at 8:56 A.M., R22 was in bed with mobile bedside table alongside bed. During an observation on 07/14/2026 at 9:01 A.M., Staff was in R22's room with mobile bedside table alongside bed. Staff did not remove bedside table when they exited the room. During an interview on 07/14/2026 at 9:23 A.M., nursing assistant (NA)-A reported she was unaware of any fall preventions that are currently in place for R22. NA-A stated they use Tasks function on computer charting for specific tasks that need to be completed for R22. NA-A verified table along R22's bedside was movable. During an Interview on 07/14/2026 9:31 A.M., licensed practical nurse (LPN)-A verified mobile bedside table is alongside bed and is movable. LPN-A reports that mobile bedside table is present to facilitate meals that R22 eats in room. LPN-A stated R22's care plan stated Movable table was not to be at bedside but thought that it should be reassessed. At 07/14/2026 9:46 A.M., NA-A stated she verified on R22's care plan the mobile bedside table is not to be at bedside and removed bedside table from R22's room. During an interview on 07/15/2026 at 9:52 A.M., Director of Nursing (DON) reported they spoke with staff and confirmed mobile table was bedside on 7/14/26, and was removed after surveyor talked with staff. DON confirmed it is important to follow the care plan for patient and staff safety. DON confirmed residents have individualized care plans in order provide customized care for each resident. Review of a facility policy titled Fall Management - Long Term Care revised 6/2025, identified the facility assessed residents upon admission, after a significant change in condition and annually for falls and promptly began a falls prevention plan. Policy indicated a post-fall analysis was done after each fall and appropriate care planned interventions were to be followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245410	A. Building B. Wing	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Willmar	1801 Willmar Avenue Southwest Willmar, MN 56201

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observations, and document review, the facility failed to provide nursing rehab services as ordered for 1 of 1 resident (R44) reviewed for rehab services.R44's Quarterly Minimum Data Set (MDS) dated [DATE], indicated R44 had intact cognition, did not reject care that is necessary to achieve the resident's goals for health and well-being. R44's diagnoses included hemiplegia (left side weakness), hypertension (high blood pressure), and diabetes. R44's care plan revised on 6/10/26, directing staff to the nursing rehab program as noted in tasks; the program is overseen by a nurse and periodically reviewed. R44's discharge recommendations, signed 11/26/25, identified range of motion program; skilled physical therapy was necessary to develop a passive range of motion (PROM) program with staff to maintain range of motion (ROM) in left upper extremity and lower left extremity due to patients dependent status with transfers and mobility. Prognosis: good with consistent staff flow through. R44's Rehab Follow-Up Recommendations, signed 2/11/26, identified an order from physical therapy for a maintenance program three times a week; maintenance program directions were to set R44 up with self-range of motion, provide R44 with a seven-pound dumbbell three times a week to continue and maintain strength. A passive range of motion and stretching program was attached to identifying staff to communicate with patients on intensity of stretch, being gentle, and move slow. Stretches could be held for 30 seconds and repeated two to three times. Then move through movements five to eight times, slowly. Directions were attached for left arm elbow straightening, below bending, forearm, hand opening, and arm overhead stretching. Left leg and left knee left hip stretching. R44's task tab dated 2/11/26, identified nursing rehab to set patient up with self-ROM handout three times a week and assist as needed. R44's task tab dated 6/10/26, identified nursing rehab to provide patient with power web flex gripper and/or seven-pound dumbbell three times a week to continue and maintain strength. R44's task tab dated 6/10/26, identified nursing rehab to provide patient with power web flex gripper and/or seven-pound dumbbell three times a week to continue and maintain strength. R44's Documentation Survey Report dated July 2026, identified web flex gripper and/or seven-pound dumbbell exercises were completed:-two out of three times in the first week of July,-two out of three times in the second week of July.R44 ROM was completed:-two out of three times in the first week of July,-one out of three times in the second week of July. R44's Documentation Survey Report dated June 2026, identified web flex gripper and/or seven-pound dumbbell exercises were completed:-two out of three times in the first week of June,-two out of three times in the second week of June,-two out of three times in the third week of June,-once out of three times in the fourth week of June .R44's ROM was completed:-two out of three times in the first week of June,-two out of three times in the second week of June,-zero out of three times in the third week of June,-two out out three times in the fourth week of June. R44's Documentation Survey Report dated May 2026, identified web flex gripper and/or seven-pound dumbbell exercises were completed:-two out of three times the third week of May,-one out of three times the fourth week of MayR44 ROM was completed:-one out of three times the third week of May,-one out of three times the fourth week of May. R44's Documentation Survey Report dated April 2026, identified web flex gripper and/or seven-pound dumbbell exercises were completed:-one out of three times the first week of April,-two out of three times the third week of April,R44's ROM was completed:-two out of three times the first week of April,-one out of three times the third week of April, R44's Documentation Survey Report dated March 2026, identified web flex gripper and/ or seven-pound dumbbell exercises were completed:-one out of three times the first week of March,-zero out of three times the second week of March,-two out of three times the fourth week of March.R44 ROM was not completed:-one out of three times the first week of March,-one out of three times the third week of March-one out of three times the fourth week of March. R44's Documentation Survey Report dated February 2026, identified a web flex gripper and/or seven-pound dumbbell (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245410	A. Building B. Wing	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Willmar	1801 Willmar Avenue Southwest Willmar, MN 56201

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	exercise program started on 2/11/26 and was completed:-one out of three times the third week,-zero out of three times the fourth week.R44 ROM was completed:-two out of three times the third week,-one out of three times the fourth week. During an interview on 7/13/26 at 12:06 p.m., R44 indicated R44 requested an order for rehab, and the restorative nursing aide comes to work R44's arms as he didn't want to lose strength in his right arm or ROM in his left arm. R44 indicated ROM and strength exercises occur once a week and believes it's ordered more often than once a week. During an interview on 7/14/26 at 4:32 p.m., registered nurse clinical coordinator (RNCC) indicated that when the restorative nursing assistant (RNA) is not working, the trained medical assistant (TMA) will complete the restorative program for the residents. RNCC was unaware who was to finish restorative programs if the RNA was unable to see all the residents in a given day. RNCC was not aware the RNA was having difficulties completing the restorative program for all the residents. During an interview on 7/14/26 at 5:29 p.m., RNA indicated R44 had a ROM program on his left arm and leg, which is done in his room, and then R44 goes to the therapy room for the dumbbell exercise on his right arm three times a week, Monday, Wednesday, and Friday. R44 has stayed in bed in the past or had refused to get out of bed. If he refuses, then it would be documented in the restorative progress notes as refused or on the tasks as refused. If R44 is at an appointment, it would be documented as n/a in the task charting area. RNA indicated she was the only RNA and was unsure who covers the restorative program when she is gone. RNA indicated at one time there were two RNA's but has been doing the restorative programs by herself the past two years and feels like she is seeing more people than before. RNA indicated she is responsible for the whole building restorative programs and at times is unable to see all the residents on a restorative program each day depending on the time a resident wakes up, appointments, and activities a resident might be at. These things would impacts if they are seen or not. RNA indicated her normal practice was to let the nursing assistants (NA) know who was not seen. RNA indicated other nursing aides can do ROM but not the exercises in the physical therapy room. RNA indicated the nursing assistants can chart ROM but is unsure if all the NAs were aware that they can chart or were able to complete ROM after she leaves for the day. RNA was not aware if anyone was assigned to do restorative when she takes time off. RNA indicated she had informed the previous administrator, physical therapist, and director of nursing that she does not have enough time to see everyone depending on the daily schedule. RNA charting was shown from the previous month and the blank areas. RNA indicated she had time off the previous month; other blank days R44 might have refused, and RNA didn't have time to chart the refusals. RNA has not noticed a decline in R44 strength for ROM, but if there was a decline, she would relay that information to therapy, and they would ask the doctor for orders to evaluate R44. During an interview on 7/15/26 at 9:06 a.m., NA-B indicated training was not received regarding restorative programs. NA-B indicated training had been done with helping with walking and the exercise bike. During an interview on 7/15/26 at 11:07 a.m., TMA indicated she used to work part time as a restorative nursing aid and would do one hallway and the RNA would complete the other hallway, but was told she was no longer needed. Unsure who was to cover for RNA when she is off. TMA indicated when RNA leaves, and there is ROM to be completed, the charting tab would have to be switched over to chart in the tasks. TMA is unsure if NA's were aware of how to switch this tab or if all the NAs have access to chart under the restorative program. TMA was aware of R44 having a restorative program but was unsure what the program was without having to look in the chart. TMA had not noticed ROM or strength decreasing. During an interview on 7/15/26 at 10:01, certified occupational therapy assistant (COTA) indicated therapy does not oversee the restorative nursing assistant and was not aware of what her caseload was. COTA indicated nursing was to oversee the RNA. COTA indicated there were two RNA's in the past, but now there is one RNA. COTA was unsure if the nursing assistants were trained in ROM. COTA indicated therapy does not currently see R44 and is unaware if there has been a decrease in ROM. During an interview on 7/15/26 at 10:05 a.m., Physical therapist (PT) indicated R44 would have had an assessment for ROM; the person who did the assessment no longer worked for the company. PT indicated he had not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245410	A. Building B. Wing	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Willmar	1801 Willmar Avenue Southwest Willmar, MN 56201

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	met R44 and does not have orders to see R44. PT reviewed R44s chart and indicated R44 was a resident at the facility and left, and when R44 was readmitted in January 2026. R44 requested ROM as there were no orders for physical therapy. PT indicated recommendations for restorative program were in the restorative book in the therapy cupboard. PT indicated the therapy department does not oversee the restorative nursing program. PT indicated no measurements were done on extremities and would be unable to indicate if there was a decline in ROM. PT was not notified of a decline in strength or ROM for R44. PT would expect if the RNA saw a decline, the restorative aid to notify nursing, and nursing would notify therapy. Therapy would request an order from the physician for treatment. PT was unaware who oversees the RNA and if ROM was being completed as ordered. During an interview on 7/15/26 at 10:32 a.m., director of nursing (DON) indicated the process for physical therapy to evaluate a resident, put together a program, and give the program to the nurses. The programs are looked at routinely to ensure the program is still appropriate. The NAs are trained on how to perform ROM, and there were sheets in residents rooms on the programs. When RNA was not working, the programs were triggered on the Kardex for the NAs to complete. If there is a task that is blank, it cannot be assumed it was refused or completed. DON expectation would be for RNA to inform the care coordinator if a program was not completed. All NA's could document in the task section when the program was completed, refused, or NA if a resident is out for an appointment. DON indicated it was not brought to her attention that some of the restorative programs were not being completed as ordered. DON reviewed the documentation and confirmed that restorative programs were not being done as ordered for R44. DON indicated ROM is important for mobility and quality of life, pain reeducation, and prevention of contractors. A policy titled Nursing Rehab Services dated 4/26 identified residents will receive nursing rehab services as needed to help promote optional safety and independence. Rehab nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative service. Residents maybe started on a nursing rehab program upon admission, during the course of stay or when discharged from rehabilitation care. Rehab goals and objectives are individualized and resident- centered and are outlined in the residents plan of care. Rehab goals may include but are not limited to supporting and assisting the resident in adjusting or adapting to changing abilities, developing, maintaining, or strengthening his/her physiological and psychological resources; maintain his/her dignity, independence, and self-esteem. And participating in their development and implementation of his/ her plan of care. Resident participation and effectiveness will be periodically reviewed for the continued appropriateness and/or need for further rehabilitation services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245410	A. Building B. Wing	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Willmar	1801 Willmar Avenue Southwest Willmar, MN 56201

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** Based on observation, interview and document review the facility failed to ensure infection prevention practices including hand hygiene were followed during wound cares for 1 of 1 residents (R29) observed for wound cares.Findings Include: R29's quarterly Minimum Data Set (MDS) dated [DATE], identified R29 was cognitively intact and had diagnosis which included; diabetes mellitus, coranary artery disease, and hypertension. R29's MDS identified R29 was dependent for dressing lower half, transfer, toileting and required substantial/maximal assistance with rolling in bed side to side. R29 had one stage 4 pressure ulcer (full-thickness skin and tissue loss with exposed or with directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer). R29's Care Area Assessment (CAAS) dated 12/19/25, identified R29 had alteration in skin integrity due to being admitted with chronic pressure ulcers and diabetic foot ulcers. R29's CAAS identified R29 was often noncompliant with repositioning and often refused to get out of bed. R29's Wound Observation Tool dated 7/15/26, identified R29 had a stage 4 pressure ulcer on his coccyx, 2 centimeters (cm) lenght, 1 cm width and 3 cm depth. Summary identified wound stable, no change. No signs or symptoms of infection, with a small amount of serosanguineous drainage. Surrounding (peri) wound skin intact and within normal limits. R29's care plan revised 6/11/26, identfied R29 had alteration in skin integrity related to chronic pressure ulcer and diabetic foot ulcer. Interventions included air pressure mattress, nutritional supplements, and turn and repostion per tissue tolerance. During observation on 7/15/26 at 9:54 a.m., clincial manager registered nurse (RN)-A applied gown and gloves and was joined by assistant director of nursing (ADON) who also applied gown and gloves. RN-A and ADON entered R29's room and RN-A asked R29 if they could check his skin, and he agreed. ADON stood on R29's right side of bed, and RN-A was on R29's left side. R29's bed was raised up, and they removed R29's sheet and pillows under R29's sides and legs. They removed the tabs on R29's brief, and completed perineal cares to R29's front using wipes. They then assisted R29 to his right side. R29 had a large amount of soft grey stool on buttocks, whick RN-A began to cleanse off with wipes. RN-A removed gloves, and applied new gloves. RN-A placed R29's brief in garbage, rolled the soiled disposable chux up and placed a new chux on R29's left side. RN-A removed gloves, then placed new gloves on. RN-A removed R29's dressing over coccyx pressure ulcer, then noted more stool on R29's buttocks and upper thigh, so began again to cleanse area with wipes. RN-A removed gloves, then applied new gloves. RN-A did not once sanitize her hands after removing soiled gloves. RN-A then gathered wound care supplies and placed on new chux near R29's buttocks. RN-A removed wound packing from R29's wound, then began to measure the wound. RN-A then removed new packing from the small brown glass bottle and began to pack R29's pressure wound. RN-A used a scissors to cut of the strip, then applied a bandage over the coccyx pressure ulcer, using tape on the top edge of dressing. RN-A did not sanitize hands or change gloves prior to beginning packing wound and applying new dressing. RN-A then removed the soiled strip from the chux, placed in can and placed other supplies and scissors on the bedside table. RN-A and ADON then assisted R29 with new brief, checked skin on heels and abdomen then positioned R29 with pillows. RN-A removed gown and gloves and sanitized hands. During interview on 7/15/26 at 10:50 a.m., RN-A indicated was new to position and still learning. RN-A indicated her usual practice did not include R29's wound cares. RN-A confirmed she had not sanitized her hands after each time her gloves were changed. RN-A also confirmed she had not sanitized her hands or changed gloves after removing R29's soiled packing, before applying R29's new wound packing and dressing. RN-A indicated sanitizing hands when changing gloves was important. RN-A also indicated removing gloves and sanitizing hands was important between removing soiled dressings and applying new dressings for infection control. During interview on 7/15/26 at 11:06 a.m., director of nursing (DON) indicated her expectation was that every time gloves were removed staff should sanitize their hands. DON also stated after a wound was cleansed, staff should remove gloves, wash hands and apply new (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245410	A. Building B. Wing	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Willmar	1801 Willmar Avenue Southwest Willmar, MN 56201

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	gloves prior to applying new dressings. DON stated it was important to prevent infection. DON indicated the facility planned to have a skills fair the next day, and they would be reviewing hand hygiene and glove use. The facility policy titled Handwashing/Hand Hygiene dated 9/25, identified all staff would be trained on the importance of hand hygien in preventing the transmission of healthcare-associated infections. All staff would the procedures to help the spread of infections ot other personnel, residents and visitors. The policy interpretation and implementation identified an alcohol-based hand rub should be used for the following situations:-handling clean or soiled dressings-before moving from a contaminated body site to a clean body site during resident care-after removing gloves-after handling clean or soiled dressings -after contact with a resident's intact skin-after handling used dressings, contaminated equipmentThe use of gloves does not repale hand washing/hand hygiene. The facility policy titled Wound Care dated 1/25, included the following instructions. Prepare a clean field on the resident's overbed table or another appropriate surface in resident's room. Place all items to be used during procedure on the clean field. Peform hand hygiene, don gloves. Cleanse the wound, discard disposable items and remove and discard soiled gloves. Perform hand hygiene. [NAME] gloves, proceed with dressing the wound as ordered. Remove and discard gloves, perform hand hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245410	A. Building B. Wing	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Willmar	1801 Willmar Avenue Southwest Willmar, MN 56201

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 - Potential for minimal harm Residents Affected - Many	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. Based on observation, interview and document review, the facility failed to ensure grievance forms and procedures were posted in prominent locations throughout the facility for residents and resident representatives to file grievances, and anonymously if desired for 3 of 3 (R10, R28, R42) resident council members interviewed. This had the potential to affect all 52 residents who resided in the facility. Findings include:On 7/14/26 at 11:00 a.m., a resident council meeting was held with three residents which included R10, R28 and R42. During the resident council meeting, all three residents indicated they were not aware how to file a grievance. During an observation on 7/14/26 at 11:40 a.m., a walk through was conducted on each unit of the facility which reveale no grievance forms or procedures were posted for residents or resident reprentativies to refer to. During an interview on 7/14/26 at 11:50 a.m., acitivity director (AD)-A indicated during resident council meetings she had informed residents they could have social services fill out a grievance form with them. AD-A indicated the grievance officer was social services and the administrator. AD-A confirmed was not aware of last time spoke to residents about filing grievances. AD-A indicated she did not have a copy of the grievance form and was not aware of which form to use since they had new owners. During interview on 7/14/26 at 12:16 p.m., licensed social worker (LSW)-A stated her usual process was to address the concern right away and document the results in the resident's progress notes. LSW-A indicated a resident could file a grievance with her, or complete one with the ombudsman. LSW-A stated residents could obtain a form from her if wanted to keep it annonyomous, and she would keep it confidential. LSW-A confirmed she was the grievance office, and no grievance forms had been completed for months, but could not remember when. Review of grievance log identified last grievance form was completed December of 2025. During interview on 7/14/26 at 12:21 p.m. administrator confirmed the grievance policy and grievance forms were not located in prominant locations through out the facility for residents or resident representatives to complete. Administrator indicated residents could ask social services for forms and assistance to complete them. Administrator stated all staff had access to the grievance forms. Administrator confirmed residents were not able to file a grievance anonymously. The facility policy titled Grievance Policy dated 4/26, identified the purpose was the resident had the right to vice grievances to any staff member or anonymouslyto the facility, or other agency or entity that heard grievances without discrimination or reprisal and with fear of discrimination or reprisal. Grievance information would be posted in the facility and would include, the right to file grievances, the right to file anonymously, and the contact information of the grievance official.