STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245416	A. Building B. Wing	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Le Sueur	621 South 4th Street Le Sueur, MN 56058

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 maintain 1 of 1 ice machine to prevent potential contamination and to ensure food and drinks were served in a safe and sanitary manner. This had the potential to affect all 21 residents who resided in the facility.Findings Include:On 2/23/26 at 10:45 a.m., during the initial tour of the kitchen with the dietary director (DD-D), a Manitowoc brand ice machine located in a hallway adjacent to the kitchen was observed with white/grey chalky, powdery, hard, crusty, rock-like, lumpy deposits present on: the inside lid of the ice machine, the outside lid, the front exterior surface, and both side exterior surfaces. The buildup appeared consistent with lime scale and mineral deposits. The DD-D stated the ice machine had lime scale buildup and that maintenance staff were responsible for cleaning the ice machine. DD-D further stated that, as of approximately two weeks prior, the facility no longer had maintenance staff, and she was unsure who was responsible for ensuring the ice machine was cleaned. DD-D confirmed the ice machine was used for resident consumption.On 2/23/26 at 11:32 a.m., registered nurse (RN)-A, identified as the regional clinical director, confirmed the ice machine was not clean and stated she would not expect to see white residue build up on the inside or outside of the machine. RN-A stated she would determine when the ice machine was last cleaned.On 2/23/26 at 4:43 p.m., a sign was observed posted on the ice machine indicating, Out of order do not use.On 2/24/26 at 1:45 p.m., the administrator stated the facility had known chronic issues with the ice machine and that, rather than continuing to spend money on repairs, the decision was made in April 2025, to replace the machine. The administrator stated the former maintenance director had been instructed to replace the ice machine; however, this was not completed as expected. The administrator stated they observed the ice machine with lime and calcium buildup to be present and would not expect the machine to be used if lime and calcium buildup were present. The administrator confirmed the ice machine should not have been used until it was cleaned, repaired, or replaced. The administrator further stated there was no specific facility policy regarding ice machine maintenance but would expect manufacturer recommendations to be followed.

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

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to establish and maintain a system to ensure concerns voiced during resident council meetings were addressed and follow up with residents. This had potential to effect 6 of 6 residents (R1, R4, R5, R9, R18, R20) identified to have attended the meetings.Findings include:R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated no cognitive impairment.R4's quarterly MDS dated [DATE], indicated no cognitive impairment.R5's admission MDS dated [DATE], indicated no cognitive impairment.R9's quarterly MDS dated [DATE], indicated no cognitive impairment.R18's quarterly MDS dated [DATE], indicated no cognitive impairment.R20's quarterly MDS dated [DATE], indicated no cognitive impairment.On 2/23/26 at 2:08 p.m., the activities director (AD)-F stated the resident council did not have a current president and further gave permission for the survey team to review previous minutes of resident council meetings. These minutes were provided and identified the following concerns:Resident council minutes:9/28/25, indicated R1, R4, R18, R20, AD-F, administrator in training (AIT), and dietary director (DD) attended the resident council meeting. The minutes identified long call lights in the morning, ignored by staff, staff wearing dirty gloves in the hallways. Social services: grievances not processed in a timely manner, maintenance: things not getting done around the building, laundry wrongs paints in room. Dietary concerns were identified and addressed in minutes. The minutes lacked any further action or follow-up to the council's other concerns.10/26/25, indicated R1, R4, R18, R20, activities director and dietary director attended the resident council meeting. The concerns indicated nursing: why don't nurses help get people up, pills are late, short staffed, too many call ins; maintenance: garbage can outside the facility always full, laundry: need to hire more laundry staff; housekeeping rooms need to be cleaned daily, shower rooms are dirty. The minutes lacked any further action or follow-up to the council's concerns to the previous month.11/26/25, indicated R1, R4, R9, R18, R20, activities director and dietary director attended the resident council meeting. The concerns indicated nursing: short staffed, nurses don't help the nursing assistants, pills don't get passed out on time, agency staff do not know where things are at, long call lights; dietary: small portions, soup tastes like fowl, fish sticks are bad; maintenance: fans are dirty in the activity room; housekeeping: rooms need to be cleaned daily. The minutes lacked any identified action or follow-up to the council's presented concerns to the previous month.12/30/25, indicated R1, R4, R9, R18, R20, and activities aide (AA)-A attended the resident council meeting. The minutes identified the concerns nursing: new residents don't get showers right away, pills don't get passed out on time, long call lights; dietary: food doesn't go out on time; housekeeping: rooms need to be cleaned daily, some residents missing clothes. The minutes lacked any identified action or follow-up to the councils presented concerns to the previous month.1/27/26, indicated R1, R4, R5, R9, R18, R20, AA-A, AD, DD, and social services, attended the meeting. The following concerns were identified nursing: long call lights, sometimes takes 45 minutes; dietary: dumplings not good, too much water in cereals, lasagna was bad; maintenance: ceiling fans in the community room need to be cleaned; laundry: take a while to get clothes back, missing clothing; housekeeping: rooms need to be cleaned. The minutes indicated action taken regarding the dietary concerns however lacked any identified action or follow-up to the councils other presented concerns to the previous month.On 2/24/26 at 2:08 p.m., a resident council meeting was held with council members R1, R4, R5, R13, R15, R18, and R20 in attendance. Residents explained the council group met monthly and specific departmental concerns were discussed and departments failed to address or respond to any concerns or questions the residents present. R20 stated concerns had been voiced monthly regarding nursing, housekeeping, and various other departments in the monthly resident council meetings, and the facility had not provided follow up to the concerns. R8 and R1 stated monthly the same concerns are brought up regarding staffing and late medication administration. R1 and R8 stated they were not aware if the facility had addressed the concerns or (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	what follow up was done and stated they would expect the concerns addressed and follow-up to the concerns.On 2/24/26 at 2:31 p.m., AD-F stated that concerns brought forward by residents during resident council meetings were communicated to department leaders monthly during QAPI meetings, and if urgent immediately. AD-F stated that follow-up regarding those concerns was not brought back to residents at the subsequent resident council meeting. AD-F stated she expected department leaders to address the concerns; however, it was not the facility's practice to report back to residents regarding actions taken. AD-F further stated she had not been trained that resident concerns required follow-up communication at subsequent meetings. AD-F confirmed there was no established system to track concerns from one meeting to the next and no mechanism to ensure residents received feedback regarding the status or resolution of their concerns. AD-F stated that going forward, the process would change to ensure follow-up was provided to residents regarding issues discussed during resident council.On 2/24/26 at 2:37 p.m., the administrator-in-training (AIT) and interim director of nursing (DON) stated that resident council concerns were discussed during QAPI meetings; however, no documentation was maintained reflecting the concerns, actions taken, or follow-up provided. The AIT and DON stated they would expect residents to receive follow-up regarding their concerns and would expect those concerns to be addressed and communicated at the next Resident council meeting.The facility Resident Council policy dated 4/25, indicated: Purpose: To give residents an opportunity to take an active role concerning their care and stay at this facility. To get residents involved in the decision that affects their lives. To voice needs and concerns, state preferences, plan activities, projects and make decisions. To voice any food related concerns, suggestions, compliments during Food Council portion of meeting, or at a separate Food Committee meeting.Policy: The Supervisor of Activities or staff designee will be the facility representative/coordinator at the meeting if residents desire. Residents may also facilitate the council meeting on their own. Dietary manager or staff designee will be the Dietary representative for Food Council at the meeting or at a separate Food Committee meeting. All residents are welcome to attend meetings. Other staff or visitors must be asked in, and accepted, in order to attend. Meetings will be held monthly unless deemed less or more frequently by the Activity Director or residents. Selection of officers or choice not to have them will be determined by residents on an annual basis. The Activity Director will keep notes during the meeting unless a resident wishes to do so. The monthly meeting will be scheduled by the Activity Director. The Activity Director will prepare an agenda for the meeting with input from other departments as applicable. The Activity Director will begin the meeting by reading minutes of the last meeting. Old business to be resolved as needed. New Business items. Open the floor to questions or concerns from residents. Meeting will be adjourned when all concerns have been addressed. Assist residents out of the activity area. The Activity Director will write up the minutes and file them according to regulations. Copies will be sent to Quality Assurance, Dietary, Social Services, Director of Nursing, and Administrator. The Activity Director will refer items to be resolved to appropriate individuals/departments.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and document review, the facility failed to submit accurate and/or complete data for staffing information, based on payroll and other verifiable and auditable data during 1 of 1 quarter reviewed (Quarter 4, 2025), to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS. Findings include:The CMS payroll-based journal (PBJ) staffing data report for quarter four of 2025, which included dates from 7/1/25-7/30/25, triggered for four or more days within the quarter with <24 hours/day licensed nursing coverage. The following infraction dates were identified: 8/3/25, 8/23/25, 8/24/25, and 9/6/25.Review of nursing staff schedules for each infraction date indicated a licensed nurse had been scheduled each of the three shifts (days, evenings, and nights).On 2/24/26 at 10:25 a.m., the assistant director of nursing (ADON) stated they were responsible for scheduling nursing staff, stated there was always a licensed nurse working every day, on each shift - days, evenings, and nights. On 2/24/26 at 2:05 p.m., registered nurse (RN)-A, known as the regional clinical director, indicated in an email all timecards were reviewed for each infraction date. RN-A confirmed that all shifts during those dates were worked by a licensed nurse, either a facility-employed nurse or an agency nurse. RN-A indicated, however, the facility was unable to specifically identify which licensed nurse hours were not included in the submitted PBJ data. RN-A stated that at the time of the identified discrepancies, the business office manager was responsible for reviewing timekeeping/payroll records and agency invoices. RN-A further stated that the review of payroll and agency invoices is compiled and reported by the corporate office in the PBJ submission. RN-A that since the that time, the facility implemented a revised process requiring agency staff to utilize a pay clock system to allow for more systematic entry, tracking, and reporting of hours worked within the facility to improve accuracy of PBJ reporting.On 2/24/26 at 1:45 p.m., the administrator stated there was a switch in payroll companies in August 2025, stated the facility had the required nursing staff however the information may not have been submitted accurately from the facility business office to the corporate office and then to the PBJ submission reporting.Facility PBJ Policy dated 2/26 indicated :The facility will electronically submit to CMS complete and accurate direct staffing information including information for agency and contract staff when applicable, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

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F 0576 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure residents have reasonable access to and privacy in their use of communication methods. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure resident mail was delivered on Saturdays for 7 of 7 residents (R1, R4, R5, R13, R15, R18, R20) reviewed during resident council. This deficient practice had the potential to affect all 21 residents residing in the facility. Findings include:R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated no cognitive impairment.R4's quarterly MDS dated [DATE], indicated no cognitive impairment.R5's admission MDS dated [DATE], indicated no cognitive impairment.R13's annual MDS dated [DATE], indicated no cognitive impairment.R15's annual MDS dated [DATE], indicated severe cognitive impairment.R18's quarterly MDS dated [DATE], indicated no cognitive impairment.R20's quarterly MDS dated [DATE], indicated no cognitive impairment.On 2/24/26 at 2:08 p.m., during resident council R1, R4, R5, R13, R15, R18, R20 attended and stated they did not receive mail on Saturdays and received the mail on Monday through Friday.On 2/24/26 at 2:31 p.m., activity director (AD)-F confirmed resident mail was not delivered on Saturdays and further stated activity staff delivered the mail to residents Monday through Friday. AD-F stated the mail was delivered to the facility on Saturdays from the post office, however, it was not delivered to the residents until Monday. AD-F was not aware that mail was expected to be delivered to residents on Saturdays.On 2/24/26 at 2:31 p.m., the interim administrator stated residents were expected to receive mail on Saturday if the post office delivered the mail.The facility Resident Mail policy dated 2/26, indicated:Mail will be delivered to residents' room within 24 hours in an obvious and accessible location, unopened and unread, including magazines and newspapers, unless assistance is requested by the resident/resident representative.