

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2026
NAME OF PROVIDER OR SUPPLIER Knute Nelson Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 12th Avenue East Alexandria, MN 56308	

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)
<p>F 0572</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the resident bill of rights ([NAME]) were provided verbally and in writing for all the facility residents, this had the potential to affect all 63 residents in the facility. Findings Include: On 5/12/26 at 10:33 a.m., Resident Council Minutes Forms were reviewed for 2/24/26, 3/26/26, and 4/16/26. The minutes lacked documentation that the [NAME] were reviewed. On 5/12/26, at 11:15 a.m., seven residents (R61, R62, R35, R24, R21, R17, R18) were present at a resident council meeting held by surveyor. When questioned if the resident ([NAME]) had been reviewed, the residents present stated the rights had not been reviewed. R61 stated she thought [NAME] was given at time of admission, and they were posted in the facility. R62 indicated had been admitted years ago and was not coherent at that time. The residents indicated they would like them to be reviewed. At 11:45 a.m. the [NAME] poster near the nurses' station was reviewed and was dated 9/19, not the current [NAME] from 12/25. During interview on 5/12/26 at 11:51 a.m., administrator stated that life enrichment supervisor (LES)-A was responsible for the resident council meetings. Administrator verified that the [NAME] were not reviewed during resident council meetings and was aware the [NAME] poster was not current. Administrator indicated it was important for residents to understand their [NAME], to provide them with a great experience and due diligence regarding what they could ask for and what they were to be provided. The facility policy titled Resident And Family Council modified 5/12/26, identified the facility would designate a staff liaison to assist when requested, provide meeting space and ensure residents were informed of meeting opportunities and encourage participation. The facility would provide written responses to council concerns and leadership would review and respond to council concerns within a reasonable timeframe. The policy lacked inclusion of [NAME] review in its agenda.</p>

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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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, record review, and interviews, the facility failed to ensure all required information was included daily on the facility staff posting. This had the potential to affect all 63 residents in the facility and their visitors who may wish to view the information. Findings include: The staff schedule and facility staff posting documentation dated 4/13/26-5/13/26, was reviewed and failed to include all of the following requirements for the daily staff posting: 1) Facility Name 2) Current Date 3) Facility Census (clearly identifiable) 4) Total number of actual hours worked by licensed staff. 5) Total number licensed staff, and their designation or title. From 4/13/26-5/12/26, the facility staff posting contained: the date, the total number of licensed staff and their designation. However it lacked the total number of actual hours worked by licensed staff, the name of the facility, and the census number (clearly identified as such). On 5/13/26 at 9:00 a.m., the senior manager of scheduling operations stated they were responsible for updating and posting the daily facility staffing information Monday through Thursdays in the evening and then would post the whole weekend on Friday night. The nurses working the weekend would be responsible for updating any changes over the weekend. The senior scheduling manager stated they were unsure of the exact requirements to be included in the posting. On 5/13/26 at 11:24 a.m., the registered nurse (RN)-A on duty confirmed they worked weekends, and if they had a change in staffing, they would email the DON, scheduling team and update their internal daily sheets on the units but was unaware of their responsibility to update the daily facility posting information. On 5/13/26 at 11:24 a.m., the director of nursing (DON) stated they were unsure if the information was being updated on the weekends because they are not sure if it is always being done. The DON confirmed it was the charge nurse's responsibility on the weekends to complete any changes. On 5/13/26 at 11:34 a.m., The administrator confirmed the scheduling team was responsible for updating and posting the daily staffing information. The administrator stated the posting needed to include the census and how many nurses and nursing assistants were in the building every day. The administrator stated they expected it to include all required information and be posted daily. Furthermore, the administration stated the importance of posting all information accurately so the residents and visitors to the facility could understand the staff structure, how many nurses there are in the building, and to ensure they knew the staffing levels were adequate. The facility sufficient staffing policy last modified 4/15/26, indicated the direct daily care staffing information will be posted in accordance with CMS requirements and maintained for the required retention period.</p>		