

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2026
NAME OF PROVIDER OR SUPPLIER  Mission Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  3401 East Medicine Lake Boulevard Plymouth, MN 55441	
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 0729  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>Based on document review and interview, the facility failed to ensure a system of registry verification approved by the State before allowing nursing assistant to do nursing or nursing-related services in the facility for 4 of 7 nursing assistants (NA-A, NA-B, NA-C, NA-D) reviewed for the required certificate status. Findings include: NA-A's registered certificate dated 9/16/2006, indicated NA-A had an inactive registry status effective 8/24/2025, and the personal file did not contain any evidence of renewal. During an interview on 1/7/2026 at 10:42 a.m., NA-A stated he had been working for the facility since 2006 as a nursing assistant and was trained three years ago to administer medications under a nurse's supervision as a trained medication aide (TMA). However, NA-A's personal file lacked evidence of verifying active NA status or TMA certification. NA-A stated he provided nursing related care to residents this morning. NA-B's registered certificate dated 11/21/1995, indicated NA-B had an inactive registry status effective 4/02/23 and the personal file lacked any evidence of renewal. During an interview on 1/7/2026 at 11:14 a.m., NA-B stated he had been working as NA/TMA since 2003 and was not aware he was not current on the registry. NA-C's registered certificate dated 9/12/1995, indicated NA-C had an inactive registry status since 8/24/2025 and the personal file lacked any evidence of renewal. During an interview on 1/7/2026 at 9:46 a.m., NA-C stated he got his NA certificate from Boston in 1995, moved to Minnesota and started working in the facility. NA-C stated he provided nursing related services to the residents including toileting, transfers, and peri cares etc. NA-D's registered certificate dated 1/25/14, indicated NA-D had inactive registry status since 8/24/21 and the personal file lacked any evidence of renewal. During an interview on 1/8/2026 at 2:2 p.m., NA-D stated she did not know if her NA certificate was active or not. NA-D stated in order to work nursing related work; nursing staff have to have an active certificate status. During an interview on 1/8/2026 at 4:05 p.m., the administrator stated they were not able to provide the TMAs documentations for NA-A, NA-B and NA-C. The administrator acknowledged that staff should not be doing nursing related work with inactive registry status and staff member would be removed from the floor until appropriate certification be obtained. Nursing assistant registered job description policy dated 12/21 indicated qualifications of nursing assistant included successful completion of written and skills exam, as provided from a State of Minnesota approved testing location and be in good standing with Minnesota Nursing Assistant Registry. Trained Medication Aide (TMA) job description policy dated 12/21 indicated qualifications of TMAs included completion of approved Nursing Assistant training program followed by an approved trained Medication Aide certification program as well as being in good standing with Minnesota Nursing Assistant Registry.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245546
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