STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245554	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renville Health Services	205 Southeast Elm Avenue Renville, MN 56284

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. Based on interview and document review, the facility failed to ensure 1 of 5 sampled residents (R12) had completed tuberculosis (TB) testing upon admission.Findings include: R12's admission record identified that R12 had been admitted to the facility in March of 2026 for skilled nursing services. R12's 5/11/26, progress note identified an (an interferon-gramma (IGA) release assay test) aka a T-spot was drawn. There was no further documentation in the progress notes to identify if the test was delivered to the laboratory, or what the results of that test were. There was also no indication the facility had tested R12 upon admission to the facility in March 2026, versus a delated test in May 2026. Interview on 6/15/26 at 5:18 p.m., with director of nursing identified the facility had been completing audits related to missing some TB testing and they must have missed R12 during that audit process. She identified that R12 had blood drawn to complete a T-spot test for TB; however, the facility forgot to send a form along with the sample to the lab identifying who the blood sample was from and what was to be tested so it ended there. Her expectation would be that the facility would follow their policy, and all new resident admissions would be tested for TB as indicated. Review of the 1/21/25, Resident Tuberculosis Prevention and Control policy identified all new resident admissions to the facility would have a TB screening and testing completed within 72 of admission.

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