STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245612	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cornerstone Villa	1000 Forest Street Buhl, MN 55713

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, interview, and document review the facility failed to dispose of expired food items. The facility also failed to label food items with the open date and expiration date. This had the ability to affect all 35 residents in the facility.Findings include: During the initial tour of the kitchen on 12/01/2025 at 1:30 p.m., a Yoplait yogurt container with an expiration date of 11/28/25, was observed in the walk-in refrigerator. There was also a clear plastic container with a green lid containing several hard-boiled eggs in the walk-in refrigerator. The container lacked a label with the items in the container, the date the hard- boiled eggs were prepared, and when the hard-boiled eggs needed to be disposed of. During an interview on 12/01/2025 at 1:44 p.m., culinary aide (CA)-A stated hard boil eggs are made on Saturdays and on Wednesdays. They would be prepared, peeled and then placed into a clear container with the lid. A label needed to be placed on the container with the item name, date prepared, and expiration date. All staff were responsible to make sure food used was not expired, and if so to dispose of it. CA-A looked at the yogurt and acknowledged an expiration date of 11/28/25. CA-A was unsure when the yogurt was last served. CA-A also acknowledged the hard-boiled eggs had no label on the container. During an interview on 12/2/25 at 1:36 p.m., the culinary manager (CM) stated all food in the fridge should have a label on the container with the item's name, opened/made date, and expiration date. If the food item is at or past the expiration date when found, the item should be disposed of to decrease the risk of food borne illness. During an interview on 12/04/2025 at 8:38 a.m., the infection preventionist (IP) stated if expired or has no label then it needs to be disposed of. The label lets staff know what is in the container and if the food is still safe to consume. This decreases the risk of food borne illness. Facility policy Food Labeling and Dating undated, indicated all food would be labeled and dated accurately at the time of receipt, opening, or prepared. The facility would ensure all expired, improperly labeled, or undated food were immediately discarded. Prepared or cooked foods would be labeled and dated immediately after preparation. Held cooked food must be used or discarded within 72 hours for high-risk items such as proteins and dairy-based dishes.)

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review the facility failed to ensure a resident did not self-administer medications (SAM) as assessed and according to the care plan for 1 of 6 residents (R22) reviewed for medication administration.Findings include: R22's quarterly Minimum Data Set (MDS) dated [DATE], identified R22 had diagnoses which included unspecified open-angle glaucoma, severe stage. R22's care plan dated 11/17/25, identified R22 did not wish to self-administer medications. Interventions included nursing was to store, document, and administer all medications and treatments per the physician orders. R22's Order Summary Report identified the following orders:9/4/19, atorvastatin calcium 40 milligrams (mg) by mouth for hyperlipidemia 10/17/25, Eliquis 5 mg by mouth one tablet twice daily for atrial fibrillation 7/21/23, folic acid 1 mg by mouth one time daily10/31/25, furosemide 40 mg by mouth in the morning daily related to heart failure10/31/24, iron 325 mg by mouth one tablet daily in the morning for anemia10/2/25, lisinopril 30 mg by mouth one time a day for hypertension 11/13/24, pantoprazole 40 mg by mouth in the morning for gastroesophageal reflux diseaseDuring an observation on 12/2/25 at 9:56 a.m., registered nurse (RN)-A prepared R22's medications and brought them to his room. RN-A did not wait to ensure he took them and said he had a SAM.A review of R22's electronic medication administration record verified he received the medications listed in orders on 12/2/25. A review of R22's self-administration record dated 11/3/25, identified the assessment was not completed. The section able to self-administer medications was marked as no. The comments identified the following, Resident does not wish to self-administer medications. Nursing to store, administer, reorder and document all medications and treatments per orders.During an interview on 12/3/25 at 2:11 p.m., the director of nursing (DON) verified it would not be okay to leave a resident's medications at the bedside unless the resident had been assessed and care-planned for SAM. The DON stated it was important the resident understood why they were taking the medications and that they were reliable to take them. The Self-Administration of Medications policy dated 6/2017, identified staff and practitioner would assess each resident's mental and physical abilities to determine whether self-administering medications was clinically appropriate for the resident.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure post-dialysis access site monitoring was completed and documented to provide continuity of care and reduce the risk of complication (i.e., bleeding, clotting) for 1 of 1 resident (R1) reviewed for dialysis care and services.Findings include:R1's significant change Minimum Data Set (MDS) dated [DATE], identified R1 had a diagnosis of dependence on renal dialysis (a life-sustaining treatment for kidney failure that filters waste and excess fluid from the blood). R1's care plan dated 7/28/25, identified he went to dialysis Monday, Wednesday, and Friday. R1's dressing was to be changed daily with a site check, no blood draws or blood pressures on the right arm with the dialysis graft. In addition, staff were to monitor the site for signs and symptoms of infection and bleeding. (The care plan did not identify which site).R1's Order Summary Report dated 11/25/25, identified staff were to monitor the right arm bruit (a consistent whooshing sound heard over an arteriovenous [AV] fistula or graft, indicating that blood is flowing properly) shiftly and to call with concerns of hemorrhage, site infection, or hypotension. On 12/1/25 at 6:28 p.m., R1's door was closed with a sign up NO VISITORS. The door remained closed throughout the survey. A review of R1's nursing notes from 11/25/25, through 12/4/25, did not identify any descriptions of R1's dialysis access site. On 12/3/25 at 10:07 a.m., nursing assistant (NA)- A stated R1 would return between 3:00 p.m. and 4:00 p.m. from dialysis.During an interview on 12/4/25 at 9:22 a.m., registered nurse (RN)-B stated she does not know when R1 returns from dialysis. RN-B stated she did not check the site upon his return on 12/3/25, but checked the bruit before he left, RN-B stated this only needed to be done once per shift. RN-B verified there had not been any additional training by the facility for caring for residents receiving dialysis. During an interview on 12/4/25 at 10:07 a.m., the director of nursing (DON) verified the facility had not provided any additional training for staff regarding care of residents receiving dialysis and acknowledged it was a high-risk and low-volume population. The DON verified there was a concern for bleeding post dialysis and that was why site checks needed to be completed post dialysis. End-Stage Renal Disease, Care of Residents dated 01/2021, identified staff caring for resident receiving dialysis would be trained in the care and special needs of those residents. Education and training would include, how to recognize and intervene in medical emergencies such as hemorrhages and infections, and the care of grafts and fistulas.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and document review the facility failed to ensure medications including a narcotic were labeled and stored properly in 1 of 3 medication carts reviewed for medication storage. Findings include: During a medication cart inspection on 12/3/25 at 11:09 a.m., with the director of nursing (DON) a syringe with a pink fluid in it and a paper medication cup with one white pill were both in a plastic drink cup in the cubicle for R24. There were no labels on the syringe, paper cup, or plastic drinking cup. The DON verified this as well. During an interview on 12/3/25 at 11:17 a.m., the DON verified it was not appropriate to find any unlabeled medications in the medication cart. The DON stated she thought the pink liquid was morphine (a potent, opiate analgesic used to treat moderate to severe pain. It is a controlled substance). The DON stated morphine should not be prepared until the medication was ready to be given. In addition, the DON stated the morphine was no longer double locked. The DON verified the cubicle in the drawer was for R24. A review of R24's Order Summary Report dated 9/29/25, identified R24 had an order for morphine sulfate concentrate 100 milligrams (mg) per 5 milliliters (ml) with instructions to give 1 ml by mouth four times a day for pain. R24 also had an order for ondansetron 4 mg with instructions to give by mouth four times a day for nausea. During an interview on 12/3/25 at 11:26 a.m., registered nurse (RN)-B verified the medications were for R24 and the pink liquid was morphine and the white pill was ondansetron. RN-B stated both of the medications were scheduled and R24 had already left for the activity. RN-B stated it was her understanding they were not supposed to interrupt an activity to give a medication. RN-B verified she should have labeled both medications, and she should have locked the morphine back in the narcotic drawer. During an interview on 12/3/25 at 12:25 p.m., the consultant pharmacist (CP)-D verified he would expect a medication to be given after it was prepared. CP-D verified the medication (narcotic) should have been wasted if the resident was not available to receive it immediately. CP-D stated the concern was the narcotic was no longer double locked. The policy Administering Medications dated 12/2025, did not address labeling and storing medications that were not given as scheduled. The policy Controlled Substances dated 6/2017, identified controlled substances must be stored in the medication room or med cart in a locked container, separate from containers for any non-controlled medications.