



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 18, 2025

Administrator
Zumbrota Care Center
433 Mill Street
Zumbrota, MN 55992

RE: CCN: 245376

Cycle Start Date: November 26, 2025

Dear Administrator:

On December 2, 2025, we notified you a remedy was imposed.

On December 16, 2025, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of December 4, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective February 26, 2026, did not go into effect. (42 CFR 488.417 (b))

In our letter of December 2, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 26, 2026, due to denial of payment for new admissions. Since your facility attained substantial compliance on December 4, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst

Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

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December 18, 2025

Administrator
Zumbrota Care Center
433 Mill Street
Zumbrota, MN 55992

Re: Reinspection Results
Event ID: 1D9A4F-H2

Dear Administrator:

On December 10, 2025, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on October 22, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

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December 2, 2025

Administrator

Zumbrota Care Center

433 Mill Street

Zumbrota, MN 55992

RE: CCN: 245376

Cycle Start Date: November 26, 2025

Dear Administrator:

On November 26, 2025, we informed you that we may impose enforcement remedies.

On December 2, 2025, the Minnesota Department of Health completed a revisit/survey and it has been determined that your facility is not in substantial compliance.

The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

The deficiencies not corrected are as follows:

F689-D, F690-D

In addition, at the time of this survey, we identified the following deficiency:

F689-D

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedies listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective February 26, 2026.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 26, 2026. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 26, 2026.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$13,343, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by February 26, 2026, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Zumbrota Care Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 26, 2026. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" and/or an "E"tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by

the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by May 26, 2026 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

tamika.brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to tamika.brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: [https://](https://forms.web.health.state.mn.us/form/NHDisputeResolution)

forms.web.health.state.mn.us/form/NHDisputeResolution

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one

opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Zahler".

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3B 3rd Floor
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 26, 2025

Administrator
Zumbrota Care Center
433 Mill Street
Zumbrota, Mn 55992

Re: State Nursing Home Licensing Orders
Event ID: 1D885BH1

Dear Administrator:

The above facility survey was completed on November 26, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you

electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

**Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester MN, 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728**

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Compliance Analyst
Minnesota Department of Health
Health Regulation Division
Telephone: 651-201-4161
Email: joanne.simon@state.mn.us

cc: File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245376	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/02/2025
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NAME OF PROVIDER OR SUPPLIER Zumbrota Care Center	STREET ADDRESS, CITY, STATE, ZIP CODE 433 MILL STREET , ZUMBROTA, Minnesota, 55992
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>On 10/21/25 and 10/22/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H53765604C (2637794) with a deficiency issued at F689.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		12/03/2025
F0689 SS = D	<p>Free of Accident Hazards/Supervision/Devices</p> <p>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.</p> <p>The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and document review the facility failed to comprehensively assess sling/harness sizes according to manufacturer's instructions to ensure safe transfers for 2 of 2 residents (R1 and R4) who utilized mechanical lifts sit to stand lift and full body mechanical lifts for transfers.</p>	F0689	<p>Plan of correction: 2567</p> <p>Reviewed R1 transfer status, currently using Hoyer lift. Resident was remeasured per facility policy and manufacturer guidelines. Sling size and measurements updated in care plan/Kardex. Reviewed R4's transfer status, currently using EZ stand with 2 assist. remeasured residents and put in care plan/Kardex per facility policy and manufacturer guidelines.</p> <p>Reviewed all residents who use the EZ stand or Hoyer lift for transfers to ensure care plans/Kardex included measurements/sizes for residents, following policy guidelines and manufacture guidelines. This was completed on October 28th, 2025. Reviewed weights again on 12/4/25 for any changes. No changes were needed at this time.</p> <p>Education provided to nursing staff which included Ez way training, review of policies, Mechanical lift policy and Safe resident handling policy. On-going education will be provided to all nurses, NARs and</p>	12/04/2025

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 reverse for further 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245376	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER Zumbrota Care Center			STREET ADDRESS, CITY, STATE, ZIP CODE 433 MILL STREET , ZUMBROTA, Minnesota, 55992	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0689 SS = D	<p>Continued from page 1 Findings include:</p> <p>R1's significant change Minimum Data Set (MDS) dated 10/16/25, indicated R1's cognition was intact, with diagnoses of hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following a cerebral infarction (stroke), unspecified dementia, diabetes, history of falling, and seizure disorder. Further indicated an impairment in range of motion (ROM) on one side of upper and lower extremities and was dependent with transfers with use of mechanical lift.</p> <p>R1's care plan revised 3/28/25, identified a focus of activities of daily living (ADL)'s: R1 had an ADL self-care performance deficit related to hemiplegia. Goal revised 10/21/25, will maintain current level of function in ADLs through the review date. Intervention revised 10/15/25, directed staff to use a Hoyer lift for all transfers. R1 does not go from lying to sitting on the edge of the bed. R1's care plan did not identify the size of sling R1 required for transfers.</p> <p>R1's Therapy/Nursing Communication form dated 10/10/25, directed all staff to use "Hoyer" (brand of full body mechanical lift) with 2 staff assist for all transfers. The communication form did not identify the size of sling R1 required for lift transfers.</p> <p>R1's Mechanical Lift Assessment dated 10/16/25, identified R1 required the use of a Hoyer lift with total assist. R1's height was 65 inches and weight was 182.6 pounds. Identified R1 should use a large sized sling and that the care plan was updated. Although the assessment identified R1's height and weight it did not include the measurement of the maximum distance from resident's tailbone to base of neck and girth that is required by the manufacturer for appropriate sizing and safety.</p> <p>R1's Kardex (abbreviated care plan for direct care staff) printed 10/21/25, directed staff that R1 required Hoyer lift with assist of 2 staff. R1's kardex did not identify the size of sling R1 required for transfers.</p> <p>During an observation and interview on 10/21/25 at 1:24 p.m., R1 was seated in her chair watching television. R1 stated she now transferred with a Hoyer lift. R1 was unsure what color sling was used or what size it was. R1 stated the staff were aware of what sling size she needed to transfer using the lift.</p> <p>R4's quarterly MDS dated 9/25/25, indicated R4's</p>	F0689	<p>Continued from page 1 nurse managers upon hire, annually and as needed.</p> <p>Audit will be completed for care plan/Kardex initially for all residents who use EZ stand/Hoyer lifts, this will be completed by December 4, 2025. Monthly audits will occur after initial audit and will include Hoyer lift and EZ stand sling audit which includes, resident name, height, weight, torso measurement/girth, tailbone to base of neck measurement, sling size/color, if it is a new sized sling, care planned, Kardex, date completed and comments. Then completed monthly and with new admissions requiring EZ stand/Hoyer lift for transfers, significant weight loss/gain, and residents with a change of status.</p> <p>Results of the audits will be brought to QAPI for review and recommendations for ongoing monitoring.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245376	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER Zumbrota Care Center			STREET ADDRESS, CITY, STATE, ZIP CODE 433 MILL STREET , ZUMBROTA, Minnesota, 55992	
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F0689 SS = D	<p>Continued from page 2 cognition was intact, with diagnoses of traumatic subdural hemorrhage with loss of consciousness (a bleed that happens in the space between the brains outer covering and the brain itself caused by physical injury to the head), cerebral infarction (stroke), and history of falling. Further indicated an impairment in range of motion (ROM) on one side of upper and lower extremities and required substantial to maximal assist with mobility and transfers.</p> <p>R4's care plan revised 4/18/25, identified a focus of activities of daily living (ADL) self-care deficit related to ataxia following a cerebral infarction. Goal revised 8/8/25, will maintain current level of function in ADLs through the review date. Intervention revised 7/2/25, directed staff to use an EZ Stand (sit-to-stand mechanical lift) with transfers with assist of 1 staff. R4's care plan did not identify the size of harness that R4 required for transfers.</p> <p>R4's Hospice Plan of care, dated 6/18/25, identified R4 had intermittent confusion, expressive aphasia, right sided hemiparesis, was total assist with all cares and assist of 2 staff with EZ Stand for transfers. R4's hospice care plan did not identify the size of harness that R4 required for transfers.</p> <p>R4's Kardex printed 10/21/25, directed staff that R4 required EZ Stand with 1 staff assist for transfers. R4's Kardex did not identify the size of harness R4 required for transfers.</p> <p>In review of R4's record it was not evident a comprehensive assessment for mechanical lift and for harness size was completed.</p> <p>During an observation and interview on 10/22/25 at 10:22 a.m., R4 was lying in bed. R4 stated the staff used the EZ Stand to transfer her in and out of bed and was unaware of what size harness the staff used for her with transfers. Size medium harness was noted to be laying on the EZ Stand right outside of R4's room.</p> <p>During an interview on 10/25/25 at 10:37 a.m., nursing assistant (NA)-A reviewed R1 and R4's Kardex and stated it did not indicate what size sling/harness to use for transfers with R1's Hoyer lift and R4's sit to stand lift. NA-A stated there was usually a sling/harness in the resident's room to use for each resident and if she had questions on what size to use, she would just ask another aide. NA-A thought R1 would use a large sized sling and R4 would use a medium sized harness based on their weight.</p>	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245376	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER Zumbrota Care Center			STREET ADDRESS, CITY, STATE, ZIP CODE 433 MILL STREET , ZUMBROTA, Minnesota, 55992	
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F0689 SS = D	<p>Continued from page 3</p> <p>During an interview on 10/22/25 at 10:47 a.m., NA-B stated she knows what size sling/harness to use for each resident and was based on the resident's weight. NA-B further stated she would compare the resident's weight to the sling/harness chart the facility had hanging in the tub room. NA-B reviewed R1 and R4's kardex and stated it did not indicate what size sling/harness to use for transfers with R1's Hoyer lift and R4's sit to stand lift. NA-B reviewed the sling harness chart along with R4's current weight of 99 pounds and stated R4 could either be a small or medium sized harness but should probably be using a size small harness because she is so small on the top. NA-B further stated that the chart indicated the torso should be measured and was unsure where to find a torso measurement. NA-B stated for R1 we should be using a medium sized sling instead of a large.</p> <p>During an interview on 10/22/25 at 10:47 a.m., NA-C stated to determine the correct sized sling/harness for residents using a mechanical lift would be to compare their current weight to the sling/harness chart. NA-C reviewed R1 and R4's Kardex and stated it did not indicate what size sling/harness to use for transfers with R1's Hoyer lift and R4's sit to stand lift.</p> <p>During an interview on 10/22/25 at 11:30 a.m., assistant director of nursing (ADON) stated therapy will typically give recommendations to nursing for a resident who requires a mechanical transfer. Slings were used with the full body mechanical lift and harnesses were used with the sit to stand lifts. ADON reviewed R1 and R4's medical records and stated comprehensive sling/harness assessments for R1 or R4 have not been completed which was why their sling/harness sizes are not carried through to their care plans. ADON stated it would be important for the nursing assistants to have access to sling/harness sizes with mechanical lift transfers for resident safety.</p> <p>Requested facility policy and procedure for mechanical lift equipment and was not received.</p> <p>EZ Way Classic Lift operator's instructions, revised 5/5/25, identified... patient lifts and stands should only be operated by trained personnel, and a full patient assessment should be conducted to determine the appropriate accessory size and type prior to each use...</p> <p>EZ Way Classic Stand operators' instructions revised 4/11/25, identified... The Classic Stand® was designed specifically for toileting and changing briefs of patients. The Classic Stand® can also be used for</p>	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245376	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER Zumbrota Care Center			STREET ADDRESS, CITY, STATE, ZIP CODE 433 MILL STREET , ZUMBROTA, Minnesota, 55992	
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F0689 SS = D	<p>Continued from page 4 transferring the patient from chair, wheelchair, toilet or bed, and can be used for ambulation. As patients do vary in size, shape, weight and temperament, these conditions must be taken into consideration when deciding if the Classic Stand® is suitable for their needs. Patients should be able to bear some weight, have upper body strength and be able to follow simple commands. If a patient does not meet each of these three criteria, an EZ Way total body lift must be used...patient lifts and stands should only be operated by trained personnel, and a full patient assessment should be conducted to determine the appropriate accessory size and type prior to each use...</p> <p>Ez Way Sling Size Chart, revised 9/13/24, identified a sling color coding system based on weight of patient and maximum distance from patient's tailbone to base of the neck:</p> <p>Small: gray; 70-100 pounds; 21 inches</p> <p>Medium: beige; 90-220 pounds, 24 inches</p> <p>Large: burgundy; 190-320 pounds; 26 inches</p> <p>Extra-large: green; 280-450 pounds; 26 inches</p> <p>Extra extra large: 400 -600 pounds; black; 36 inches</p> <p>Extra extra extra large: brown; 600 + pounds 37 inches</p> <p>Note: The size/weight designations are merely estimates and basic guidelines. A proper fit will depend on factors other than weight measurements, including the height and girth of a patient. A proper fit will involve the judgment of the caregiver. It is important to evaluate the width of a patient in relation to the width of the sling. It is important that no portion of the patient overlap the sides of the sling. It is important that the base of the sling be positioned two inches below the tailbone and the top of the sling is parallel with the top of the shoulder line (base of neck). Note: Slings using Wipeable fabric use beige binding for all sizes and do not follow the color-coding system. Slings using antimicrobial fabric use silver binding for all sizes and do not follow the color-coding system.</p> <p>Ez Way Harness Size Chart, revised 9/13/24, identified a sling color coding system based on weight of patient and circumference of patient's torso where harness is applied:</p>	F0689		

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F0689 SS = D	Continued from page 5 Small: gray; 70-100 pounds; 26 to 38 inches Medium: beige; 90-220 pounds, 34 to 46 inches Large: burgundy; 190-320 pounds; 40 to 56 inches Extra-large: green; 280-450 pounds; 50 to 64 inches Extra extra large: 400 -600 pounds; black; 55 to 72 inches Extra extra extra large: brown; 600 + pounds; 65 + inches Note: The size/weight of designations are merely estimates and basic guidelines. A proper fit will involve the judgement of the caregiver. Color coding applies to the binding of the harnesses. Harnesses and accessories using Wipeable fabric use burgundy binding for all sizes and do not follow the color-coding system. Harnesses using antimicrobial fabric use silver binding for all sizes and do not follow the color-coding system.	F0689		

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 10/21/25 and 10/22/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	20000		12/03/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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20000	<p>Continued from page 1 The following complaints were reviewed. H53765604C (2637794) with a licensing order issued at 0830.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/inforbulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p>	20000		
20830	<p>Adequate and Proper Nursing Care; General</p> <p>CFR(s): MN Rule 4658.0520 Subp. 1</p> <p>Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the</p>	20830	<p>Reviewed R1 transfer status, currently using Hoyer lift. Resident was remeasured per facility policy and manufacturer guidelines. Sling size and measurements updated in care plan/Kardex. Reviewed R4's transfer status, currently using EZ stand with 2 assist. remeasurement residents and put in care plan/Kardex per facility policy and manufacturer guidelines.</p> <p>Reviewed all residents who use the EZ stand or Hoyer lift for transfers to ensure care plans/Kardex included measurements/sizes for residents, following policy guidelines and manufacture guidelines. This was</p>	12/04/2025

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20830	<p>Continued from page 2 resident must remain in bed or the resident prefers to remain in bed.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and document review the facility failed to comprehensively assess sling/harness sizes according to manufacturer's instructions to ensure safe transfers for 2 of 2 residents (R1 and R4) who utilized mechanical lifts sit to stand lift and full body mechanical lifts for transfers.</p> <p>Findings include:</p> <p>R1's significant change Minimum Data Set (MDS) dated 10/16/25, indicated R1's cognition was intact, with diagnoses of hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following a cerebral infarction (stroke), unspecified dementia, diabetes, history of falling, and seizure disorder. Further indicated an impairment in range of motion (ROM) on one side of upper and lower extremities and was dependent with transfers with use of mechanical lift.</p> <p>R1's care plan revised 3/28/25, identified a focus of activities of daily living (ADL)'s: R1 had an ADL self-care performance deficit related to hemiplegia. Goal revised 10/21/25, will maintain current level of function in ADLs through the review date. Intervention revised 10/15/25, directed staff to use a Hoyer lift for all transfers. R1 does not go from lying to sitting on the edge of the bed. R1's care plan did not identify the size of sling R1 required for transfers.</p> <p>R1's Therapy/Nursing Communication form dated 10/10/25, directed all staff to use "Hoyer" (brand of full body mechanical lift) with 2 staff assist for all transfers. The communication form did not identify the size of sling R1 required for lift transfers.</p> <p>R1's Mechanical Lift Assessment dated 10/16/25, identified R1 required the use of a Hoyer lift with total assist. R1's height was 65 inches and weight was 182.6 pounds. Identified R1 should use a large sized sling and that the care plan was updated. Although the assessment identified R1's height and weight it did not include the measurement of the maximum distance from resident's tailbone to base of neck and girth that is required by the manufacturer for appropriate sizing and safety.</p> <p>R1's Kardex (abbreviated care plan for direct care staff) printed 10/21/25, directed staff that R1</p>	20830	<p>Continued from page 2 completed on October 28th, 2025. Reviewed weights again on 12/4/25 for any changes. No changes were needed at this time.</p> <p>Education provided to nursing staff which included Ez way training, review of policies, Mechanical lift policy and Safe resident handling policy. On-going education will be provided to all nurses, NARs and nurse managers upon hire, annually and as needed.</p> <p>Audit will be completed for care plan/Kardex initially for all residents who use EZ stand/Hoyer lifts, this will be completed by December 4, 2025. Monthly audits will occur after initial audit and will include Hoyer lift and EZ stand sling audit which includes, resident name, height, weight, torso measurement/girth, tailbone to base of neck measurement, sling size/color, if it is a new sized sling, care planned, Kardex, date completed and comments. Then completed monthly and with new admissions requiring EZ stand/Hoyer lift for transfers, significant weight loss/gain, and residents with a change of status.</p> <p>Results of the audits will be brought to QAPI for review and recommendations for ongoing monitoring.</p>	

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20830	<p>Continued from page 3 required Hoyer lift with assist of 2 staff. R1's kardex did not identify the size of sling R1 required for transfers.</p> <p>During an observation and interview on 10/21/25 at 1:24 p.m., R1 was seated in her chair watching television. R1 stated she now transferred with a Hoyer lift. R1 was unsure what color sling was used or what size it was. R1 stated the staff were aware of what sling size she needed to transfer using the lift.</p> <p>R4's quarterly MDS dated 9/25/25, indicated R4's cognition was intact, with diagnoses of traumatic subdural hemorrhage with loss of consciousness (a bleed that happens in the space between the brains outer covering and the brain itself caused by physical injury to the head), cerebral infarction (stroke), and history of falling. Further indicated an impairment in range of motion (ROM) on one side of upper and lower extremities and required substantial to maximal assist with mobility and transfers.</p> <p>R4's care plan revised 4/18/25, identified a focus of activities of daily living (ADL) self-care deficit related to ataxia following a cerebral infarction. Goal revised 8/8/25, will maintain current level of function in ADLs through the review date. Intervention revised 7/2/25, directed staff to use an EZ Stand (sit-to-stand mechanical lift) with transfers with assist of 1 staff. R4's care plan did not identify the size of harness that R4 required for transfers.</p> <p>R4's Hospice Plan of care, dated 6/18/25, identified R4 had intermittent confusion, expressive aphasia, right sided hemiparesis, was total assist with all cares and assist of 2 staff with EZ Stand for transfers. R4's hospice care plan did not identify the size of harness that R4 required for transfers.</p> <p>R4's Kardex printed 10/21/25, directed staff that R4 required EZ Stand with 1 staff assist for transfers. R4's Kardex did not identify the size of harness R4 required for transfers.</p> <p>In review of R4's record it was not evident a comprehensive assessment for mechanical lift and for harness size was completed.</p> <p>During an observation and interview on 10/22/25 at 10:22 a.m., R4 was lying in bed. R4 stated the staff used the EZ Stand to transfer her in and out of bed and was unaware of what size harness the staff used for her with transfers. Size medium harness was noted to be laying on the EZ Stand right outside of R4's room.</p>	20830		

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20830	<p>Continued from page 4</p> <p>During an interview on 10/25/25 at 10:37 a.m., nursing assistant (NA)-A reviewed R1 and R4's Kardex and stated it did not indicate what size sling/harness to use for transfers with R1's Hoyer lift and R4's sit to stand lift. NA-A stated there was usually a sling/harness in the resident's room to use for each resident and if she had questions on what size to use, she would just ask another aide. NA-A thought R1 would use a large sized sling and R4 would use a medium sized harness based on their weight.</p> <p>During an interview on 10/22/25 at 10:47 a.m., NA-B stated she knows what size sling/harness to use for each resident and was based on the resident's weight. NA-B further stated she would compare the resident's weight to the sling/harness chart the facility had hanging in the tub room. NA-B reviewed R1 and R4's kardex and stated it did not indicate what size sling/harness to use for transfers with R1's Hoyer lift and R4's sit to stand lift. NA-B reviewed the sling harness chart along with R4's current weight of 99 pounds and stated R4 could either be a small or medium sized harness but should probably be using a size small harness because she is so small on the top. NA-B further stated that the chart indicated the torso should be measured and was unsure where to find a torso measurement. NA-B stated for R1 we should be using a medium sized sling instead of a large.</p> <p>During an interview on 10/22/25 at 10:47 a.m., NA-C stated to determine the correct sized sling/harness for residents using a mechanical lift would be to compare their current weight to the sling/harness chart. NA-C reviewed R1 and R4's Kardex and stated it did not indicate what size sling/harness to use for transfers with R1's Hoyer lift and R4's sit to stand lift.</p> <p>During an interview on 10/22/25 at 11:30 a.m., assistant director of nursing (ADON) stated therapy will typically give recommendations to nursing for a resident who requires a mechanical transfer. Slings were used with the full body mechanical lift and harnesses were used with the sit to stand lifts. ADON reviewed R1 and R4's medical records and stated comprehensive sling/harness assessments for R1 or R4 have not been completed which was why their sling/harness sizes are not carried through to their care plans. ADON stated it would be important for the nursing assistants to have access to sling/harness sizes with mechanical lift transfers for resident safety.</p> <p>Requested facility policy and procedure for mechanical</p>	20830		

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20830	<p>Continued from page 5 lift equipment and was not received.</p> <p>EZ Way Classic Lift operator's instructions, revised 5/5/25, identified...patient lifts and stands should only be operated by trained personnel, and a full patient assessment should be conducted to determine the appropriate accessory size and type prior to each use...</p> <p>EZ Way Classic Stand operators' instructions revised 4/11/25, identified... The Classic Stand® was designed specifically for toileting and changing briefs of patients. The Classic Stand® can also be used for transferring the patient from chair, wheelchair, toilet or bed, and can be used for ambulation. As patients do vary in size, shape, weight and temperament, these conditions must be taken into consideration when deciding if the Classic Stand® is suitable for their needs. Patients should be able to bear some weight, have upper body strength and be able to follow simple commands. If a patient does not meet each of these three criteria, an EZ Way total body lift must be used...patient lifts and stands should only be operated by trained personnel, and a full patient assessment should be conducted to determine the appropriate accessory size and type prior to each use...</p> <p>Ez Way Sling Size Chart, revised 9/13/24, identified a sling color coding system based on weight of patient and maximum distance from patient's tailbone to base of the neck:</p> <p>Small: gray; 70-100 pounds; 21 inches</p> <p>Medium: beige; 90-220 pounds, 24 inches</p> <p>Large: burgundy; 190-320 pounds; 26 inches</p> <p>Extra-large: green; 280-450 pounds; 26 inches</p> <p>Extra extra large: 400 -600 pounds; black; 36 inches</p> <p>Extra extra extra large: brown; 600 + pounds 37 inches</p> <p>Note: The size/weight designations are merely estimates and basic guidelines. A proper fit will depend on factors other than weight measurements, including the height and girth of a patient. A proper fit will involve the judgment of the caregiver. It is important to evaluate the width of a patient in relation to the width of the sling. It is important that no portion of the patient overlap the sides of the sling. It is important that the base of the sling be positioned two inches below the tailbone and the top of the sling is</p>	20830		

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20830	<p>Continued from page 6 parallel with the top of the shoulder line (base of neck). Note: Slings using Wipeable fabric use beige binding for all sizes and do not follow the color-coding system. Slings using antimicrobial fabric use silver binding for all sizes and do not follow the color-coding system.</p> <p>Ez Way Harness Size Chart, revised 9/13/24, identified a sling color coding system based on weight of patient and circumference of patient's torso where harness is applied:</p> <p>Small: gray; 70-100 pounds; 26 to 38 inches</p> <p>Medium: beige; 90-220 pounds, 34 to 46 inches</p> <p>Large: burgundy; 190-320 pounds; 40 to 56 inches</p> <p>Extra-large: green; 280-450 pounds; 50 to 64 inches</p> <p>Extra extra large: 400 -600 pounds; black; 55 to 72 inches</p> <p>Extra extra extra large: brown; 600 + pounds; 65 + inches</p> <p>Note: The size/weight of designations are merely estimates and basic guidelines. A proper fit will involve the judgement of the caregiver. Color coding applies to the binding of the harnesses. Harnesses and accessories using Wipeable fabric use burgundy binding for all sizes and do not follow the color-coding system. Harnesses using antimicrobial fabric use silver binding for all sizes and do not follow the color-coding system.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, could review/revise policies and procedures related to mechanical lift sling/harness transfers to assure a comprehensive assessment is completed and ensuring sling/harness size interventions are being implemented to the care plan. They could re-educate staff on the policies and procedures. A system for evaluating and monitoring consistent implementation of these policies could be developed, with the results of these audits being brought to the facility's Quality Assurance Committee for review.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	20830		