

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Minneapolis Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 N Rothsay Street Minneapolis, KS 67467	

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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>The facility had a census of 44 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to provide the services of a full-time certified dietary manager for the 44 residents who resided in the facility and received their meals from the kitchen. This placed the residents at risk for inadequate nutrition.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 05/14/25 at 07:35 AM, observation revealed that dietary staff in the kitchen prepared the breakfast meal. On 05/14/25 at 09:00 AM, Dietary Staff BB verified she was not a certified dietary manager and stated she had completed the course and needed to take the test to become certified. Dietary Staff BB stated the facility had two residents with a pureed diet. On 05/16/24 at 01:00 PM, Administrative Staff A verified Dietary Staff BB was not certified. <p>The facility's Director of Food and Nutrition Services dated 2017, documented that the director of food and nutrition services would be responsible for the safe, sanitary, economical, and nutritional operation of the food and nutrition service department. The policy documented the director would be qualified according to the position's job description and guidelines put forth by the agency that regulates the facility. The director of food and nutrition services or designee would be considered the immediate supervisor of the cooks/chefs and other food and nutrition services staff. Support staff work under the supervision of the registered dietician nutritionist.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>The facility had a census of 44 residents. Based on observation, interview, and record review, the facility failed to prepare and serve food in a sanitary manner when dietary staff did not complete hair coverage with the hairnet and beard cover. This deficient practice placed the residents of the facility who received meals from the facility at risk for foodborne illness.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 05/12/25 at 07:35 AM, observation revealed dietary staff in the facility kitchen preparing and serving breakfast to the residents. Dietary Staff (DS) CC wore a beard net but did not cover his sideburns or mustache and had a hair net that did not cover the back of his hair. <p>On 05/13/25 at 11:20 AM, observation in the facility kitchen revealed DS CC prepared food without covering his sideburns or mustache, and his hairnet stopped at the back of his head. Approximately one inch of hair at the back of his head was uncovered. Further observation revealed DS CC had long, full sideburns in front of his ears to his jawline, and his mustache which were not covered with a beard net while he prepared drinks and desserts for the residents. DS CC hairnet he wore on his head did not contain the hair at the lower backside of his head.</p> <p>On 05/14/25 at 10:00 AM, DS BB stated staff were to wear hairnets, cover beards, and have thorough hair coverage including mustaches and sideburns with a beard net.</p> <p>The facility's Food Safety and Sanitization policy, dated 2017, documented all local, state, and federal standards and regulations would be followed to ensure a safe and sanitary department of food and nutrition services. The policy documented all staff would be in good health, would have clean personal habits, and would use safe food handling practices. Employees were required to have their hair styled so that it did not touch the collar, and wear clean aprons, clothes, shoes, and hair restraints were required and should cover all hair on the head. [NAME] nets were required when facial hair was visible.</p>		