STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 record review, the facility failed to ensure food stored in the refrigerator were labeled, dated and free of expired foods. This deficient practice had the potential to affect all residents, staff and visitors who received food from facility kitchen.Findings include: During the initial kitchen tour on 3/9/26 at 10:34 a.m., cook (C)-A greeted surveyor inside the kitchen. The following items were observed in the fridge expired and undated food:-Sliced Ham, expired on 3/2/26-no date on lettuce, browning and wilting Additionally, the following items were observed in the freezer:-box of food sitting directly on the freezer floor-box on top shelf of freezer touching freezer fan blade During the follow up kitchen tour on 3/12/26 at 12:25 p.m., district manager (DM) stated the expired sliced ham, and undated lettuce had been thrown out. DM confirmed the box on the floor of the freezer had been placed on a shelf. DM confirmed the box touching the freezer fan blade had been pushed back away from the fan blade. DM stated undated items should be thrown out immediately and foods in the fridge longer than 3 days should be thrown out. DM stated it is important to use expiration dates to ensure palatability and to prevent food borne illnesses. DM stated it is important to keep food boxes correctly place to ensure freezer equipment continues to work as intended. A facility policy was requested and not received.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interviews, and document review, the facility failed to provide a home like dining experience in 2 dining rooms when meals were left served to residents on a plastic food tray.Findings include:During an observation on 3/9/26 at 12:44p.m., of the 3rd floor dining room, lunch trays were brought up in a cart, the staff passed out the trays and left food items on plastic trays in front of residents.During an observation on 3/9/26 at 6:03p.m., of the 2nd floor dining room, dinner trays were brought up in a cart, the staff passed out the trays and left food items on plastic trays in front of the residents.During observation on 3/10/26 at 12:33 p.m., of the 3rd floor dining room, lunch trays were brought up in a cart, the staff passed out the trays to the residents and left food items on the plastic trays.During observation on 3/11/26 at 8:48 a.m., of the 3rd floor dining room, breakfast trays were brought up in a cart, staff passed out the trays and left food items on the plastic trays in front of the residents.During an interview on 3/10/26 at 1:15p.m. licensed practical nurse (LPN)-A stated the residents had always been served their food on the trays and placed in front of them.During interview on 3/11/26 at 9:00a.m., certified nursing assistant (can)-F stated the residents had always had their food served on trays and placed in front of them.During interview on 3/11/26 at 10:00 a.m., R40 stated he would like the meals served on time, and not on trays and added it was not home.During interview on 3/11/26 at 11:00a.m., R45 stated feeling like the dining experience was being in school in a juvenile setting when the food is set in from of us on trays during mealtime. In addition, the staff place the hot foods next to the cold foods on the tray. R45 indicated asking staff to separate the food.A policy entitled, Serving a Meal dated 3/23, included to serve nutritional meals that met the needs of the residents. Additionally, arrange the dishes and silverware so the residents can reach them easily. It was often helpful to take dishes off tray.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to comprehensively assess transfers with a mechanical lift or develop and implement policies to ensure safety and supervision for 7 of 7 residents (R6, R36, R2, R8, R51, R60, R62) reviewed for accidents. Additionally, the facility failed to identify fall risk resulting in two falls for 1 of 1 resident (R77) reviewed for repeated falls.Findings include: R6's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified severely impaired cognition and required maximal assistance for mobility. R6's diagnoses included Parkinson's, dementia, major depressive disorder and lack of coordination. R6's care plan (CP) created on 9/14/24, identified mobility was an area of concern, indicated was not ambulatory and needed transfer assistance of 2 and mechanical lift (EZ stand). Furthermore, the CP identified an area of concern, indicated was at risk for falls due to dementia, impaired coordination and mobility, medications, impulsiveness and safety awareness. R36's MDS comprehensive assessment dated [DATE], identified moderate cognitive impairment and left sided weakness in upper and lower extremities. R36's diagnoses included dementia, hemiplegia (left side affected), and congestive heart failure. R36's care plan created on 3/14/24, identified mobility was an area of concern, indicated transfers with assist of 2 and (sit to stand lift) EZ stand. Furthermore, the care plan identified was at risk of falls due to impaired mobility, left side weakness and dementia. R2's MDS quarterly assessment dated [DATE], identified severely impaired cognition and dependent mobility. R2's diagnoses included anxiety, dementia and cardiorespiratory issues. R2's care plan revised on 10/27/25, identified activities of daily living was an area of concern related to mobility status and dementia. The care plan indicated transfers with the assistance of two and EZ stand lift for all transfers. Furthermore, the care plan identified was at risk for falls due to impaired mobility, dementia and medications. R8's MDS quarterly assessment dated [DATE], identified severely impaired cognition and substantial/maximal assistance with transfers. R8's diagnoses included non-traumatic brain dysfunction, dementia and seizure disorder. R8's care plan was created on 6/4/23, identified activities of daily living were an area of concern, due to dementia, leg pain, decrease mobility and resistance to assistance. Perform cares in pairs, transfer with assist of 2 and an EZ stand. R51's MDS quarterly assessment dated [DATE], identified severely impaired cognition and dependent on all areas of mobility. R51's diagnoses included atrial fibrillation, type II diabetes, depression and dementia. R51's care plan created on 3/8/23, identified activities of daily living were an area of concern, due to weakness, stroke and cognitive impairment. Assist of two and EZ stand with transfers. Furthermore, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	identified falls were an area of concern, due to weakness, dementia and cognitive deficits. R60's MDS quarterly assessment dated [DATE], identified severely impaired cognition and dependent on all areas of mobility. R60's diagnoses included dementia, psychotic and mood disturbances and anxiety. R60's care plan revision on 10/7/24, identified activities of daily living was an area of concern, due to the disease process of Alzheimer's. Transfer with assistance of two and EZ stand. Furthermore, an area of concern was at risk for falls due to being unaware of safety needs and history of falls. R62's MDS comprehensive assessment on 2/20/26, identified severely impaired cognition and dependent on mobility. R62's diagnoses included osteoporosis, hemiplegia and dementia. R62's care plan revision on 6/9/25, identified activities of daily living was an area of concern, due to disease process, physical limitations, cognitive losses with spastic hemiplegia. Transfer assist of two and sit to stand lift. Furthermore, an area of concern was at risk for falls related to cognition, unaware of safety needs, incontinence, history of traumatic brain injury and cerebral vascular accident with spastic hemiplegia (type of cerebral palsy that affected one side of body, muscle weakness and stiffness). During observation on 3/10/26 at 11:02 a.m., R6 was in room, sitting in wheelchair repeating the word, help. Registered nurse (RN)-D-went into room and asked if R6 needed anything. RN-D wheeled R6 to shower room. Nursing assistant (NA)-F and NA-G hooked up the sling to EZ stand, elevated R6, moved the stand over the toilet lowered her down at 11:13 a.m. Staff left R6 attached to the stand and staff left room. At 11:17a.m., the staff returned to the shower room. There was a large amount of urine on the floor, the EZ stand and R6. RN-D left and returned with clean bottoms and socks, while NA-G and NA-F cleaned the floor, EZ stand, and R6. During observation on 3/12/26 at 2:30 p.m., R2 was wheeled into shower room, hooked up to the EZ stand by NA-I and NA-H elevated and brought to toilet and lowered her down, remained hooked up to EZ stand on the toilet. NA-I stayed with resident except when she left to go find assistance, for approximately 2 minutes. The staff provided cares and transferred her back into wheelchair. During interview on 3/12/26 at 11:28 a.m., NA-J stated residents that use the EZ stand for transfers to the toilet were brought into the shower room, since the bathrooms in their rooms were too small to use. She stated the process for EZ stand was to explain to resident what was happening, as cares were being provided. The EZ stand remained connected to the resident on the toilet because it was safer, kept the resident from falling forward. It was common practice for staff not to stay in shower room with resident. During interview on 3/12/26 at 12:35 p.m., RN-D stated the process for using the EZ stand was to have two staff members when doing transfers. The residents remained hooked in sling connected to EZ stand while on the toilet. The residents were left alone in the shower room. During interview on 3/12/26 at 1:54 p.m., physical therapist assistant (PTA)-A stated it was not acceptable for residents to be hooked up to the EZ stand and left alone. There was an assessment for safety of being left alone on the toilet and the resident had to be independent. However, the residents that used the EZ stand on that floor needed continuous supervision. The EZ stand should be removed while resident is on the toilet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview on 3/12/26 at 4:38p.m., director of nursing (DON) stated the expectations for use of shower room to toilet residents with the use of the EZ stand was to follow the transfer status lift, it required two staff members, hook up the resident, position properly and safely, bring them as close to the toilet as possible and lower. The EZ stand remained attached to the resident while using the toilet. A staff member needed to be in the line of sight of resident. DON stated he was not aware that staff were leaving residents unattended and hooked up to the EZ stand while in the shower room. The manual for the Drive EZ Sit to Stand lift indicated: How to transfer the Patient to the desired surface 1.Have the wheelchair, bed or commode ready: If transfer the patient to a commode, position the patient over the commode. 2. Press the (M1) DOWN button and lower the patient onto the desired surface. 3. Lock the rear swivel casters of lift. 4. Unhook the sling from all attachment points on the lift. 5. Instruct the patient to lift their feet off the footplate. 6. Remove the sling from around the patient. 7. Pull the lift away from the wheelchair, bed or commode. The policy Safe Resident Handling/Transfers dated 2023 stated: It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks of injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. Staff will perform mechanical lifts/transfers according to the manufacturer's instructions for use of the device. Staff members are expected to maintain compliance with safe handling/transfer practices. R77: R77's admission Minimum Data Set (MDS) was not available at time of survey. A facility document title Nursing-Admissions/readmission Observation dated 3/5/26, noted R77 was alert and oriented to person, place, time, and situation. R77's cognition was intact. R77 requires transfer assistance, assistance with activities of daily living (ADL), and assistance managing new colostomy. R77's diagnoses included intestinal obstruction requiring a new colostomy (a surgical procedure that creates an opening (stoma) in the abdomen, allowing stool to exit the body when the colon cannot function normally), Parkinson's, urinary retention, and generalized muscle weakness. R77 was admitted to the facility on [DATE] at approximately 2:00 p.m. R77's baseline care plan dated 3/6/26 contained only information about resident socialization and activities. The baseline care plan lacked information about fall risk, how to minimize falls, how to minimize injuries related to falls, and resident-specific fall interventions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R77's electronic medical record (EMR) lacked a fall assessment. Review of R77's progress notes revealed: -Fall 3/8/26 at 11:09 p.m. R77 was found sitting up on the floor with his back against the bed, legs extended, with grippy socks. R77 sustained a bruise on his left buttock. Resident stated he was reaching for his urinal. -Fall 3/8/26 at 8:32 a.m. R77 was found on the floor between his bed and the bathroom door. No injuries were noted. Resident stated he was trying to get to bathroom. During an observation on 3/9/26 at 2:09 p.m., R77 was in his wheelchair in his room, stated he wanted to get up and needed help with his ostomy. R77's roommate encouraged him to wait for staff assistance. R77 kept stating he needed to get up and use the restroom and get this thing in his abdomen taken care of. During an observation on 3/9/26 at 2:11 p.m., nursing assistant (NA)-A entered R77's room to assist resident to the bathroom and change his clothing. R77 stood up with assistance from NA-A and appeared unsteady on his feet. During an interview on 3/9/26 at 3:07 p.m., NA-A stated each resident should have a Kardex (documentation system that enables nurses to write, organize, and freely reference key resident data). However, NA-A stated R77 did not have a completed Kardex. NA-A stated if a resident didn't have a Kardex, they would get information about a resident during shift change report. NA-A was unable to verbalize the information that was given about R77 during shift change report. Additionally, NA-A could only state R77 required assistance with ambulation but could not state how R77 ambulated. NA-A couldn't state whether R77 was a fall risk or if he had any fall interventions. During an interview on 3/9/26 at 3:10 p.m., NA-B stated R77 did not have a Kardex yet. NA-B stated she would look at R77's care plan since he didn't have a Kardex. NA-B stated she was unsure if R77 was a fall risk since he didn't have a care plan. NA-B couldn't state any resident-specific fall interventions for R77. During an interview on 3/10/26 at 10:37 a.m., licensed practical nurse (LPN)-A stated each resident should have a Kardex and a care plan indicating if they are a fall risk and what interventions work to prevent falls. LPN-A confirmed R77 did not have a Kardex or a resident-specific fall care plan. LPN-A confirmed R77 had fallen twice in less than 12 hours. LPN-A stated it is important to have both a Kardex and fall care plan because staff need to know how to care for each resident and prevent injuries if the resident falls. During an interview on 3/10/26 at 10:41 a.m., director of nursing (DON) stated the resident was admitted to the facility in the afternoon on 3/5/26. The DON stated the resident should have a completed baseline care plan completed in the first 48 hours after admission. The DON stated the baseline care plan should contain information about fall risk, how to prevent falls, and resident-specific interventions to prevent falls. The DON confirmed that the R77 did not have a Kardex, and the baseline care plan had not been completed within 48 hours after admission. The DON confirmed R77's falls were due to him reaching for something. The DON stated R77 should have a care plan entry for fall risk with resident specific interventions to include bed in lowest position, appropriate footwear, and commonly used items within reach. The DON stated it is important to have (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a completed Kardex and fall care plan to ensure residents are safe. A facility policy titled Fall Prevention Program dated 11/2025, each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to dispose of discontinued, expired, and discharged residents' medications. This had the potential to affect any resident who received medication from all facility medication rooms.Findings include:On [DATE] 10:00 a.m., 1st floor medication storage had 23-40 medication cards from discharged residents awaiting destruction and several bottles of over-the-counter expired bottles awaiting disposal. Registered nurse (RN)-B confirmed the medications on the counter were awaiting destruction and was unsure of the process of medication destruction. RN-B stated, the nurse manager took care of it, and we do not have one right now.The 1st floor med room storage had the following current resident medications awaiting destruction.R 81-Flomax capsule 0.4mg (Tamsulosin HCL) Take 0.4 milligrams (mg) by mouth daily-Inderal LA oral capsule Extended Release 24 hours (Propranolol HCL), Take 1 cap my mouth in the evening.- Lipitor oral tablet (Atorvastatin Calcium), take 10 mg by mouth at bedtime-Synthroid Oral tablet (levothyroxine Sodium), take 112 micrograms (mcg) by mouth in the morning.-Venlafaxine HCL ER oral capsule extended release 24 hours (venlafaxine HCL), take 37.5 mg by mouth one time a day every other day-Zyloprim oral tablet (Allopurinol), take 300 mg by mouth one time a day.-Methocarbamol oral tablet, Take 1000 mg by mouth 4 times a day.-Allegra Allergy oral tablet (Fexofenadine HCL), take 180 mg by mouth every 24 hours as needed.R15- Allegra Allergy oral tablet (Fexofenadine HCL), take 180 mg by mouth on time a day-Crestor oral tablet (Rosuvastatin Calcium), take 10 mg by mouth at bedtime.-Lasix oral tablet (Furosemide) take 40 mg by mouth one time a day.-Rozerem oral tablet (Ramelteon), take 8 mg by mouth at bedtime.- Synthroid Oral tablet (levothyroxine Sodium), take 125 mcg by mouth in the morning.-Lopressor oral tablet (Metoprolol Tartate) Take 12.5 mg by mouth 2 times a day-Omeprazole oral tablet, take 20 mg by mouth 2 times a day.- Zyloprim oral tablet (Allopurinol), take 100 mg by mouth 2 times a day.- Neurontin oral capsule (Gabapentin), take 300 mg by mouth 3 times a day.Tegretol oral tablet (carbamazepine), take 200 mg by mouth 4 times a day.-Benzonatate oral capsule, take 100 mg by mouth every 4 hours as needed for cough-Carafate oral tablet 1 gram, take 1 gram by mouth as needed 2 times a day as needed.-Melatonin Oral tablet, give 6 mg by mouth at bedtime as needed.-Ondansetron HCL oral tablet, take 1 mg by mouth every 8 hours as needed.On [DATE] 10:42 a.m., the 2nd floor medication storage room had 6 medications on the counter. Licensed practical nurse (LPN)-A acknowledged the 6 medication cards were from discontinued medications orders and discharged residents. LPN-A stated was unsure of the medication destruction process and stated that the night shift was responsible for medications destruction.The 2nd floor medication storage room had 6 medication cards belonging to R42 and R52 awaiting destruction.During observation on [DATE] at 11:51 a.m., registered nurse, (RN)-F, RN-F confirmed, medication cards kept on the counter were from discontinued orders, and discharged patients awaiting destruction. RN-F was unsure of facility medication destruction process and who was responsible for medication destruction.The 3rd floor medication room storage had following current resident medications awaiting destruction.R48-Atorvastatin 10 mg 1 tab started, 2/26R78-Escitalopram 20 mg, started [DATE]-Metoprolol 25 mg, 3 cards-Bupropion hcl 159 mg, tab started [DATE]R30-Clindamycin 150 mg caps started [DATE]--Torsemide 20 mg 2 tabs daily for 3 days then continue 1 tab dailyR2-Hyoscyamine 0.125 mg tab, started [DATE]R13- Ondansetron hcl 4 mg tab, started [DATE]R6-Famotidine 20mg, give 1 tabletR51- Eliquis 5 mg, give 1 tablet by mouth twice a dailyR34-Trazodone 50-gram tablet, give 1.2 tablet by mouth at bedtime as needed sleepR13-Sertraline 25 mg, give 1 tablet by mouth daily take with 50 mg for total dose of 75 mgR22-Ondansetron 4 mg tablet, give one tablet by mouth every 8 hrs. as needed for up to 7 daysR6Benzonatate 100 mg capsule, give one capsule by mouth three times daily as neededR78-Quetiapine 25 mg, give 1.2 tablet by bedtimeR31-Iprat-albut 0.5 (2.5) mg/3ml inhale 3mL (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	vial ben three times daily for SOB.R62-Paxlovid 300-100mg doseR80- Cyanocobalamin 1000mcg/ml inject 1 milliliter (ml) intramuscular (IM) weeklyIt also contained 1 bottle of OTC acetaminophen 325 mg open [DATE] exp on bottle 2/2026, 1 bottle of aspirin over the counter 81 mg, expired [DATE], and 1 canister of inhaler -Formoterol Fumarate 20mcg/2ml.During an interview on [DATE] at 1:34p.m., the director of nursing (DON) stated, medication destruction was to be completed by 2 nurses, 1 nurse logged the medications, and the 2nd nurse completed the destruction by disposing of the tablets in a Stericycle water activated solution. DON expected medications destruction to be completed as soon as possible. During an interview with the facility pharmacist on [DATE] at 2:34 p.m., pharmacist reported being unfamiliar with the current medication destruction process for the facility and advised to refer to the facility policy.A policy for medication storage was requested but not received prior to the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview, and record review, the facility failed to ensure residents were assessed to self-administer medications for 1 of 1 resident (R4) reviewed for self-administration of medication (SAM).Findings include: R4's quarterly Minimum Data Set (MDS) assessment, dated 2/23/26 indicated R4 was cognitively intact, had no upper body impairment, was independent with personal hygiene, and required set-up to supervision for upper and lower body dressing.R4's diagnoses list included diabetes, end-stage kidney disease, heart failure, and morbid obesity. R4's self-administration care plan dated 11/20/25 lacked self-administration of nystatin powder (medication used to treat fungal infections). R4's provider orders included: Nystatin powder 1 application to affected areas under right breast and skin folds topically twice a day and as needed.R4's medical record lacked a self-administration assessment for applying Nystatin powder. During observation and interview on 3/10/26 at 3:45 p.m., R4 stated she keeps her nystatin powder locked up in the canvas bag located on her bed. During interview on 3/11/26 at 9:43 a.m., licensed practical nurse (LPN)-A stated R4 administers own injections and completes blood sugar check with nursing supervision and performs her own vitals. LPN-A stated R4 refuses the nystatin powder however it is kept in the medication cart. LPN-A looked in the medication and treatment cart however could not find R4's nystatin powder. During observation and interview on 3/11/25 at 10:12 a.m., R4 indicated she puts the nystatin powder on herself twice a day. R4 stated she feels the area under her abdomen has improved however confirmed she is unable to see what the area looks like. R4 opened the locked canvas bag on her bed that contained a bottle of nystatin powder dated November of 2025. R4 stated she likes that particular bottle because it is easier to use. When she runs out, she has the nursing staff order a new bottle and dump the contents of the new bottle into the bottle she likes. R4 stated the nurses do not offer to put the nystatin powder on. During observation and interview on 3/11/26 at 11:05 a.m., LPN-A arrived to perform R4's dressing change. After the dressing change, LPN-A asked permission to wash under R4's abdominal folds and apply the nystatin powder. R4 stated then I'll have to unlock my bag and proceeded to unlock her canvas bag and hand the nystatin powder to LPN-A. LPN-A then washed and dried under R4's abdomen, applied the nystatin powder, and handed the powder back to R4 to lock in her bag. After leaving the room, LPN-A stated R4 has never allowed her to wash the area or apply the nystatin powder. When asked if R4 keeps the nystatin powder in her room, LPN-A stated I'm going to say yes since I couldn't find it in the cart. LPN-A stated residents who want to self-administer a medication are assessed for it and have to have something in the orders or care plan. LPN-A stated she has never done a self-administration assessment for R4. During an interview on 3/11/26 at 3:18 p.m., registered nurse (RN)-A stated a self-administration assessment is performed to determine a resident is able to safely administer medications. The assessment involves resident's ability to identify what the medication is, what it is for, and the correct dosage. Residents also must be able to demonstrate safe storage of the medication and have the manual dexterity to administer the medication safely. When the assessment is completed the nursing staff, director of nursing, and nurse practitioner meet to discuss if self-administration is appropriate. If the resident is deemed appropriate, the medical provider or nurse practitioner will sign off allow the resident to administer the medication. RN-A stated there was a time R4 was able to administer a lot of the prescribed medications however the facility has dialed back what R4 is allowed to do as they were finding oral medications on the floor. Currently R4 is able to check blood sugar and administer some injectable medications with staff set up and supervision as well as independently administer inhaled medications. RN-A verified R4 did not have a self-administration assessment completed for the nystatin powder. During an interview on 3/12/26 at 9:31 a.m., the director of nursing stated self-administration assessments are required to determine if a resident is able to determine the purpose of safely administering, and store medications. A policy titled Resident Self-Administration of Medication revised January 2026 indicated A resident may only (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to update the provider timely of ordered medication refusals for 2 of 2 residents (R4, R44) reviewed for medication administration. Findings include: R4: R4's face sheet indicates R4 was readmitted to the facility on [DATE] after a 12-day hospital stay for a below the knee amputation. R4's quarterly Minimum Data Set (MDS) assessment, dated 2/23/26, indicated R4 was cognitively intact, had no upper body impairment, was independent with personal hygiene, and required set-up to supervision for upper and lower body dressing. R4's diagnoses list included diabetes, end-stage kidney disease, heart failure, and morbid obesity. R4's care plan indicated R4 is resistive/noncompliant with treatments/cares related to manipulative behaviors, loss of independence and control with a goal of understanding the consequences of refusal/noncompliance. R4's provider orders dated 11/18/25 indicated: Nystatin powder (medication used to treat fungal infections) 1 application to affected areas under right breast and skin folds topically twice a day and as needed. R4's medication administration record (MAR) indicated the following refusals of the Nystatin powder: Nov. 2025: 21 of 26 possible administrations Dec. 2025: 54 of 62 possible administrations Jan. 2026: 49 of 62 possible administrations Feb. 2026: 43 of 56 possible administrations During an interview on 3/11/26 at 9:43 a.m., licensed practical nurse (LPN)-A stated R4 has yet to allow me to put it [nystatin powder] on her. During an observation and interview on 3/11/26 at 11:05 a.m., LPN-A entered R4's room to perform a dressing change. After performing the dressing change, R4 allowed LPN-A to wash under her abdominal folds and apply the nystatin powder R4 kept in a locked bag on her bed. Upon leaving R4's room, LPN-A stated R4 has never allowed her to wash under the abdominal folds and apply the powder. LPN-A stated R4's abdominal folds looked a little red and did not look like it had any powder on it. During an interview on 3/11/26 at 2:52 p.m., the facility nurse practitioner stated R4 has a history of refusing medications and treatments however was not notified R4 has consistently refused the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	nystatin powder since November 2025. The nurse practitioner stated she would expect to be notified so she can speak to the resident about the refusal and have an interdisciplinary team meeting regarding the refusal. During an interview on 3/11/26 at 3:01 p.m., registered nurse (RN)-G stated if a resident consistently refuses a medication or treatment, the clinical manager is notified. RN-G would also notify the provider if they were in the facility to speak to the resident about either discontinuing the order or changing it to as needed. During an interview on 3/11/26 at 3:18 p.m., RN-A stated residents who consistently refuse a medication/treatment are educated why the medication is important and what may happen they continue to refuse it. If the resident still refuses, the provider is notified and asked to discontinue the order. RN-A stated she was not aware R4 was consistently refusing the nystatin powder therefore she was guessing they didn't notify the provider either. During an interview on 3/12/26 at 8:39 a.m., licensed practical nurse (LPN)-B stated if a resident consistently refuses a medication or treatment, she would let the clinical manager know and send a message to the provider. LPN-A stated R4 is known to refuse treatments, medications, and cares when offered, preferring to do things on her time. LPN-A stated R4 refuses to allow nursing staff to put on nystatin powder. During an interview on 3/12/26 at 9:31 a.m., the director of nursing stated if a resident consistently refuses a medication/treatment, the provider is updated so order can be discontinued so the staff are not consistently documenting refusals. The director of nursing stated the provider was notified of the refusals February 2026. Documentation provided by the director of nursing indicated notification sent to the provider on 2/20/26 of R4 refusing all medications and treatments specifically on 2/20/26. The documentation provided also indicated on 2/28/26 communication was sent to the provider regarding R4 refusing the treatment to her surgical wound. Neither notification mentioned R4 had consistently refused the nystatin powder since November 2025. R44: R44's admission MDS assessment, dated 2/20/26, indicated intact cognition, R44 required partial/ moderate assistance with toileting hygiene. R44's diagnoses included chronic respiratory failure with hypoxia, dependence on supplemental oxygen, acute kidney failure, hypertensive heart and chronic kidney disease with heart failure, Type2 diabetes mellitus, Chronic Pulmonary edema, moderate persistent asthma, dependence of renal dialysis. R44's was admitted 0n 02/5/26 and orders dated 2/05/25 included: oxygen 2 liters via nasal cannula continuously. During observation on 03/10/26 11:11 a.m., R44 came down the unit hallway on her motorized scooter with no oxygen in use. R44 stated, the portable oxygen tank was empty and was in search of staff to have the tank filled. The director of nursing (DON) filled in the portable oxygen tank for R44 at 11:115 a.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R44 took the oxygen tank from the DON and passed RN-B in the hallway and went back to her room with no oxygen in use. During observation on 03/10/26 11:23 a.m., and 11:28 a.m., oxygen tank was filled but not in used by R44. During an interview on 03/10/26 1:38 p.m., RN-B stated they had seen R44 at times with no oxygen in use, was not sure if R44 oxygen order was continuous or as needed and had told R44 at times to put the oxygen back on. During an interview on 03/10/26 2:28 p.m., the DON stated they had seen R44 with no oxygen in use. DON stated R44 declined oxygen use and stated, I don't need it, when DON had offered to turn on the portable oxygen tank after the tank was filled. DON also stated, I have never seen her with her oxygen in use. R44's oxygen order of 2 liters via nasal cannula continuous was communicated to DON and DON stated, I will call the provider to get an order to wean her off oxygen. Based on communication with R44's primary care provider, medical doctor (MD) on 03/12/26 at 2:00 p.m., MD expected the facility to have sent an SBAR (situation, background, assessment, recommendation) and an updated vital sign for ongoing need for supplemental oxygen. Review of an undated facility policy titled, Notification of changes, indicates, circumstances requiring notification include Circumstances that require a need to alter treatment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to complete baseline care plan within 48 hours of admission for 1 of 1 resident (R77) reviewed for care plans.Findings include:R77's admission Minimum Data Set (MDS) assessment was not available at time of survey. A facility document title Nursing-Admissions/readmission Observation dated 3/5/26, noted R77 was alert and oriented to person, place, time, and situation. R77's cognition was intact. R77 requires transfer assistance, assistance with activities of daily living (ADL), and assistance managing new colostomy, (a surgical opening in the colon that allows stool to exit the body through a stoma into an external pouch).R77's diagnoses included intestinal obstruction requiring a new colostomy, Parkinson's, urinary retention, and generalized muscle weakness.R77's electronic health record (EHR) indicated R77 was admitted to the facility on [DATE] at approximately 2 p.m. EHR lacked evidence a baseline care plan had been initiated within 48 hours of admission.During an interview on 3/10/26 at 1:49 p.m., physician assistant (PA)-A stated it is his expectation that the baseline care plan be created in the first 48 hours after admission. PA-A stated the baseline care plan is important, so staff know how to provide basic cares such as hygiene, ambulation, skin concerns, fall interventions, and any resident-specific concerns. PA-A stated the baseline care plan for R77 was especially important due to the complexity of his hospital stay prior to admission to facility.During an interview on 3/10/26 at 2:00 p.m., director of nursing (DON) stated the process for admitting a resident included: the health unit coordinator (HUC) transcribed admission orders based on the hospital dismissal summary or after visit summary the facility received, a nurse reviewing those orders, and loading the orders into the medication admission record (MAR) and treatment admission record (TAR) in the EMR. Additionally, the nurse would enter a baseline care plan based on those orders. The comprehensive care plan would be completed after the facility could evaluate all areas of resident care in the coming weeks. The DON stated the HUC had transcribed the orders, however, the nurse had not reviewed the orders and uploaded the orders to the MAR and TAR and no baseline care plan was completed. The DON stated the baseline care plan is important so staff can care for the residents' basic needs, establish likes and dislikes, and make sure the residents are safe.An undated facility policy titled Baseline Care Plan, the baseline care plan will be developed within 48 hours of a resident's admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview and document review, the facility failed to revise and update a care plan for 1of 1 resident (R33) reviewed for care plan timing and revision.Findings include:R33's Minimum Data Set (MDS) assessment, dated 12/3/25,ˆindicated intact cognition,ˆR33ˆwas independent with transfers, w/c mobility and required limited assist with bed mobility. R33 ?s diagnoses included chronic systolic and diastolic (congestive) heart failure (a serious condition of the heart's ability to pump blood efficiently), Chronic obstructive pulmonary diseases (an ongoing lung condition caused by damage to the lungs), generalized osteoarthritis.R33's care plan dated 11/19/25 indicated R33 was allowed to smoke independently in designated smoking areas, needed reminders and assistance to use smoking apron, and smoking materials needed to be secured at the nurses' station or other designated areas for storage.R33's Smoking Assessment completed on 2/20/26, indicated R33 was safe to smoke without supervision, demonstrated safe smoking practices, no indication of smoking apron use, and facility stored lighter and cigarettes.R33's care plan was not updated to reflect the changes noted in the 2/20/26 smoking assessment.R33's MAR/TAR (medications administration/ treatments administration record) dated 3/10/26 lacked smoking assessment recommendations/interventions.R33's Task Description list (task assigned to nursing assistants) dated 3/1/26 lacked smoking tasks.During an observation on 3/9/26 at 6:46 p.m., R33 took her smoking materials from her room and continued to go out to the designated smoking area. R33 did not use a smoking apron. R33 demonstrated safe smoking practices.During an interview on 3/09/26 3:03 p.m., R33 stated, she kept her smoking materials locked in her room, smoked 1-2 cigarettes a day, and reported no smoking apron use while smoking.During an interview 3/10/26 10:49 a.m., registered nurse (RN-B) stated was not sure if R33 went out to smoke or was getting some fresh air. RN-B stated, that information will be on the MAR/TAR, and a staff member would have been assigned to R33, if R33 was a smoker.During an interview on 3/10/26 11:20 a.m., nursing assistant (NA-E)stated, R33 used to smoke, and had not seen R33 smoke today. NA-E stated, I will ask the nurse, the DON or look at Task Description list. During an interview on 3/10/26 at 2:27 p.m., the director of nursing (DON), explained the process of assessment to care planning and updates. DON stated, after the Smoking Assessment was completed, nursing was responsible for updating the care plan, staff was notified, and information was available on the Task List and in the care plan. DON stated, no point of care notification is sent out to notify staff of updates, staff are expected to review care plan for updates.During an interview on 3/12/26 at 8:45 a.m., DON stated, R33 stored smoking materials in her room, R33 was safe to smoke independently and R33 needed no smoking apron.Facility policy on care plan revision and update requested and not provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and document review the facility failed to provide professional standards of practice when staff completed treatments without a provider order, failed to request orders for treatment, and failed to document treatment completion for 1 of 1 resident (R77) reviewed for ostomy cares.Findings Include:R77's admission Minimum Data Set (MDS) assessment was not available at time of survey. A facility document title Nursing-Admissions/readmission Observation dated 3/5/26, noted R77 was alert and oriented to person, place, time, and situation. R77's cognition was intact. R77 requires transfer assistance, assistance with activities of daily living (ADL), and assistance managing new colostomy (a surgical procedure that creates an opening (stoma) in the abdomen, allowing stool to exit the body when the colon cannot function normally),.R77's diagnoses included intestinal obstruction requiring a new colostomy, Parkinson's, urinary retention, and generalized muscle weaknessR77's care plan dated 3/6/26, lacked direction or interventions of how to care for the colostomy.R77's admission orders included empty bag every shift and record amount; the admission orders and baseline care plan lacked specific appliance change instructions (i.e., bag type, bag size, skin protectants, skin barriers, and bag removal).During observation on 3/9/26 at 2:11 p.m., R77 was waiting in his room for facility staff to assist him to the bathroom; while waiting R77 pulled off the colostomy bag and tossed it into the garbage can in his room. Facility staff arrived, closed room door, and assisted resident with changing his clothing and applying a new colostomy bag. According to the American Nurses Association (ANA) an RN's scope of practice is to implement orders, not to create them. The authority to create orders rests with authorized prescribers like physicians and nurse practitioners. Further, RN's need a provider's order to provide medical treatment, such as colostomy site care.During an interview on 3/10/26 at 10:37 a.m., licensed practical nurse (LPN)-A stated R77's colostomy care information should be in his admission orders or his baseline care plan. LPN-A confirmed R77 did not have colostomy care orders and did not have a colostomy care plan. LPN-A stated since the colostomy care information was not in the orders or care plan, she would look at R77's hospital dismissal instructions to verify what colostomy supplies R77 required. LPN-A stated she was unsure what colostomy supplies were used for R77's current colostomy bag. LPN-A stated the last colostomy bag change was not documented appropriately because the colostomy orders had not been entered so staff would not have a place to chart the colostomy bag change. LPN-A stated staff could have also done a progress note to document the last colostomy bag change; LPN-A verified this was also not completed. LPN-A stated staff should have requested a provider order after changing the colostomy bag; LPN-A verified this was also not completed.During an interview on 3/10/26 at 10:41 a.m., director of nursing (DON) stated R77 should have had colostomy care admission orders and a baseline colostomy care plan. DON stated the baseline care plan for R77 was incomplete; with no colostomy care information entered. DON further stated the current colostomy orders lacked specific care information such as bag type and size, skin protectants, and frequency of changes. The DON stated treatments such as colostomy care would require a provider order. The DON stated any treatment provided to residents should be documented in the residents' chart. The DON stated if a treatment is needed and completed urgently, the staff providing the treatment should immediately request an order from the provider for the treatment. Further, the DON stated it is an expectation any time a treatment is provided, with or without an order, be documented in the resident chart. The DON confirmed a treatment was performed without an order, an order was not subsequently requested, and the treatment was not documented.During an interview on 3/10/26 at 1:49 p.m., physician assistant (PA)-A stated it was his expectation admission orders, and baseline care plan be entered immediately so staff know how to care for and provide treatment to the resident with a colostomy. Additionally, if staff did not have an order for treatment, they should reach out to the provider immediately to obtain an order. Further, PA-A stated he expected all treatments to be documented so facility staff knew about the treatments the resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was receiving.A document titled Registered Nurse Job Description dated 8/2/23, registered nurses provide professional nursing care to residents in accordance with physician orders and facility policies.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to ensure physician orders were in place to provide treatment and monitoring for a colostomy (opening to allow waste to exit the body and be collected in a pouch) for 1 of 1 resident (R77) reviewed for ostomy care. Findings Include:R77 was admitted to the facility on [DATE]R77's admission Minimum Data Set (MDS) assessment was not available at time of survey. A facility document titled Nursing-Admissions/readmission Observation dated 3/5/26, noted R77 was alert and oriented to person, place, time, and situation. R77's cognition was intact. R77 requires transfer assistance, assistance with activities of daily living (ADL), and assistance managing new colostomy (a surgical procedure that creates an opening (stoma) in the abdomen, allowing stool to exit the body when the colon cannot function normally). R77's diagnoses included intestinal obstruction requiring a new colostomy, Parkinson's, urinary retention, and generalized muscle weaknessR77's care plan dated 3/6/26, lacked direction or interventions of how to care for the colostomy.R77's admission orders included empty bag every shift and record amount; the admission orders lacked specific appliance change instructions (i.e., bag type, bag size, skin protectants, skin barriers, and bag removal).During observation and interview on 3/9/26 at 2:09 p.m., R77 was wheeling himself down the hall, his colostomy bag on the outside of his body, was visible since his shirt was not covering it. R77 stated he does not like it when his colostomy bag is visible and pulled his shirt down over the colostomy bag and pulled his flannel shirt together to cover the shirt.During observation on 3/9/26 at 2:11 p.m., R77 was waiting in his room for facility staff to assist him to the bathroom; while waiting R77 pulled off the colostomy bag and tossed it into the garbage can in his room. Facility staff arrived, closed room door, and assisted resident with changing his clothing and applying a new colostomy bag.During an interview on 3/10/26 at 10:37 a.m., licensed practical nurse (LPN)-A stated R77's colostomy care information should be in his admission orders and/or his baseline care plan. LPN-A confirmed R77 did not have colostomy care orders and did not have a colostomy care plan. During an interview on 3/10/26 at 10:41 a.m., director of nursing (DON) stated R77 should have colostomy care admission orders and a baseline colostomy care plan. DON stated the baseline care plan for R77 was incomplete; with no colostomy care information entered. DON further stated the current colostomy orders lacked specific care information such as bag type and size, skin protectants, and frequency of changes. DON stated it is important for colostomy care orders and colostomy care plan to be entered upon admission so staff can provide appropriate colostomy care.An undated facility policy titled Ostomy Care - Colostomy, Urostomy, and Ileostomy was received, ostomy care will be provided by licensed nurses and under the orders of the attending physician. Further, the frequency of pouch changes and the products required for changing ostomy devices will be noted on the resident's person-centered care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide oxygen therapy as ordered for 1 of 1 resident (R44) reviewed for respiratory care.Findings include: R44's admission Minimum Data Set (MDS) assessment, dated 2/20/26, indicated intact cognition, R44 required partial to moderate assistance with toileting hygiene.R44's diagnoses included chronic respiratory failure with hypoxia, dependence on supplemental oxygen, chronic pulmonary edema, moderate persistent asthma, and dependence of renal dialysis.R44's was admitted on [DATE] with including, oxygen 2 liters via nasal cannula continuously.During an observation on 3/09/26 at 7:24 p.m., R44 was on the oxygen concentrator with a flow rate of 3 liters.During observation on 3/10/26 11:11 a.m., R44 came down the unit hallway on her motorized scooter with no oxygen in use. R44 stated, the portable oxygen tank was empty and was in search of staff to have the tank filled. R44 searched for staff for 4 minutes. The director of nursing (DON) filled the portable oxygen tank for R44 at 11:15 a.m. R44 took the oxygen tank and went back to her room with no oxygen in use.During observation on 3/10/26 11:23 a.m., and 11:28 am oxygen tank was not in use.During observation on 3/10/26 at 11:49 a.m., R44 was in her room, and was using the oxygen concentrator, on 3 liters via nasal cannula. At 11:50 a.m., registered nurse, (RN)-B entered R44?s room, had a conversation with R44 and exited at 11:52 a.m.During observation on 3/10/26 12:03 p.m., R44 came out of the room, the portable oxygen tank in use via nasal cannula on 2 liters and stated was going to the dining room for lunch. During an interview with RN-B on 3/10/26 1:38 p.m., RN-B stated, had seen R44 at times with no oxygen in use, and was not sure if R44 oxygen order was continuous or as needed.During an interview with nursing assistant (NA)-E on 3/10/26 at 1:39 p.m., NA-E stated had seen R44 without oxygen in use. NA-E stated had seen R44 down the hallway and needed the portable oxygen tank filled.During an interview on 3/10/26 2:28 p.m., the DON verified filling the tank for R44. DON stated, I have never seen her with her oxygen in use.During an interview on 3/12/26 at 2:00 p.m., medical doctor, (MD) expected the facility to have sent an SBAR (situation, background, assessment, recommendation) and updated vitals for ongoing need for supplemental oxygen.An undated facility provided policy indicated staff shall document ongoing assessment of the resident's condition warranting oxygen and the response to oxygen therapy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 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. Based on observation, interview, and record review, the facility failed to complete ongoing assessment of the resident's condition and monitoring complications before and after dialysis treatments received at a certified dialysis facility for 1 of 1 resident (R44) reviewed for dialysis. Findings include: R44's admission Minimum Data Set (MDS) assessment, dated 2/20/26, indicated intact cognition, R44 required partial/moderate assistance with toileting hygiene. R44's diagnoses included acute kidney failure, dependence of renal dialysis hypertensive heart and chronic kidney disease with heart failure, type2 diabetes mellitus, Pulmonary edema, moderate persistent asthma, dependence on supplemental oxygen, Chronic respiratory failure with hypoxia. R44's was admitted 0n 02/5/26 and orders dated 2/19/25 included: dialysis pre and post assessment every Tuesday, Thursday and Saturday. Print and send assessment with resident to dialysis, place returned paperwork in manager box.Review of R44's MAR/TAR (medications administration/ treatments administration record) dated 2/5/26 to 2/28/26 and 3/1/26 to 3/10/26, indicated pre and post dialysis assessments were completed 2/24/2026, 2/27/26, 3/3/26. R44's record lacked other days completed.During an interview on 3/9/26 at 7:20 p.m., the director of nursing (DON) verified R44's dialysis pre-assessment form had not been sent consistently. DON was unable to provide completed dialysis pre or post assessment when requested.During an interview on 3/10/26 at 10:44 a.m., registered nurse RN-(B) stated R44 was leaving at 12:15 p.m., and the dialysis pre- assessment will be completed and sent with R44 to the dialysis center.During an interview on 03/10/26 2:09 p.m., RN-B was unable to provide a copy of the dialysis pre-assessment form sent with R44.During an interview 03/12/26 at 2:00 p.m., medical doctor (MD) expected the facility to have completed the pre and post dialysis assessments and notified them and the dialysis center of any changes in R44's weight and status.An undated facility provided policy indicated, an ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview and record review, the facility failed to monitor effectiveness of a medication prescribed for sleep by not completing sleep monitoring for 1 of 1 resident (R33) reviewed for unnecessary medications.Findings include:R33's Minimum Data Set (MDS) assessment, dated 12/3/25,ˆindicated intact cognition,ˆR33ˆwas independent with transfers, w/c mobility and required limited assist with bed mobility. R33 diagnoses included chronic systolic and diastolic (congestive) heart failure (a serious condition of the heart's ability to pump blood efficiently), Chronic obstructive pulmonary diseases (an ongoing lung condition caused by damage to the lungs), generalized osteoarthritis.R33's medication orders included: Melatonin 5 milligrams (mg), oral at bedtime: start date:12/01/25 for insomnia.R33's Medication Administration Record (MAR) record review from 02/1/26 to 3/11/26 reviewed lacked sleep tracking or monitoring.R33' s progress note reviewed from 02/1/25 to 3/11/26 had no reference to R33 sleep monitoring.During an interview on 3/11/2026 at 4:05 p.m., registered nurse (RN)-C, RN-C stated, yes, resident is taking a sleep aid, melatonin 5 mg, we usually do a sleep monitoring, but there is no sleep monitoring in place in the assessment for that resident and I do not know why.During an interview on 3/11/2026 4:55 p.m., the director of nursing (DON) stated, I will not track sleep with Melatonin use due to Melatonin being an over-the-counter medication.The facility policy titled: Gradual Dose Reduction of Psychotropic Drugs reviewed 3/5/2025 indicates, Psychotropic drug or psychotropic medication is defined as any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include, but are not limited to the following categories: antipsychotics, antidepressants, antianxiety, and hypnotics (a class of drugs used preliminary to induce sleep and treat insomnia)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure proper personal protective equipment (PPE) usage for 3 of 3 residents (R6, R4, R14) reviewed for enhanced barrier precautions (EBP) who receive tube feeding (R6, R14) and dialysis care (R4). Findings include: R6: R6's Minimum Data Set (MDS) quarterly assessment dated [DATE], identified severely impaired cognition and required maximal assistance for mobility. R6's diagnoses included Parkinson's, dementia, major depressive disorder and lack of coordination. R6's physician orders dated 4/24/25, Enhanced Barrier Precautions (EBP) for tube feeding. R6 had a percutaneous endoscopic gastrostomy (PEG) tube for enteral nutrition and medication. Cleanse surrounding skin with warm water using soft cloth, then pat dry. Apply barrier cream to skin under PEG tube disk to prevent moisture related skin redness. R6's care plan (CP) created on 1/27/25, identified R6 was at risk for infection related to indwelling medical device (PEG) tube. EBP when cares are provided to R6. Furthermore, alternation in cognition forgetfulness and confusion related to dementia. Additionally, had impaired swallowing related to Parkinson's, administer tube feedings, medication and flushes per order. R14: R14's MDS comprehensive assessment dated [DATE], identified severely impaired cognition and independent with ambulation. R6's diagnoses included non-traumatic brain dysfunction, renal insufficiency, and Alzheimer's disease. R14's physician orders dated 7/19/24, Enhance Barrier Precautions (EBP) for supra-pubic catheter for long term urinary retention. Supra-pubic foley catheter cares clean daily and as needed, empty bag every shift and record results. Educate on importance of risk of infection. R14's CP created on 4/1/24, identified R14 was at risk for infection related to indwelling medical device, supra-pubic catheter, EBP when providing cares. Additionally, R14 had alteration in urinary elimination related to obstructive uropathy, treated with a supra-pubic catheter. During observation on 3/10/26 at 11:13 a.m., certified nursing assistants (CNA)-G and CNA-F performed peri cares and toileting in shower room. There was a large amount of urine on floor, both staff members were not wearing proper EBP while cleaning floor, EZ stand and R6. During observation on 3/11/26 at 8:34a.m., CNA-K attempted to reattach leg bag on R14, bag was hanging out of pants, dragging on the floor while walking to dining room. They walked back to his room, he sat down, CNA-K put on gloves emptied out urine and reattached bag to leg, CNA-K was not wearing proper EBP when cares were performed. During interview on 3/9/26 at 3:30p.m., CNA-L stated EBP was used for the safety of the residents (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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	decrease the risk of infection. During interview on 3/10/26 at 11:46 a.m., CNA-G stated standard for infection control was hand washing, before and after cares of residents. EBP, gloves and gown to be worn when cares were done on residents with wounds, catheters, and feeding tubes. During interview on 3/10/26 at 12:00 p.m., RN-D stated EBP protected staff and residents from infections. EBP was to wear gloves and gown, hand washing before and after cares. During interview on 3/11/26 at 9:07a.m., CNA-F stated the importance of EBP was to prevent infection, the only time to wear EBP was when manipulating catheters, feeding tubes or wounds. The only time CNA-F wore EBP was when a resident had COVID. She was not an RN, they did the specific treatments, not the nursing assistants, so EBP wasn't required. R4: R4's quarterly MDS assessment, dated 2/23/26, indicated R4 was cognitively intact, had no upper body impairment, was independent with personal hygiene, and required set-up/supervision for upper and lower body dressing. It also indicated R4 received dialysis care (mechanical filtering of blood), had a surgical wound, and received surgical wound care. R4's diagnoses list included diabetes, end-stage kidney disease, heart failure, left leg amputation, and dependence on renal dialysis. R4's care plan dated 1/29/26 indicated R4 receives dialysis 3 times/week, has a dialysis catheter (a tube inserted in the chest or neck used for mechanical filtering of blood), and is at risk for infection related to a dialysis catheter requiring EBP when performing high-contact care activities. R4's provider orders dated 11/17/25 included: dialysis Monday, Wednesday, Friday, post dialysis assessment, monitor dialysis catheter daily for signs of infection, dressing changes to surgical wound, and EBP due to dialysis catheter. R4's nursing assistant care sheet dated 3/12/26 indicated enhanced barrier precautions when performing high-contact care activities During an observation and interview on 3/9/26 at 12:52 p.m., R4 stated staff do not wear gowns because she does not have an infection. An orange sign indicating enhanced barrier precautions was noted outside R4's room. During observation and interview on 3/11/26 at 11:05 a.m., licensed practical nurse (LPN)-A entered R4's room to perform a scheduled dressing change to R4's surgical site. LPN-A stated she washed her hands prior to entering the room and applied gloves. Without donning a gown, LPN-A performed the dressing change to R4's left lower extremity. LPN-A then washed and dried under R4's abdomen, applied powder to R4's abdominal folds. After disposing garbage, removing gloves, and washing hands, LPN-A reviewed the EBP sign on R4's door. LPN-A stated it indicated barrier precautions and to gown up and glove. When asked what tasks would requiring gowning and gloving, LPN-A stated she was drawing a blank. When asked why R4 was on EBP, LPN-A stated it might be for her PICC line [referring to the central line dialysis catheter], but I don't do anything with that. LPN-A stated staff are only required to wear PPE if they are providing care for the reason they are on the precautions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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	LPN-A stated staff receive infection control training upon hire and have online education. During interview on 3/11/26 at 11:53 a.m., LPN-A confirmed R4 is on EBP due to having a dialysis catheter. During interview on 3/12/25 at 9:31 a.m., the director of nursing stated residents are placed on EBP if they have indwelling medical devices, chronic rounds, and MDROs (bacteria resistant to multiple treatments). An order is placed on the medication administration record, care plan is updated, and signage is placed on the door. The director of nursing stated staff are expected to read the signage on the door for instruction regarding precautions. He stated gown and gloves are required for all high-contact cares. A policy titled Enhanced Barrier Precautions dated 3/24/25 indicated It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. The policy also indicated, in part, an order for enhanced barrier precautions will be obtained for residents with chronic wounds and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, etc.). Implementation of enhanced barrier precautions included PPE for enhanced barrier precautions is only necessary when performing high-contact care activities. High-contact resident care activities included: device care or use: central lines (tubes in the neck or chest providing access to large vessels), PICC lines (tubes placed in the upper arm allowing access to veins) , hemodialysis catheters, and wound care involving any skin opening requiring a dressing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to ensure a bathroom call light was functioning for the shower room on the 3rd floor having the potential to affect all residents that use the toilet in the shower room, 7 of 7 (R6, R36, R2, R8, R51, R60, R62) residents were brought to and used an EZ stand for toileting.Findings include:R6's Minimum Data Set (MDS) quarterly assessment dated [DATE], identified severely impaired cognition and required maximal assistance for mobility. R6's diagnoses included Parkinson's, dementia, major depressive disorder and lack of coordination.R6's care plan (CP) created on [DATE], identified mobility was an area of concern, indicated was not ambulatory and needed transfer assistance of 2 and mechanical lift (EZ stand). Furthermore, the CP identified an area of concern, indicated was at risk for falls due to dementia, impaired coordination and mobility, medications, impulsiveness and safety awareness.R36's MDS comprehensive assessment dated [DATE], identified moderate cognitive impairment and left sided weakness in upper and lower extremities. R36's diagnoses included dementia, hemiplegia (left side affected), and congestive heart failure.R36's care plan created on [DATE], identified mobility was an area of concern, indicated transfers with assist of 2 and (sit to stand lift) EZ stand. Furthermore, the care plan identified was at risk of falls due to impaired mobility, left side weakness and dementia.R2's MDS quarterly assessment dated [DATE], identified severely impaired cognition and dependent mobility. R2's diagnoses included anxiety, dementia and cardiorespiratory issues.R2's care plan revised on [DATE], identified activities of daily living was an area of concern related to mobility status and dementia. The care plan indicated transfers with the assistance of two and EZ stand lift for all transfers. Furthermore, the care plan identified was at risk for falls due to impaired mobility, dementia and medications.R8's MDS quarterly assessment dated [DATE], identified severely impaired cognition and substantial/maximal assistance with transfers. R8's diagnoses included non-traumatic brain dysfunction, dementia and seizure disorder.R8's care plan was created on [DATE], identified activities of daily living were an area of concern, due to dementia, leg pain, decrease mobility and resistance to assistance. Perform cares in pairs, transfer with assist of 2 and an EZ stand.R51's MDS quarterly assessment dated [DATE], identified severely impaired cognition and dependent on all areas of mobility. R51's diagnoses included atrial fibrillation, type II diabetes, depression and dementia.R51's care plan created on [DATE], identified activities of daily living were an area of concern, due to weakness, stroke and cognitive impairment. Assist of two and EZ stand with transfers. Furthermore, identified falls were an area of concern, due to weakness, dementia and cognitive deficits.R60's MDS quarterly assessment dated [DATE], identified severely impaired cognition and dependent on all areas of mobility. R60's diagnoses included dementia, psychotic and mood disturbances and anxiety.R60's care plan revision on [DATE], identified activities of daily living was an area of concern, due to the disease process of Alzheimer's. Transfer with assistance of two and EZ stand. Furthermore, an area of concern was at risk for falls due to being unaware of safety needs and history of falls.R62's MDS comprehensive assessment on [DATE], identified severely impaired cognition and dependent on mobility. R62's diagnoses included osteoporosis, hemiplegia and dementia.R62's care plan revision on [DATE], identified activities of daily living was an area of concern, due to disease process, physical limitations, cognitive losses with spastic hemiplegia. Transfer assist of two and sit to stand lift. Furthermore, an area of concern was at risk for falls related to cognition, unaware of safety needs, incontinence, history of traumatic brain injury and cerebral vascular accident with spastic hemiplegia (type of cerebral palsy that affected one side of body, muscle weakness and stiffness).During observation on [DATE] at 11:13 a.m., the shower room had a call light which was a small switch on back wall by the toilet, no cord seen.During observation and interview on [DATE] at 12:00, registered nurse (RN)-D went and found a cord, tied it around the call light switch in the shower room by the toilet for residents to use, at that time, the light did turn on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	outside of door when cord was pulled. RN-D stated things were falling through the cracks on the 3rd floor, they didn't have an RN manager, to educate and facilitate any concerns or issues.During interview on [DATE] at 11:28 a.m., CNA-J stated if the call light in the shower room wasn't working, they would hear a resident yelling or banging for assistance.During observation and interview on [DATE] at 12:17p.m., the call light was not lit up in hallway nor ringing at the nurse's station for the shower room. CNA-F and director of nursing (DON) were at the nurse's desk filling out the a maintenance report. The DON stated it was the 1st time he was told there was a problem with the call light.During interview on [DATE] at 4:47 p.m., RN-E and RN-F verified that call light was not working. RN-E asked to pull call light, red light came on, there was no sound to alert staff, the light on the board in nurses' station also came on with no sound, Both nurses present, confirmed call light not working. Maintenance called, he came and verified that the call light was not working, and he had a call out to have call light fixed.Record review a document entitled, Building Tasks dated 9/25-3/26, Conduct a Test of the Nurse Call System was marked at completed on [DATE].The steps were: 1. For each department, notify the appropriate person in charge that the call system is being tested2. Check all devices transmitting to, and received from nurse call system, to include pullcords, pendants and pagers. Repair as necessary3. Check call cords in bathrooms and shower rooms. Ensure call cord length is no more than 6 from the floor. Repair as necessary4. Notify the appropriate person in charge that the test has been completed and has been returned to operational status5. Check call light clips6. If system is capable, run report to identify equipment alerts, such as low batteryThe Call Lights: Accessibility and Timely response Policy, revised 1/26, indicated The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response. Staff will ensure the call light is within reach of resident and secure, as needed.The call system must be accessible to the resident at each toilet and bath or shower facility. The call system should be accessible to a resident lying on the floor. Staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied. (Examples include replace call light, provide a bell or whistle, increase frequency of rounding, etc.)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245184	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Restorative Care Center	501 Eighth Avenue Southeast Rochester, MN 55904

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interviews, and documents review, the facility failed to include the daily census and actual hours worked by nursing staff groups on the daily staffing data document. This deficient practice had the potential to affect all residents who resided in the facility and/or any visitors who may have wanted to view the information.Findings include:During observation on 3/9/26 at 11:30 a.m., upon entry of the survey, the staff posting for 03/09/26 did not show the daily census and actual hours worked by nursing staff groups.During documents review on 3/10/26, daily schedule reports (daily staffing data document) provided by facility for 03/9/26 to 3/13/26 all lacked the daily census and actual hours worked by nursing staff groups.During an interview on 03/12/26 at 10:11 a.m., the scheduler stated there was a change in template in September and the daily census and actual hours worked by nursing staff groups has been missing from the daily staffing data document.During an interview on 03/12/26 11:51 am, the facility administrator acknowledged the daily census and actual hours worked by nursing staff groups was not shown on the facility daily staffing data document.