

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER Hopkins Restorative Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 725 Second Avenue South Hopkins, MN 55343	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to revise and implement the care plan for 1 of 3 residents (R3) reviewed for pressure wounds. Findings include: Stage IV (4) pressure ulcer: full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. R3's face sheet dated 6/4/26, indicated R3 had muscle weakness and a stage IV pressure ulcer of left buttock. R3's care plan dated 6/4/26, indicated R3 was dependent with bed mobility and transfers. Lacked intervention indicating R3 needed to lay down after lunch. R3's admission Minimum Data Set, dated [DATE], indicated R3 was cognitively intact, was dependent for transfers, and had a stage IV pressure ulcer upon admission. R3's orders dated 7/16/26, indicated R3 had to lay down after lunch to offload pressure from sacral wound. During a continuous observation on 7/23/26 starting at 1:11 p.m., R3 was in the dining room eating lunch in her wheelchair. At 1:28 p.m., R3 propelled herself to her room. At 2:49 p.m., an activity staff asked R3 if she was going to the activity, R3 declined and stated staff told her they would lay her down at 2:00 p.m., and she needed to wait for them to come. At 3:33 p.m., state agency (SA)-A, requested that R3 be laid down and a nurse to be present. At 4:02 p.m., R3 was laid down in bed, buttocks and thighs were pink and blanchable (skin that temporarily turns white or pale when pressure is applied and returns to its normal color once the pressure is released, indicating intact blood flow in the capillaries). Director of nursing (DON) completed dressing change with no changes in stage IV pressure ulcer. During an interview on 7/23/26 at 2:52 p.m., R3 stated she was waiting to be laid down since after lunch because R3 had a sore on her bottom and needed to get off of it. R3 stated she had orders put in place last week to be laid down after lunch but no one had followed that order. R3 stated she would sit in her room until someone laid her down and if they didn't, R3 would go to an activity. R3 stated being in her chair for long periods of time did not cause her pain but made her tired. During an interview on 7/24/26 at 10:59 a.m., licensed practical nurse (LPN)-A stated she did not ask staff to lay R3 down and was not sure if anyone assisted R3 to bed right after lunch on 7/23/26. LPN-A stated R3's orders indicated she needed to lay down after lunch. LPN-A stated nurses would be responsible for ensuring orders are followed and R3 did get laid down at 4:00 p.m. on 7/23/26 so LPN-A marked it off on the electronic medication record (EMR) as completed. During an interview on 7/24/26 at 11:29 a.m., nursing assistant (NA)-A stated she would look at the residents care plan to find out what interventions and care was needed for each resident. R3 was not laid down after lunch on 7/23/26 as NA-A was not aware that this was something R3 needed. NA-A stated she did look at the care plan for R3 but did not see the intervention for R3 to be laid down after lunch on 7/23/26. During an interview on 7/29/26 at 1:18 p.m., DON stated all NA staff (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	would look in the resident care plan or Kardex for all care needs. The staff caring for R3 on 7/23/26 should have laid R3 down after lunch. R3 had expressed a preference to be laid down after lunch and it was placed in R3's orders but not in her care plan. DON stated it was her mistake that R3's intervention was not care planned for NA staff to see and DON was responsible for all care plan updates. The facilities Comprehensive Care Plan policy dated 2/2023, indicated resident specific intervention that reflect the resident's needs and preferences would be care planned and qualified staff would carry out interventions specified in the care plan.		