STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245299	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frazee Care Center	219 West Maple Avenue Frazee, MN 56544

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 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure the surety bond contained sufficient funds to insure and protect the resident's trust funds reviewed for personal funds. This deficient practice had the potential to affect all 26 residents who had personal funds with the facility. Findings Include:On [DATE] at 5:00 p.m., the residents' personal funds accounts were reviewed with the assistant administrator (AA)-A. AA-A confirmed the total amount of the residents' accounts was in the amount of 24,809.91 dollars. On [DATE] at 8:16 a.m., AA-A confirmed the facility's surety bond for the residents' personal funds had expired. AA-A indicated corporate office had not renewed after the past employee responsible had left. At 8:57 a.m., during a follow up interview AA-A indicated the surety bond for the residents' personal funds accounts was important to insure the residents' funds. AA-A stated it was expectation that the surety bond would be effective. AA-A confirmed 26 residents had personal fund accounts at the facility. Review of the Hartford Fire Insurance Company surety document dated [DATE], identified a surety bond for fifty thousand dollars was in effect [DATE] and ended on [DATE]. The facility policy titled Resident Trust Account dated 4/25, identified every resident had a right to manage their financial affairs. The facility would hold, safeguard, manage and account for the personal funds of the resident deposited with the facility. The facility would maintain a system that assured full and complete and separate accounting of each resident's personal funds and preclude any commingling of resident's funds with facility funds or with the funds of any person other than the resident. Personal funds more than $100 would be deposited into an interest-bearing account. The policy failed to identify the need to have a current surety bond for the total amount of the residents' accounts.

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