

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Stewartville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Fourth Street Northeast Stewartville, MN 55976	

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. (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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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to identify alternatives prior to installing or using grab bars (bars installed at the head of the bed for a resident to hold onto for bed mobility or transfers), ensure grab bars were comprehensively assessed to determine if they were appropriate and safe, discuss the risks and benefits, and obtain informed consent prior to use of grab bars for 2 of 3 residents (R3, R4) who were observed to have grab bars on their beds. R3's quarterly minimum data set (MDS) dated [DATE] indicated intact cognition with diagnoses included Type 2 diabetes and chronic heart failure. R3's care plan dated 6/16/25 indicated R3 was independent with bed mobility and utilized bilateral grab bars. R3's Informed Choice Consent for Assistive Devices dated and signed 11/17/23 indicated risks and benefits were discussed and consent obtained from R3 for bilateral grab bars. R3's electronic health record (EHR) lacked evidence a grab bar assessment had been completed to determine necessity, and whether R3 could safely use grab bars. On 10/2/2025 at 2:00 p.m., R3 was observed sitting in her recliner. The bed next to the recliner was observed with bilateral grab bars. R3 confirmed she slept in the bed at night. R3 stated she requested the grab bars and utilized them when getting in and out of bed. R3 thought she had signed a paper about the grab bars but could not remember what it was about. R4's significant change MDS dated [DATE] indicated severely impaired cognition with diagnoses included dementia and stroke. R4's care plan dated 8/12/25 indicated R4 required the assistance of 2 staff members for bed mobility and transfers. R4's care plan lacked information about grab bars. R4's EHR lacked evidence a grab bar assessment had been completed to determine necessity, and whether R4 could safely use grab bars. Additionally, R4's EHR lacked evidence the resident or representative was educated on the risk of having grab bars on the bed, and/or a consent form was completed. On 10/2/25 at 12:59 p.m., bilateral grab bars were observed on R4's bed. R4's wife stated R4 used the grab bars sometimes to hold onto when staff are rolling him in bed. R4's wife could not recall whether anyone spoke to her about the risks of using the grab bars or if she signed any paperwork about the grab bars. During an interview on 10/2/25 at 2:46 p.m., registered nurse (RN)-A stated the nurse manager completed a grab bar assessment before grab bars could be placed on a resident's bed. RN-A was unable to find a grab bar assessment in the electronic health record (EHR) for R3 or R4. During an interview on 10/2/25 at 6:15 p.m., licensed practical nurse (LPN)-A stated when a resident requested grab bars the nurse manager was notified. The nurse manager completed the grab bar paperwork. During an interview on 10/3/25 at 10:33 p.m., RN-B stated she was the nurse manager who completed grab bar assessments. All residents should be assessed for safety prior to grab bar placement. The grab bar assessment was completed by hand on paper then placed in the resident's paper chart. During an interview on 10/3/25 at 2:11 p.m., the director of nursing (DON) stated the nurse manager would complete an assessment of the resident then risks and benefits of grab bars would be explained to a resident/resident representative and a consent signed prior to grab bar placement. DON did not know where the grab bar assessment was documented. DON confirmed R3 should have a grab bar assessment but one could not be located and R4 should have a grab bar assessment and signed consent, but they could not be located. The Use of Grab Bars Evaluation policy dated 6/2018 instructed to assess a resident to identify appropriate alternative and risk of entrapment from grab bars prior to installation. Staff also must review risk and benefits with resident and resident representative and obtain an informed consent. Based upon individual comprehensive assessment if it is determined that Grab Bars will be indicated to assist resident in maintaining or improving functional ability and do not constitute a restriction as defined as a restraint, Grab Bars may be utilized and care planned with consent of the resident/resident representative/Therapy to meet the individual needs.</p>		