

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 04/03/2025
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)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50764</p> <p>Based on observation, interview, and document review, the facility failed to ensure 1 of 1 resident (R6) reviewed for nutrition and weight loss had received a supplement to increase calorie intake and weight per provider order.</p> <p>Findings include:</p> <p>R6's face sheet included diagnoses of history of traumatic brain injury, weakness, pain, surgery of the digestive system, vascular disorder of the intestine, ischemic colitis (reduced blood flow to the colon), intestinal obstruction, and dysphagia (difficulty swallowing foods and liquids).</p> <p>R6's significant change Minimum Data Set (MDS) assessment dated [DATE], indicated moderately impaired cognition, no behaviors or rejection of care, use of a wheelchair, substantial/maximal assistance with toileting hygiene, bathing, dressing, and personal hygiene.</p> <p>R6's care plan revised 1/31/25, indicated history and risk of dehydration, thickened liquids, risk for aspiration related to traumatic brain injury and postural positioning, poor safety awareness related to eating, pureed diet, and approaches of encouraging R6 to follow diet orders, eat small bites, chew well, eat smaller meals frequently throughout the day, and monitor for signs and symptoms of aspiration. R6's care plan further indicated R6 was able to feed himself after setup assistance, had a history of difficulty swallowing, and refused assistance with tasks beyond setup.</p> <p>R6's care plan category: nutritional assessment updated 1/31/25, indicated R6 was hospitalized from 12/11/24-12/20/24, due to intestinal obstruction and aspiration pneumonia. Diet was ordered for puree texture foods and thickened liquids. Video swallow completed 12/26/24, R6 and family chose to have no enteral feeding. Supervision and aspiration precautions to be observed. R6 height 72 inches and weight 145.6 pounds. Weight one month ago 161.8 pounds, weight 6 months ago 163.4 pounds. Weight loss of 9.7% in one month and 10.8% in 6 months. Weight loss related to swallow problem and due to need for hospitalization with surgical procedure. Will continue to provide food/fluid for comfort.</p> <p>Review of R6's record on 4/1/25, indicated the following weights:</p> <p>10/1/24- 160.3 pounds</p> <p>11/1/24- 156.4 pounds</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

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 04/03/2025
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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12/1/24- 161.4 pounds</p> <p>1/2/25- 145.8 pounds</p> <p>2/2/25- 139.6 pounds</p> <p>3/1/25- 134.6 pounds</p> <p>4/1/25- 135 pounds</p> <p>Review of R6's nutritional assessment dated [DATE] indicated registered dietician (RD) documented weight loss of 11% in six months. RD requested nutritional supplement eight ounces three times per day with meals, staff assist as needed.</p> <p>R6's physician's orders printed 4/1/25, indicated dysphagia diet, pureed texture. R6's physician's orders did not include an order for a nutritional supplement due to weight loss.</p> <p>Review of a facility provided document titled Physician's Telephone Order dated 3/1/25, indicated a physician's order for Ensure/Boost supplement eight ounces three times per day with meals due to weight loss was ordered on 3/1/25.</p> <p>During interview on 4/2/25 at 11:39 a.m., RD stated she reviewed R6's record on 2/20/25, and recommended a supplement three times per day due to weight loss. RD stated R6's height was 72 inches tall and she would expect him to increase his weight to 178 pounds. RD further stated extra calories were needed to increase his weight back to baseline. RD stated she was not aware the supplement had not been started and would have expected it to be put in within one week of her recommendation.</p> <p>During interview on 4/2/25 at 11:58 a.m., director of nursing (DON) stated she was not aware R6's order for nutritional supplement had not been entered. DON stated any nurse could put orders in, but they didn't have a good system, and this order had been placed on her desk and lost in a stack of papers. DON further stated she would expect this order to be entered within one to two days of being signed by the provider.</p> <p>A policy on order entry of nutritional supplements was requested but not received.</p>		

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 04/03/2025
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49893</p> <p>Based on observation, interview, and record review, the facility failed to ensure discontinued medications were returned to the pharmacy or destroyed in a timely manner to decrease the potential for drug diversion for 1 of 1 medication rooms.</p> <p>Findings include:</p> <p>During an observation and interview with Licensed Practical Nurse (LPN)-A on 4/2/25 at 11:00 a.m., the shelf in the medication room had 108 cards of varying oral medications including blood pressure medications, supplements, antidepressants, etc. There were also two plastic bins with varying creams, bulk powdered medications, bottled liquid medications, boxes of insulin pens, and IV (intravenous) antibiotic medications. These medications included:</p> <ul style="list-style-type: none"> -One unopened box of 5 glargine insulin pens dated 12/8/24 and an unopened box of 5 aspart insulin pens dated 1/2/24 for R39. -Ten medicine balls of intravenous cefazolin (antibiotic) dated 1/13/25 for R92, two unopened bottles of liquid Haldol (antipsychotic medication used to treat mental health disorders) containing 15 ml (milliliters) and 30 ml's liquid medication dated 3/4/25 for R93. -an undated, unlabeled bottle of Haldol containing 12 ml's liquid medication. -Two full boxes of sodium polystyrene (liquid medication used to treat elevated potassium) dated 2/15/25 for R7. <p>LPN-A stated the medications on the shelf either needed to be sent back to the pharmacy or destroyed. Medications that need to be sent back to the pharmacy are placed in brown paper bags and sent with the pharmacy delivery driver who comes daily. LPN-A stated all shifts are responsible for helping destroy or prepare medications that need to be sent back. LPN-A confirmed the amounts of medications.</p> <p>R39's record read passed away on 1/29/2025.</p> <p>R93's record read passed away on 3/5/2025.</p> <p>R92's provider orders indicated cefazolin was ordered every 12 hours x 6 days with an end date of 1/21/2025. R92's face sheet indicated an admitted [DATE] and a discharge date of [DATE].</p> <p>R7's provider order indicated sodium polystyrene was discontinued 2/26/2025.</p> <p>(continued on next page)</p>		

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 04/03/2025
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During interview on 4/2/25 at 11:33 a.m., the infection preventionist/assistant director of nursing (IP) confirmed the medications on the counter are due to be sent back or destroyed and are from residents who have been discharged , passed away, or had orders changed. The IP confirmed R93 passed away, R92 discharged , R7's orders changed to a different form of the medication, R39 passed away.</p> <p>During interview on 4/3/25 at 10:46 a.m., the consultant pharmacist (CP) stated residents receiving Medicare-A benefits get reimbursed and should have their medications returned to the pharmacy. Others should be returned for destructions or can be destroyed at the facility. Medications due to be credited should be returned to the pharmacy within 30 days, the remaining medications should be destroyed as soon as possible. CP indicated the monthly bubble pack medications are usually returned to the pharmacy, however, the staff could destroy them at the facility.</p> <p>During an observation and interview on 4/3/25 at 10:52 a.m., the administrator stated medications no longer needed are pulled from the medication cart and placed in the med room waiting to be sent to the pharmacy or destroyed. The administrator stated very little medications get sent back and nurses destroy them when they have time. The administrator stated she would expect medications to be destroyed or sent back biweekly and all nurses are expected to make sure medications get destroyed timely. Administrator observed the medications stored on the counter and confirmed the medications should have been taken care of to decrease the risk of diversion.</p> <p>During an interview on 4/3/25 at 11:52 a.m., the director of nursing stated destruction of medications is time dependent, however would hopefully be done within a month.</p> <p>Staff education provided to nursing staff January 2025 indicated Returns are all nurses jobs on all shifts!!!. If you have downtime do them! It should not take hours for one person to do them after they get ignored and piled up!! It continues, These are just some things that have been seen while doing cart audits that will help keep our medication carts/med storage at state regulations.'</p> <p>A policy dated 12/01/2016 titled Discontinued Medications indicated, discontinued medications must be destroyed or returned to the issuing pharmacy in accordance with established policies. Complete 'Destruction of non-control substances' form and dispose of medications</p>		

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 04/03/2025
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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>51379</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and document review, the facility failed to ensure meals were served warm/hot and palatable to promote quality of life and nutritional intake for 2 of 2 residents (R16 and R29) reviewed for dining. This had the potential to affect all residents who received food from the kitchen.</p> <p>Findings include:</p> <p>During an observation on 4/02/25 at 7:07 a.m., the cook (C)-A was preparing breakfast, food observed on the heat table included oatmeal, malt-o-meal, ham, and western style eggs. Toast was sitting above the steam table on a metal baking sheet.</p> <p>4/02/25 at 7:34 a.m., plating begins for the residents seated in the dining room, C-A stated meals are served to dining room first then resident who prefer a tray in their rooms.</p> <p>4/2/25 at 8:15 a.m., plating begins for East wing, trays put inside transport cart and delivered, last tray delivered to R16 in the East wing 4/2/25 at 8:22 a.m.</p> <p>4/2/25 at 8:36 a.m., plating begins for North wing, trays put inside transport cart and delivered.</p> <p>4/2/25 at 8:47 a.m., plating begins for [NAME] wing; extra tray added to transport cart for tasting. Last tray delivered to R29 on 4/2/25 at 9:03 a.m.</p> <p>4/2/25 9:05 a.m., extra tray taken back to kitchen, C-A and dietary aide (DA)-A tasted meal on extra tray. C-A and DA-A confirmed eggs, and ham were cold and the toast was cold and soggy. C-A confirmed the toast was cooked at 7:07 a.m. was the same batch served to the last resident at 9:03 a.m.</p> <p>During interview on 4/2/25 at 9:33 a.m., R29 was observed to be the last resident to get her meal tray delivered to her room, she stated her eggs were cold, the toast was soggy, and the ham was a little chewy and cold. She stated she did not eat much of it; observed resident tray to be approximately 1/4 of portion was eaten.</p> <p>During interview on 4/2/25 at 10:38 a.m., R16 was observed to be the last resident to get his tray in the east wing. He stated his breakfast delivered this morning on 4/2/25 at approximately 8:20 a.m., the toast was so soggy he couldn't even eat it. The ham and eggs were both cold, so he did not eat any of it; observed resident tray to be uneaten.</p> <p>During interview on 4/3/25 at 11:45 a.m., C-A confirmed the breakfast foods can be difficult to keep warm or hot. C-A confirmed toast left sitting for over two hours would be expected to be soggy and cold; should have been redone.</p> <p>During interview on 4/3/25 at 11:45 a.m., dietary manager (DM) confirmed toast left out for 2 hours should not have been served to residents.</p> <p>(continued on next page)</p>		

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 04/03/2025
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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility policy dated 2/2023 stated safe food handling procedures for time and temperature control will be practiced in the transportation and delivery of all food items.</p>		

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 04/03/2025
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51379</p> <p>Based on observation, interview, and document review, the facility failed to ensure food stored in the refrigerators and dry storage were labeled, dated and discarded properly. This deficient practice had the potential to affect all 40 residents, staff and visitors who received food from facility kitchen.</p> <p>Findings include:</p> <p>During the initial kitchen tour on [DATE] at 11:35 a.m., dietary manager (DM) stated the dates listed on the food was the date of opening or when it was prepped and should be tossed after one week. The following items were observed in the fridge or dry storage with expired or undated food:</p> <ul style="list-style-type: none"> -Hot dogs dated [DATE] -Bratwurst dated [DATE] -Tuna Salad dated [DATE] -Clam chowder dated [DATE] -Cranberry preparation date [DATE] -Celery preparation date ,d+[DATE] -Corn preparation undated -Ground all spice, manufacturer expiration date [DATE] -Ground Cloves, manufacturer expiration date [DATE] <p>During interview on [DATE] at 9:11 a.m., cook (C)-A and dietary aide (DA)-A stated the date on foods in the fridge are the dates they were open or prepped on. C-A and DA-A both stated the foods should be thrown one week after the date on the food. C-A and DA-A both stated everyone is responsible for throwing out expired foods.</p> <p>During interview on [DATE] 2:45 p.m., dietary district manager (DDM) confirmed the facility policy is to date the food with the date it was opened or prepared; items should be thrown 7 days later. DDM verified the opened date on the hot dogs was [DATE] and should have been thrown by [DATE]. DDM verified the opened date on the celery was [DATE] and should have been thrown by [DATE]. DDM verified the manufacturers expiration date on the ground all spice was [DATE] and should have been thrown. Verified the manufacturers expiration date on the ground cloves was [DATE] and should have been thrown.</p> <p>(continued on next page)</p>		

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 04/03/2025
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Per facility Food Storage policy dated ,d+[DATE], storage areas will be neat, arranged for easy identification, and date marked as appropriate.</p>		

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 04/03/2025
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50764</p> <p>Based on observation, interview and document review the facility failed to ensure proper personal protective equipment (PPE) was utilized for 5 of 5 residents (R23, R6, R15, R21, R36) reviewed for enhanced barrier precautions (EBP).</p> <p>Findings include:</p> <p>R23's face sheet printed 4/2/25, included diagnoses of chronic pain, artificial hip joint, weakness, and fistula of intestine.</p> <p>R23's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated moderately impaired cognition, no rejection of care, upper and lower extremity impairment, use of a wheelchair, substantial/maximal assistance with toileting hygiene, upper and lower body dressing.</p> <p>R23's care plan revised 1/5/24, indicated extensive assist with bathing, grooming, and dressing. R23's care plan further indicated incontinence of bowel and presence of nephrostomy (opening between kidney and the skin) for urination.</p> <p>R6's face sheet, included diagnoses of history of traumatic brain injury, benign prostatic hypertrophy (enlargement of prostate gland causing difficult urination), weakness, and pain.</p> <p>R6's significant change MDS dated [DATE], indicated moderately impaired cognition, no behaviors or rejection of care, use of a wheelchair, substantial/maximal assistance with toileting hygiene, bathing, dressing, and personal hygiene.</p> <p>R6's care plan revised 1/31/25, indicated urinary catheter for benign prostatic hypertrophy, urinary retention, and frequent urinary tract infections. R6's care plan further indicated R6 had all personal bowel and bladder cares provided by nursing staff.</p> <p>R15's face sheet printed 4/2/25, indicated diagnoses of congestive heart failure, obesity, chronic pain, open wound of scalp, and open wound of left lower leg.</p> <p>R15's quarterly MDS dated [DATE], indicated intact cognition, no rejection of care, impairment of left lower extremity, dependent on staff for toileting hygiene, and substantial/maximal assistance for bathing and dressing.</p> <p>R15's physician's orders printed 4/2/25, indicated wound to left lower leg with orders to cleanse with wound cleanser, apply dressing, cover with absorbent pad, wrap from foot to knee. Physician's orders further instructed to soak wound with acetic acid for 15 minutes daily. In addition, physician's orders directed to soak scalp wound gently with soap and water, pat wound dry, and bandage. Before applying bandage, wipe away any crusting that formed.</p> <p>R21's face sheet printed 4/2/25, indicated diagnoses of congestive heart failure, paraplegia (loss of muscle use in the lower half of the body), obesity, presence of urinary catheter, and open wound of the left thigh.</p> <p>(continued on next page)</p>		

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 04/03/2025
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R21's annual MDS dated [DATE], indicated intact cognition, no rejection of care, upper and lower extremity impairment, use of a wheelchair, dependent on staff for toileting hygiene, and substantial/maximal assistance with dressing, bathing, and personal hygiene.</p> <p>R21's care plan date 2/27/25, indicated presence of chronic pressure injury stage II due to lack of repositioning while out of the facility. R21's care plan further indicated urinary incontinence and the presence of a suprapubic catheter (tube inserted into the bladder through incision in lower abdomen) and need for staff assistance with toileting and incontinence care.</p> <p>During interview and observation on 4/1/25 at 8:42 a.m., nursing assistant (NA)-C and NA-B assisted R23 with toilet use, transfer, and hygiene. R23 had an Enhanced Barrier Precautions (EBP) sign her room entrance door. NA-C and NA-B were not wearing gowns when providing cares to R23. NA-C stated she did not wear a gown to assist R23. NA-C further stated she was educated on EBP and should have worn a gown when providing cares to R23. NA-B state she did not wear a gown to assist R23, she knew the sign for EBP was on R23's door, but staff did not usually wear gowns because everything changes all the time, and she was not sure what she was supposed to do.</p> <p>During interview and observation on 4/1/25 at 12:57 p.m., NA-B assisted R6 with hygiene and emptying of urinary catheter bag. R6 had a sign on his room entrance door indicating the need for EBP. NA-B did not wear a gown to assist R6. NA-B stated she knew there was an EBP sign on R6's door, knew she should wear a gown to assist R6, but did not wear a gown.</p> <p>During interview and observation on 4/1/25 at 1:21 p.m., NA-B and NA-C assisted R15 with personal hygiene and brief change. R15 had an EBP sign on her room entrance door. NA-B and NA-C did not wear gowns while assisting R15. NA-B and NA-C stated they knew they should have worn gowns to assist R15 due to her wounds, but did not wear gowns.</p> <p>During interview and observation on 4/2/25 at 8:46 a.m., NA-D assisted R21 with emptying his urinary catheter. R21 had an EBP sign on his room entrance door. NA-D did not wear a gown while assisting R21. NA-D stated she was unaware she was supposed to wear a gown while assisting R21 and did not know what the EBP sign meant. NA-D stated she would go find some gowns to use.</p> <p>During interview and observation on 4/2/25 at 8:49 a.m., NA-E assisted R15 with personal hygiene and brief change. R15 had an EBP sign on her room entrance door. NA-E did not wear a gown while assisting R15. NA-E stated she did not know she needed to wear a gown, was unsure which resident in the room required use of EBP and would have to go ask someone for answers.</p> <p>During interview on 4/2/25 at 9:04 a.m., licensed practical nurse (LPN)-A stated she would expect the nursing assistants to wear gowns when providing cares in EBP rooms. LPN-A further stated she was unsure why they were not wearing proper PPE for EBP because they had all had training on EBP.</p> <p>During interview on 4/3/25 at 9:43 a.m., director of nursing (DON) stated staff had been educated on EBP and she expected staff to use EBP when required.</p> <p>During interview on 4/2/25 at 10:11 a.m., infection preventionist (IP) and administrator stated they were not aware proper PPE was not being used for EBP resident rooms and would expect staff to wear gowns in EBP rooms to prevent spread of infection.</p> <p>(continued on next page)</p>		

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 04/03/2025
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>49893</p> <p>R36 significant change Minimum Data Set (MDS) assessment dated [DATE] indicated, R36 was moderately impaired with no behaviors, dependent on staff for all activities of daily living (ADLs), incontinent of bowel and bladder, received nutrition and fluid intake through feeding tube (tube surgically inserted in the stomach to provide artificial nutrition and fluids.</p> <p>R36's diagnoses list included encephalopathy [a disorder involving altered brain function related to underlying disease/condition], transient ischemic attack (TIA) [temporary loss of blood flow to the brain], cerebral infarction [death of brain tissue due to loss of blood flow], gastrostomy [feeding tube surgically inserted into the stomach], moderate protein-calorie malnutrition, and nontraumatic intracranial hemorrhage [bleeding in the brain not caused by external force].</p> <p>R36's provider orders included NPO [nothing by mouth] total tube nutrition, Nutren 1.5 cal (brand of liquid nutrition) 500 ml three times a day, and water flushes 120 ml before and after each feeding. Provider orders also indicated route of administration for medications as gastric tube.</p> <p>A careplan dated 3/14/25 indicated R36 2 staff to assist [R36] to reposition in bed and chair every 2 hours, 2 staff to assist [R36] to transfer to and from chair and bed using Hoyer lift (machine used to lift a resident completely from one surface to another), and extensive assist with dressing, bathing, and personal cares. It also indicated R36 was NPO total tube feed due to inability to swallow. The careplan lacked indication of EBP.</p> <p>During interview on 3/31/25 at 5:54 p.m., R36's family member (FM)-A stated R36 requires tube feeding due to recent stroke and hospitalization for COVID. FM-A has not noticed staff wearing gowns when providing cares.</p> <p>During observation on 4/1/25 at 9:25 a.m., R36 was laying in bed with the head of his bed elevated. Bag dated 4/1/25 containing tube feeding solution was hanging from pole in the room. Enhanced barrier precautions sign was taped to the door. No PPE noted in or around R36's room.</p> <p>During observation and interview on 4/1/25 at 10:40 a.m., nursing assistant (NA)-A entered R36's room, applied gloves, and boosted R36 in bed by standing at the HOB and using soaker pad to boost resident in bed. NA-A then provided oral cares to resident using moistened sponges. During interview, NA-A stated staff are only required to wear gloves with EBP. NA-A stated carts with PPE are in the shower room in the middle of each hall. NA-A reiterated staff are required to wear gloves only for residents with EBP. NA-A and surveyor walked to shower room and observed a cart with drawers containing yellow gowns, gloves and other PPE.</p> <p>(continued on next page)</p>		

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 04/03/2025
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During observation and interview on 4/1/25 at 12:58 p.m., LPN-A arrived at R36's room and applied gloves. Without wearing a gown, LPN-A checked R36's residual volume [the volume of liquid remaining in the stomach]. LPN-A then administered water in R36's tube to flush tube and add fluid volume. After flushing the tube with water, LPN-A then hooked the liquid nutrition up to the feeding tube. LPN-A then removed the gloves. When asked about the EBP sign of R36's door, LPN-A stated she forgot to put a gown on. LPN-A stated resident's who have wounds, catheters, and feeding tubes are required to be placed on EBP. LPN-A stated nursing assistants are also required to wear a gown. When asked where the gowns are located, LPN-A looked up and down the hall stating gowns are normally located outside the resident's rooms however, In this one [hall] I think they are located in the shower room. LPN-A stated staff receive infection training yearly.</p> <p>The facility EBP sign posted on R23, R6, R15, R21, and R36's room entrance doors indicated the following: Enhanced Barrier Precautions- Everyone must clean their hands, including before entering and when leaving the room. Providers and staff must also wear gloves and a gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy, wound care.</p> <p>A facility policy titled Infection Control printed 4/3/25, indicated it was the policy of the facility that each resident and staff member be provided with a safe, sanitary and comfortable environment in which to live and work in by adapting processes to prevent development and transmission of disease and infection.</p> <p>An EBP policy was requested but not received.</p>		

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 04/03/2025
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)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>51379</p> <p>Based on observation, interview, and record review, the facility failed to maintain kitchen equipment in safe operating condition. This had potential to affect all 40 residents, staff and visitors who consumed meals from the main production kitchen.</p> <p>Findings include:</p> <p>During interview on 4/2/25 9:11 a.m., cook (C)-A stated the left side of the plate warmer does not work, only plates on the right side get warm. C-A stated the left side had not functioned for some time. C-A stated she told the dietary manager (DM) a while ago, but the left side of plate warmer is still broken. C-A stated the broken plate warmer was a concern because the warmed plates help the food stay warmer longer. Food that is placed on the cold plates from the left side of the plate warmer cools faster and residents become unhappy when they eat cold food.</p> <p>During interview on 4/2/25 1:47 p.m., administrator stated the facility does not have or keep maintenance logs for the kitchen plate warmer. Administrator stated if dietary had a problem with the plate warmer, they should call maintenance and if maintenance can't fix it then they would have to call the manufacturing company. She stated she didn't think any of the equipment in the kitchen needed maintenance.</p> <p>During interview on 4/2/25 at 2:01 p.m., dietary district manager (DDM) stated the facility does not use a maintenance tracking system; they communicate by word of mouth. He stated he was unsure when the facility was aware the plate warmer was not working. Verified the plate warmer did not have a maintenance log associated with it.</p> <p>During interview on 4/2/25 at 2:13 p.m., DDM stated the dietary manager, and the maintenance team discussed the broken plate warmer approximately one month prior. DDM confirmed the plate warmer was not working earlier today.</p> <p>A facility equipment maintenance policy was asked for, none was provided.</p>		