STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245376	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Zumbrota Care Center	433 Mill Street Zumbrota, MN 55992

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 - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to comprehensively assess sling/harness sizes according to manufacturer's instructions to ensure safe transfers for 2 of 2 residents (R1 and R4) who utilized mechanical lifts sit to stand lift and full body mechanical lifts for transfers. Findings include: R1's significant change Minimum Data Set (MDS) dated [DATE], indicated R1's cognition was intact, with diagnoses of hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following a cerebral infarction (stroke), unspecified dementia, diabetes, history of falling, and seizure disorder. Further indicated an impairment in range of motion (ROM) on one side of upper and lower extremities and was dependent with transfers with use of mechanical lift.R1's care plan revised 3/28/25, identified a focus of activities of daily living (ADL)'s: R1 had an ADL self-care performance deficit related to hemiplegia. Goal revised 10/21/25, will maintain current level of function in ADLs through the review date. Intervention revised 10/15/25, directed staff to use a Hoyer lift for all transfers. R1 does not go from lying to sitting on the edge of the bed. R1's care plan did not identify the size of sling R1 required for transfers.R1's Therapy/Nursing Communication form dated 10/10/25, directed all staff to use Hoyer (brand of full body mechanical lift) with 2 staff assist for all transfers. The communication form did not identify the size of sling R1 required for lift transfers.R1's Mechanical Lift assessment dated [DATE], identified R1 required the use of a Hoyer lift with total assist. R1's height was 65 inches and weight was 182.6 pounds. Identified R1 should use a large sized sling and that the care plan was updated. Although the assessment identified R1's height and weight it did not include the measurement of the maximum distance from resident's tailbone to base of neck and girth that is required by the manufacturer for appropriate sizing and safety. R1's Kardex (abbreviated care plan for direct care staff) printed 10/21/25, directed staff that R1 required Hoyer lift with assist of 2 staff. R1's kardex did not identify the size of sling R1 required for transfers.During an observation and interview on 10/21/25 at 1:24 p.m., R1 was seated in her chair watching television. R1 stated she now transferred with a Hoyer lift. R1 was unsure what color sling was used or what size it was. R1 stated the staff were aware of what sling size she needed to transfer using the lift. R4's quarterly MDS dated [DATE], indicated R4's cognition was intact, with diagnoses of traumatic subdural hemorrhage with loss of consciousness (a bleed that happens in the space between the brains outer covering and the brain itself caused by physical injury to the head), cerebral infarction (stroke), and history of falling. Further indicated an impairment in range of motion (ROM) on one side of upper and lower extremities and required substantial to maximal assist with mobility and transfers. R4's care plan revised 4/18/25, identified a focus of activities of daily living (ADL) self-care deficit related to ataxia following a cerebral infarction. Goal revised 8/8/25, will maintain current level of function in ADLs through the review date. Intervention revised 7/2/25, directed staff to use an EZ Stand (sit-to-stand mechanical lift) with transfers with assist of 1 staff. R4's care plan did not identify the size of harness that R4 required for transfers.R4's Hospice Plan of care, dated 6/18/25, identified R4 had intermittent confusion, expressive aphasia, right sided hemiparesis, was total assist with all cares and assist of 2 staff with EZ Stand for transfers. R4's hospice care plan did not identify the size of harness that R4 required for transfers.R4's Kardex printed 10/21/25, directed staff that R4 required EZ Stand with 1 staff assist for transfers. R4's Kardex did not identify the size of harness R4 required for transfers.In review of R4's record it was not evident a comprehensive assessment for mechanical lift and for harness size was completed.During an observation and interview on 10/22/25 at 10:22 a.m., R4 was lying in bed. R4 stated the staff used the EZ Stand to transfer her in and out of bed and was unaware of what size harness the staff used for her with transfers. Size medium harness was noted to be laying on the EZ Stand right outside of R4's room. During an interview on 10/25/25 at 10:37 a.m., nursing assistant (NA)-A reviewed R1 and R4's Kardex and stated it did not indicate what size sling/harness to use for transfers with R1's Hoyer lift and R4's sit to stand lift. NA-A stated there was usually a sling/harness in the resident's room to use for each resident and if she had questions on what size to use, she would just ask another aide. NA-A thought R1 would use a large sized sling and R4 would use a medium sized harness based on their weight. During an interview on 10/22/25 at 10:47 a.m., NA-B stated she knows what size sling/harness to use for each resident and was based on the resident's weight. NA-B further stated she would compare the resident's weight to the sling/harness chart the facility had hanging in the tub room. NA-B reviewed R1 and R4's kardex and stated it did not indicate what size sling/harness to use for transfers with R1's Hoyer lift and R4's sit to stand lift. NA-B