

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Zumbrota Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>42073</p> <p>Based on interview and document review, the facility failed to ensure that in the absence of a full-time registered dietician (RD), the dietary manager (DM) was certified to oversee nutrition and food services. This had potential to affect all 32 residents who resided in the facility.</p> <p>Findings include:</p> <p>During an interview on 5/28/24 at 5:24 p.m., dietary manager (DM)-D stated she had been employed at the facility for about a year and was not a certified dietary manager. DM-D stated she had been talking about taking a course but didn't know which course to take. DM-D stated she had recently received her ServSafe certificate.</p> <p>During a telephone interview on 5/29/24 at 4:30 p.m., registered dietician (RD)-E stated she was aware DM-D did not meet the required credentials for dietary manager. RD-E stated she was at the facility every four to six weeks, otherwise worked online with staff to oversee dietary operations, conduct resident assessments and evaluations. RD-F stated she was aware the administrator had been encouraging DM-D to obtain the required credentials.</p> <p>During an interview on 5/29/24 at 5:09 p.m., the administrator was aware DM-D was not certified as a dietary manager and had been discussing it with her. The administrator stated they would get DM-D enrolled in a course.</p> <p>Dietary manager job description, undated, indicated the individual must be a graduate of an approved dietary manager's course that met the requirements for state and federal long-term care regulations or have the ability to complete the course in a timeframe determined by the facility administrator.</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
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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>44630</p> <p>Based on interview and document review, the facility failed to submit accurate and/or complete data for staffing information, including information for licensed nursing staff, based on payroll and other verifiable and auditable data during 1 of 1 quarter reviewed - FY (fiscal year) Quarter 1 2024, (October 1 - December 31), to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS.</p> <p>Findings include:</p> <p>The CMS payroll-based journal (PBJ) staffing data report indicated the following:</p> <p>Failed to have licensed nursing coverage 24 hours/day on the following dates: 12/16/23, 12/17/23, 12/30/23, 12/31/23.</p> <p>On 5/29/24 at 2:04 p.m., health unit coordinator (HUC)-A, who was known as the facility scheduler, stated she was responsible for the nurse staff schedules. HUC-A stated the staff schedule ensured a licensed nurse was scheduled each shift (days, evenings, and nights) and 24 hours every day. Utilizing nursing staff schedules from 2023, and for each infraction date, HUC-A identified a licensed nurse by name and title, and verified a licensed nurse was employed by the facility or was agency staff for the infraction dates identified.</p> <p>On 5/29/24 at 2:37 p.m., human resources (HR)-A stated she entered staffing data into a spreadsheet and then corporate submitted the PBJ data to CMS. HR-A confirmed the data submitted on the infraction dates was not accurate to include all licensed staff who had worked. HR-A stated there was a misunderstanding of the data that needed to be entered and she would ensure accuracy of the spreadsheet submitted to corporate going forward. Timecard information was requested for each of the licensed nursing staff identified by HUC-A and HR-D confirmed licensed staff were scheduled on the infraction dates. Review of the documentation verified each of the licensed nursing staff worked on the dates they were scheduled.</p> <p>The facility Payroll Based Journal policy dated 4/1/19, indicated:</p> <p>PBJ data gathering and preparation. SFHS will gather complete and accurate direct care staffing information: For all care center, agency and contract staff (i.e. medical director, therapy, dietician, pharmacy consultant)</p> <p>SFHS' Employment System Department (ESD) will review all PBJ data for accuracy and submit prior to the CMS mandated deadline ( 45 days after quarter end).</p>		