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	08/07/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and document review, the facility failed to ensure food stored in the refrigerators were labeled and dated appropriately. This deficient practice had the potential to affect 35 residents who received food from the refrigerators. Findings include: During an initial kitchen tour on 8/5/25 at 10:15 a.m., the large walk-in refrigerator contained an undated plastic container 1/2 full of soup. The refrigerator in the kitchen prep area contained an undated 3/4 full plastic container of potato salad and an undated plastic container 1/4 full of diced ham cubes. [NAME] (C)-A was unaware how old the soup was. C-A was unavailable to confirm date of potato salad or ham cubes. During a subsequent tour and interview on 8/7/25 at 11:01 a.m., dietary manager (DM)-A, indicated the soup, ham cubes, and potato salad had been removed from the refrigerators. Initial tour findings were discussed with DM-A. DM-A confirmed the soup, potato salad, and ham cubes were discarded on 8/6/25. DM-A stated leftovers are good for 48 hours and packaged foods are good 1 week after opening. DM-A stated it is expected all prepared foods and opened packages are dated prior to storage. A policy titled Perishable Food Management dated 8/29/22 indicated it is facility policy All perishable food will be appropriately managed to prevent bacteria from multiplying or forming toxins. It defined Use-by-date as the last date recommended for the use of the product while at peak quality. The product should be discarded once it is one day past the 'Use-by' date. Further, Label is defined as: required on all foods not in original packaging. Should include food item description and dates. Dates should include: use-by-date or discard date. The policy further indicated leftover foods will be clearly labeled before being refrigerated or frozen and refrigerated leftover food must be used within 3 days, discarded on the 4th day.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and document review, the facility failed to provide completed Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN CMS 1005) to 1 of 3 residents (R6) reviewed whose Medicare Part A coverage ended and then remained in the facility. Finding include: R6's census record indicated R6's payer source changed to private pay on 5/23/25 and R6 remained in the facility. R6's face sheet indicated R6's primary payer source is private pay with a secondary payer source as Medicare B. R6's Notice of Medicare Non-coverage (NOMNC) form indicated R6's last covered day was 5/22/25. The form indicated verbal consent was obtained from R6's responsible party on 5/19/25. The form was signed by the responsible party on 5/22/25. R6's medical record lacked evidence a SNFABN form had been provided to explain the estimated cost per day or provide rationale or explanation of the extended care services or items to be furnished, reduced, or terminated. During an interview on 8/06/25 at 1:48 p.m., R6's responsible party (FM)-A confirmed R6 was private pay. FM-A confirmed receipt and signing of NOMNC indicating R6's Medicare part A benefits were ending. FM-A stated they did not recall discussing the potential cost of continuing services or completing a SNFABN form. During an interview on 8/6/25 at 1:50 p.m., social services director (SS)-A stated she provides the NOMNC to the beneficiary/responsible party and explains the right to appeal. SS-A stated she was unaware of the SNFABN form and had not been providing them. SS-A confirmed R6's responsible party did not receive the SNFABN. During an interview on 8/6/25 at 2:24 p.m., the administrator (ADMIN) stated it is the expectation the SNFABN is provided to the beneficiary/responsible party when the NOMNC is provided if the beneficiary chooses to remain at the facility. A policy titled Medicare Denial Procedure reviewed 2/27/24, indicated The Medicare Denial Notice will be delivered no later than 48 hours prior to discharge from services and far enough in advance to allow the Medicare beneficiary sufficient time to consider their options and make an informed choice regarding their right to appeal the decision that Medicare will not cover specific services. it continues If the beneficiary will continue to stay in the care center, provide CMS-10123 Notice of Medicare Non-Coverage and CMS-10055 Fee For Services Skill Nursing Facility Advanced Beneficiary Notice of Non-Coverage which is the 'demand bill' portion used for the standard, manual appeal process.

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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 0628 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and document review, the facility failed to notify the Ombudsman of transfers and discharges.During the survey documentation review and preparation process, the designated ombudsman was notified of the upcoming facility survey. Per electronic communication on 8/1/2025 at 10:38 a.m., ombudsman stated she had not received any notifications from the facility about transfers and discharges.During interview on 8/7/25 at 8:57 a.m., social worker (SW) stated she does keep track of admissions, discharges, and transfer. SW stated she was unaware she needed to send the admissions, discharges, and transfer notifications to the ombudsman. SW confirmed she had not sent the admissions, discharges, and transfer to the ombudsman. During interview on 8/7/25 at 9:53 a.m., administrator stated the SW is responsible for keeping a log of the facility admissions, discharges, and transfers. Administrator stated she is unaware if the SW had submitted the admissions, discharges, and transfer to the designated ombudsman. Administrator confirmed she had not sent the facility admissions, discharges, and transfer to the designated ombudsman. A policy was requested but was not received.