

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Prairie Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Third Street Northwest Blooming Prairie, MN 55917	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to provide completed Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN CMS 10055) to 2 of 2 residents (R3 and R24) reviewed whose Medicare Part A coverage ended and then remained in the facility. Findings include: A review of R3's SNF ABN document provided by the facility indicated R3 Medicare benefits ended on 4/10/25 and beginning on 4/11/25, R3 may have to pay out of pocket for this care if you do not have other insurance that may cover these costs. we estimate that these services will cost you \$ SEE BUSINESS OFFICE per day/item of service. The form did not include an estimate cost for services. A review of R24's SNF ABN document provided by the facility indicated R24 Medicare benefits ended on 4/11/25 and beginning on 4/12/25, R24 may have to pay out of pocket for this care if you do not have other insurance that may cover these costs. we estimate that these services will cost you \$ SEE BUSINESS OFFICE per day/item of service. The form did not include an estimate cost for services. Interview on 7/1/25 at 1:00 p.m., Business office manager (BOM) indicated [NAME] had ever asked her for an amount to add to a resident's SNF ABN. She indicated she would inform any resident or their responsible party if they asked. She indicated either the Minimum Data set (MDS) nurse or social services were the party that completed the SNF ABN. Interview on 7/1/25 at 1:30 p.m. Registered Nurse (RN) -A indicated she was the MDS nurse and she completed the SNF ABN form. She indicated that she did not know that a monetary amount needed to be completed on the SNF ABN form. The form is completed with see business office. She verified all SNF ABNs were completed with that information. Review of the Form instructions Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) form CMS 10055 (2024) indicated: D. Estimated Cost Section. In this section, the SNF enters the estimated cost of the corresponding care that may not be covered by Medicare. The SNF should enter an estimated total cost or a daily, per item, or per service cost estimate. SNF's must make a good faith effort to insert a reasonable cost estimate for the care. If for some reason the SNF is unable to provide a good faith estimate of projected costs of care at the time of SNF ABN delivery, the SNF should indicate in the cost estimate that no cost estimate is available. This should not be a routine or frequent practice. Interview on 7/1/25 at 2:30 p.m. R24's family member, indicated she knew the amount because she is employed at the facility, but no information was given in writing on the form. Interview on 7/2/25 at 8:00 a.m., R3 indicated he did not remember being told an amount that he would have to pay to stay in the facility.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview, and document review, the facility failed to ensure assist bars attached to the bed were assessed and reassessed for specific hazards and risks and in accordance with manufacturer's guidelines for 4 of 4 residents (R19, R17, R24, R14) reviewed for assistive devices. Findings include: R19's quarterly Minimum Data Set (MDS) assessment, dated 4/28/25, identified severely impaired cognition, and physical behavior daily during the seven day lookback period. R19 was dependent for bed mobility and transfers and had a diagnosis of unspecified dementia with behavioral disturbances. R19's Cognitive Loss Care Area Assessment (CAA) dated 8/6/24, identified a diagnosis of dementia and extensive assist was required with ADLs (activities of daily living). R19 had verbal and physical behaviors directed at staff when assisting with ADLs. R19's care plan dated 5/8/25, identified assist bar on bed to aid in bed mobility and positioning, and lacked an assessment of specific hazards and risks. R19's progress notes identified: - 2/13/25 at 12:18 p.m., staff assessed bruising to R19's right side of jaw/chin measuring 1.5 centimeters (cm) diameter; dark brown/blue with surrounding yellow. On left side of face/neck there is very light streaking yellow bruising noted approximately three by two inches (in). A potential cause of bruising to right side could be from the assist bar on her bed. - 10/18/24 at 4:03 p.m., staff noted bruise to R19's left hand, top of left hand between thumb and forefingers. Area in line with where resident could have bumped hand on bed rail. Resident is known to be combative at times. Area measured 3 in. in diameter. Area is dark blue in color with yellowing to outside edges. R19's Point Click Care (PCC; the facility's electronic medical record) lacked assessments addressing specific hazards and risks of assist bars. During an observation on 6/30/25 at 12:50 p.m., R19 was in bed with one 1/4 length assist bar on the right side of head of bed with the brand name Accora. During an interview on 6/30/25 at 7:06 p.m., nursing assistant (NA)-C stated R19 might reach for the assist bar when staff assisted to turn side to side, however, R19 did not use them to turn and if she did, would sometimes not let go. NA-C did not think R19 knew what the assist bar was for. NA-C stated R19 was dependent on staff for bed mobility. During an interview on 7/1/25 at 10:28 a.m., NA-B stated R19 did not typically use the assist bars for bed mobility, and would sometimes grab onto the bar. During an observation on 7/1/25 at 1:00 p.m., NA-D and NA-E assisted R19 into bed using the full body lift. Once R19 was laid in bed, NA-D and NA-E assisted R19 to roll side to side. R19 did not participate in bed mobility or use the assist bar. NA-E stated R19 usually did not use the assist bar to participate in bed mobility or transfers. R17R17's annual MDS assessment, dated 4/1/25, identified severely impaired cognition and no behaviors. R17 was dependent for bed mobility and transfers and had a diagnosis of Alzheimer's disease. R17's Cognitive Loss CAA dated 4/1/25, identified a diagnosis of dementia and short term (STM) and long term memory (LTM) loss were present. R17 was unable to answer questions on the Brief Inventory of Mental Status assessment and was unable to make decisions when given two choices. R17 required extensive assistance with ADLs. R17's care plan dated 4/14/25, identified assist bars on bed to aid in bed mobility and positioning, and lacked an assessment of specific hazards and risks. R17's progress note dated 10/26/24 at 1:49 p.m., identified R17 was dependent on three staff during transfers. R17 was unable to hold onto hand bar (assist bar) when transferring, she would attempt to hold on but let go. She was unable to bear her weight and lost balance resulting in a fall. R17's PCC records lacked assessments addressing specific hazards and risks of assist bars. During an observation on 6/30/25 at 3:34 p.m., R17's bed had one 1/4 length assist bar on each side of the head of bed, model Joerns F025. During an interview on 7/1/25 at 10:28 a.m., nursing assistant (NA)-B stated R17 did not use her rails for bed mobility and R17 mostly laid still when staff assisted with rolling side to side in bed. During an observation on 7/2/25 at 8:20 a.m., NA-G and NA-D assisted R17 into bed from her wheelchair using the full body mechanical lift. The NA's gave instructions to R17 to turn in bed, however, R17 did not participate, the NA's stated R17 does not use the assist bars anymore for bed mobility. R24R24's quarterly MDS assessment, dated 5/28/25, identified severely impaired cognition and rejection of care one to three days during the seven day lookback period. R24 was independent with rolling left to right in bed and required partial/moderate assistance for chair/bed to chair transfers. R24's Self-Care and Mobility CAA dated 9/11/24, identified she transferred with one assist and self-transferred sometimes. R24 was able to move herself in bed sometimes and staff needed to assist other times. R24's care plan dated 6/5/25, identified assist bars on bed to aid in bed mobility and positioning, but lacked an assessment of specific hazards and risks. R24's PCC records lacked any assessments addressing specific hazards and risks of assist bars. During an observation on 6/30/25 at 1:43 p.m., R24's bed had one 1/4 length assist bar on each</p>		