

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2026
NAME OF PROVIDER OR SUPPLIER  Minnewaska Community Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  605 Main Street Starbuck, MN 56381	
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 0912  Level of Harm - Potential for minimal harm  Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.  Based on observation, interview, and document review, the facility failed to ensure the 13 single resident rooms on the A-wing had at least 100 square feet of useable floor space for 6 of 6 residents (A24, A25, A27, A33, A35, A36) who currently resided in those rooms. Findings include: During the entrance conference on 4/27/26 at 10:30 a.m., the Director of Nursing (DON) confirmed the rooms in the hallway A did not have at least 100 square feet of useable floor space as required. During the initial screening for residents on the A-wing on 4/27/26 at approximately 11:20 a.m., the following resident rooms, A24, A25, A27, A33, A35, A36 were occupied by residents. During an interview on 04/27/2026 at 11:45 a.m., R27 reported the cares provided by staff are not inhibited by the room size. 04/28/2026 5:00 p.m., Registered Nurse (RN)-A, reports she is not aware of any complaints from residents due to room size. 04/28/2026 at 5:14 p.m., Administrator-A and Administrator-B both confirmed they had no requests for a room move or complaints of room being too small from any current resident. They also reported they would accommodate any request a resident had regarding more space as allowed. Administration reported that in the past they have moved a resident to a bigger room per family request so the large family could visit at same time. Policy on room size was requested, none was received.		

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