STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245626	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Rehabilitation and Living Center	1900 Ballington Boulevard NW Rochester, MN 55901

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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
	245626	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Rehabilitation and Living Center	1900 Ballington Boulevard NW Rochester, MN 55901

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 0684 Level of Harm - 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 ensure timely identification, evaluation, and treatment of a worsening skin infection for 1 of 3 residents (R1) reviewed for quality of care. This resulted in actual harm for R1 who developed a worsening infection in the wound in which necessary treatment and care were delayed. In addition, the facility failed to complete comprehensive skin assessments for non-pressure skin impairments (surgical wounds) for 3 of 3 residents (R1, R4, R5) reviewed for non-pressure (surgical incisions) skin impairments.Findings include:R1's face sheet dated 6/27/25, identified diagnoses of cellulitis (a potentially serious bacterial skin infection) of left lower limb, absence of left leg below the knee, heart failure (a condition where the heart does not pump as well as it should), and diabetes mellitus (a disease that results in too much sugar in the blood).R1's hospital after visit summary (AVS) dated 5/9/25, identified R1 had been hospitalized for a infection in left foot and had a surgical wash out and I &D (incision and drainage) where they found 5.4 millimeters (mm) of glass found in her foot along with purulent drainage (composed of pus, a thick yellowish or greenish fluid associated with infection). R1 had a magnetic resonance imaging (MRI) with no signs of osteomyelitis (bone infection). R1 had been discharged to the skilled nursing facility on oral antibiotics. R1's admission Minimum Data Set (MDS) dated [DATE], identified R1 had a surgical wound of the foot, needed maximum assistance for transfers and cognitively intact. Despite the hospital discharge summary and the admission MDS identifying the presence of a surgical wound R1's record did not include an admission skin assessment. R1's focus care plan dated 5/9/25, identified R1 had an alteration in skin integrity related to surgical incision on left foot. Interventions included: observe my site daily for signs of infection or poor healing (drainage, odor, redness, warmth at incision line and notify physician of any signs of infection.R1's physician orders for left foot incision were as follows:-5/11/25-6/9/25: Keep surgical incision clean and dry every shift.-5/12/25-5/15/25: two times a day removing packing strips x 2, cleanse foot wounds top and bottom of foot with Vashe, pack plantar and dorsal foot wound with 1/4 inch iodoform packing, cover with 4 x 4's, loosely wrapping with kerlix.-5/12/25-6/9/25: apply betadine (iodine) to incision three times per week. Review of R1's record from 5/9/25 to 5/21/25 it was not evident comprehensive wound assessments were completed and no indication consistent routine monitoring for changes was completed between 5/9/25 through 5/31/25.R1's orthopedic follow up note dated 5/15/25, identified R1 did not need additional iodoform packing required of foot wound and recommended twice dry dressing with gauze and betadine swabs on Monday, Wednesday, and Friday. R1's wound would need an expedited (quickly) workup including emergency department (ED) if systemic changes including fever/night sweats, worsening drainage, spreading erythema (redness) or foul odor from the foot. Review of R1's medical record identified the order for the dressing changed was transcribed into the record, however, revealed no evidence that the directive-to transfer R3 to the emergency department upon signs of systemic symptoms-had been documented or acknowledged. R1's nurse practitioner (NP) visit note dated 5/19/25, identified R1 expressed concern that her wound care was not being completed accurately and was tearful about this. The incorrect dressing was in place with iodosorb packing present on the top of the foot and xeroform placed over the incision to the top and bottom of the foot (instead of using betadine swab and gauze). NP informed the nurse manager and the director of nursing of the incorrect dressing. R1's Wound Evaluation assessment dated [DATE], identified R1's surgical wound on the left dorsum foot measuring 7.29 centimeters (cm) x 0.57 cm with no depth. Wound had 70% epithelial tissue (regenerating tissue), 20% slough (dead tissue), and 10% eschar (dead tissue that forms in a wound). Has light serosanguinous (fluid that contains liquid with blood) drainage. Review of R1's corresponding picture dated 5/22/25, identified nine sutures on the top of the foot with sutures not approximated (edges together). Wound base had a yellow substance at the top and bottom of the wound and a dark red area in the middle. The 3rd and 4th toe had a reddish scab like between the toes. R1's foot had swelling on the top of the foot and in the toes. Noted dark brownish skin on the left side of the wound without redness.R1's wound nurse note dated 5/22/25, identified R1 was evaluated for a wound consult for a left foot surgical incision. R1 reported recent infection and subsequent surgery on her left foot. R1 was not having pain but having itching on the central part of the incision. No signs of infection and to follow up with surgeon. To follow up on weekly wound rounds.R1's clinic internal medicine note dated 5/27/25, identified that communication had been received from the facility on 5/24/25 regarding left wound had increase in drainage, no odor but white slough in stitches. Wound cleansed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245626	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Rehabilitation and Living Center	1900 Ballington Boulevard NW Rochester, MN 55901

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on interview and document review the facility failed to ensure the Quality Assurance and Performance Improvement (QAPI) committee identified, investigated, analyzed, and responded to wound assessments not being completed by developing and implementing action plans for process improvement. This had the potential to affect all 36 residents that resident in the facility. Findings include:See F684: Based on observation, interview, and document review the facility failed to ensure timely identification, evaluation, and treatment of a worsening skin infection for 1 of 3 residents (R1) reviewed for quality of care. This resulted in actual harm for R1 who developed a worsening infection in the wound that delayed treatment and care. In addition, the facility failed to complete comprehensive skin assessments for non-pressure skin impairments (surgical wounds) for 3 of 3 residents (R1, R4, R5) reviewed for non-pressure (surgical incisions) skin impairments.During the facility resident record review on 6/25/25 for resident sample selection revealed from 5/9/25 to 6/25/25, the facility had three residents that did not have consistent wound evaluation assessments completed on surgical wounds. Review of R1's record from 5/9/25 to 5/21/25 did not identify a comprehensive wound assessment had been completed for a surgical wound on her left foot.Review of R4's record from 6/6/25 to 6/25/25, identified there was a wound assessment completed on 6/5/25, however was not completed again until 6/26/25.Review of R5's record from 6/16/25 to 6/25/25 did not identify a comprehensive wound assessment had been completed on the surgical wound. A copy of the facility's current quality action plans was received on 6/30/25, and did not identify any plan for assessing or monitoring of skin related issues.During an interview on 6/27/25 at 12:19 p.m., director of nursing (DON) stated prior to the beginning of the survey, a few weeks ago (but could specify a date), she had been informed by the certified wound nurse practitioner that wound assessments had not been completed consistently on the residents with current wounds. DON stated she had not brought the practitioner's concerns forward to the quality team nor did she create an action plan to address the issue. DON further stated, the quality team met on 6/26/25 (during the survey) to discuss the concerns with the facility's wound management program and were currently working on a plan to correct. The quality team had been monitoring pressure related skin issues, however, DON indicated non-pressure related skin concerns were not being addressed and would be monitoring those concerns at the next quality meeting. Review of the facility's Quality Assessment and Assurance/Quality Assurance Performance Improvement (QAA/QAPI) Committee Policy and Procedure dated 11/21, identified the following:-When improvement or innovation is indicated based on outcomes and/or new information, Performance Improvement Plans (PIP's) will be chartered as needed. -A Root Cause Analysis (RCA) or equivalent process will be completed when needed to define the problem or need.-The QAPI team will define who is on the PIP team which will utilize the Model for Improvement process to determine what change is indicated based on the RCA findings and additional information identified.-The team then proceeds with testing the change, making any necessary changes, and then designing an implementation plan.-Once the plan is completed a sustainability (monitoring) plan is created. The metric or process to monitor this issue will be added to the QAPI Surveillance Data and Reporting Schedule as the feedback loop for on-going monitoring.