

Rochester Restorative Care Center

Report ID: CCN 245184
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§ 1 Facility Identity

Facility	Rochester Restorative Care Center
CCN	245184
Location	501 EIGHTH AVENUE SOUTHEAST, ROCHESTER, MN, 55904
Ownership type	For profit - Corporation
Certified beds	85

§ 2 CMS Federal Record

Civil money penalties on file	\$111,761
Deficiency citations — current cycle	30 (131% vs prior 24 months (13))
Deficiency citations — prior 24 months	13
Immediate Jeopardy — current cycle	2
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	SFF candidate
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	\$111,761
MN state average	\$20,689 (this facility is 5.4× the MN average)
National average	\$31,239 (this facility is 3.6× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 30 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F803	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.	J · Immediate Jeopardy	Complaint
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	J · Immediate Jeopardy	Complaint
F838	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.	F	Complaint
F865	Have a plan that describes the process for conducting QAPI and QAA activities.	F	Complaint
F867	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.	F	Complaint
F868	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly	F	Complaint
F812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	F	Standard survey
F584	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.	E	Standard survey
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	E	Standard survey
F755	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.	E	Standard survey

F554	Allow residents to self-administer drugs if determined clinically appropriate.	D	Complaint
F842	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.	D	Complaint
F573	Let each resident or the resident's legal representative access or purchase copies of all the resident's records.	D	Complaint
F655	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted	D	Complaint
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	D	Complaint
F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	D	Complaint
F690	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.	D	Complaint
F554	Allow residents to self-administer drugs if determined clinically appropriate.	D	Standard survey
F580	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.	D	Standard survey
F655	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted	D	Standard survey
F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	D	Standard survey
F658	Ensure services provided by the nursing facility meet professional standards of quality.	D	Standard survey
F691	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.	D	Standard survey

F695	Provide safe and appropriate respiratory care for a resident when needed.	D	Standard survey
F698	Provide safe, appropriate dialysis care/services for a resident who requires such services.	D	Standard survey
F757	Ensure each resident's drug regimen must be free from unnecessary drugs.	D	Standard survey
F880	Provide and implement an infection prevention and control program.	D	Standard survey
F919	Make sure that a working call system is available in each resident's bathroom and bathing area.	D	Standard survey
F730	Observe each nurse aide's job performance and give regular training.	C	Complaint
F732	Post nurse staffing information every day.	C	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: NORTH SHORE HEALTHCARE (59 facilities); Owner on file: NSHC WISCONSIN LLC (organization)
Ownership chain	NORTH SHORE HEALTHCARE (59 facilities)
Penalties vs chain average	\$111,761 vs \$16,788 (6.7× the chain average)
Current deficiencies vs chain average	30 vs 8.0 (3.8× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	1 / 5 (state avg 3.2 · US avg 3)
Health inspection	1 / 5 (state avg 2.8 · US avg 2.8)
Staffing	4 / 5 (state avg 4.1 · US avg 2.9)
Quality measures (QM)	2 / 5 (state avg 3.2 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/245184
Snapshot SHA-256	fc09a871cb0dd2845783974b8566ab3461714bd30138a9f40ac67df60c5726d4
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
 2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 245184.
 3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash fc09a871cb0d.
 4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).
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This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at <https://www.caregiverhelpnow.com/methodology>; the Snapshot SHA-256 above pins this record to that methodology version.

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