

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Woodbury Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7012 Lake Road Woodbury, MN 55125	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47083</p> <p>Based on interview and document review, the facility failed to accurately assess and implement interventions to prevent hypoglycemia (low blood sugar) for 1 of 1 resident who was diabetic, had a blood sugar of 30 mg/dl (milligrams per deciliter; normal range is 80-130 mg/dl) and was unresponsive at dialysis. This resulted in an immediate jeopardy for R1 who was hospitalized with hypoglycemia.</p> <p>The IJ began on 3/1/25 at 5:00 p.m. when R1 was admitted to the facility with orders for insulin but lacked orders to check blood sugars. The facility did not implement standing orders or request orders to monitor R1's blood glucose levels, resulting in a severe drop in R1's blood sugar level and hospitalization . The administrator, director of nursing (DON), and regional nurse were notified of the IJ on 3/7/25 at 11:50 a.m. The facility had implemented immediate corrective action on 3/4/25 to prevent recurrence prior to the survey, therefore, the IJ was issued at past none compliance.</p> <p>Findings include:</p> <p>R1 admitted to the facility on [DATE] with a diagnoses of dependence on renal dialysis, pleural effusion, Type 2 Diabetes Mellitus (DM) with diabetic chronic kidney disease, acute respiratory failure with hypoxia, chronic atrial fibrillation, and chronic systolic congestive heart failure.</p> <p>R1's physician admission orders indicated that he was to receive 35 units Lantus (insulin) once daily at bedtime, and to use nursing home standing orders. Admission orders lack direction for blood sugar checks.</p> <p>A facility document, Standing Orders for Skilled Nursing Facilities dated 2023, directed to initiate four times daily blood glucose monitoring upon admission for three days for all diabetic patients unless ordered otherwise.</p> <p>R1's hospital discharge summary, dated 3/1/25, indicated he was hospitalized from 1/21/25 through 3/1/25 and his insulin requirements had been decreasing and he started having hypoglycemia episodes after being started on hemodialysis on 2/13/25. The discharge summary also directed R1 to have a continuous Dexcom 7 sensor (a continuous glucose monitoring system that provides real-time glucose readings, alerts for highs and lows) to be changed every ten days.</p> <p>R1's care plan indicated R1 had a diagnosis of diabetes and took hypoglycemic medication (insulin).</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Woodbury Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7012 Lake Road Woodbury, MN 55125	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1's progress note dated 3/3/25 at 7:45 a.m., indicated writer received call from Fresenius dialysis clinic regarding R1, who was found unresponsive upon arrival at the dialysis clinic and sent to the hospital.</p> <p>R1's hospital note, dated, 3/3/25, indicated he was admitted for hypoglycemia, tachypnea (rapid breathing) and tachycardia (fast heart rate) with the plan to remain hospitalized for at least two additional days to monitor and stabilize.</p> <p>R1's progress notes lacked any blood sugar readings from 3/1/25 through 3/3/25.</p> <p>R1's MAR (medication administration record)/TAR (treatment administration record) lacked instruction for blood sugar monitoring.</p> <p>On 3/6/25, registered nurse (RN)-A (dialysis nurse) stated R1 was dropped off at the dialysis clinic at 7:50 a. m., on 3/3/25. RN-A stated R1 was very weak and could not answer questions. R1 was not responding to verbal cues, his head was tilted to the side, and his mouth was wide open. She called for help right away and checked his blood sugar which was 30 mg/dl (normal range is 80-130 mg/dl, per the American Diabetes Association). Emergency medical services (EMS) called. EMS transported R1 to the hospital for evaluation. RN-A also stated R1 was not provided a lunch in anticipation of dialysis.</p> <p>On 3/6/25, at 12:28 p.m., RN-B (RN nurse manager) stated at admission, nurses should initiate standing orders for blood sugar checks for three days for any diabetic residents who did not have a physician order to check blood sugars and notify the provider to request orders. RN-B stated nurses should check blood sugar and vital signs for any diabetic residents before sending them to dialysis treatment.</p> <p>On 3/6/25, at 1:24 p.m., the director of nursing (DON) stated she expected nursing staff to ensure residents received breakfast, checked blood sugar and vital signs for diabetic residents before sending them to dialysis.</p> <p>On 3/6/25, at 2:18 p.m., licensed practical nurse (LPN)-A, an agency nurse assigned to R1 the morning of 3/3/25, stated he did not check R1's blood sugar and vital signs prior to his dialysis appointment. LPN-A stated he did not give R1 breakfast before R1 left for dialysis. LPN-A did not know R1 had diabetes at the time and no report was given to him about R1's diabetic status.</p> <p>On 3/6/25 at 3:24 p.m., medical provider (MD)-A stated she expected nursing staff to check the blood sugar of diabetic residents, even if they do not have order from the hospital, before sending them to the dialysis treatment.</p> <p>On 3/7/25, at 1:29 p.m., LPN-A stated R1 was brought to the lobby of the facility around 6:30 a.m. on 3/3/25. LPN-A stated transportation was scheduled for 7:00 a.m. to pick R1 up for dialysis. LPN-A stated he wasn't sure why R1 didn't receive breakfast.</p> <p>On 3/7/25, at 1:36 p.m., RN-C stated he and another nurse entered R1's orders on 3/1/25. RN-C stated he was aware diabetic residents should have blood sugar checks for the first few days, per the standing orders. RN-C confirmed this was missed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Woodbury Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7012 Lake Road Woodbury, MN 55125	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 3/7/25, at 1:40 p.m., RN-D stated she and RN-C worked together to enter R1's orders on 3/1/25. RN-D stated she would expect blood sugar checks for a diabetic resident on insulin. RN-D stated they should have called to clarify R1's orders.</p> <p>On 3/7/25, at 2:15 p.m. family member (FM)-A stated R1 remained hospitalized but his status was improving.</p> <p>A facility policy regarding caring for diabetic residents was requested, but not received.</p> <p>The facility implemented corrective action prior to the start of survey. The IJ is issued at past noncompliance. IJ began on 3/1/25 and was corrected by 3/4/25. Facility action included:</p> <p>The facility identified like residents and ensured appropriate blood glucose monitoring was in place.</p> <p>Education was provided to all nursing staff on standing orders and when to implement standing orders, specifically to diabetic care.</p> <p>Reviewed and educated nursing staff regarding the importance of nutrition for vulnerable residents including those with diabetes or on dialysis.</p> <p>Re-educated staff who provide diabetic care to the dialysis residents on these policies and procedures.</p> <p>Orientation training package to be provided to all agency staff with competencies test.</p>		