STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245306	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Rochester West	2215 Highway 52 North 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 - Immediate jeopardy to resident health or safety 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
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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to identify, assess, monitor, and follow physicians' orders for signs and symptoms of hypoglycemia (low blood sugar) for 1 of 3 residents (R1) who had diagnosis of diabetes. This resulted in an immediate jeopardy (IJ) situation for R1 who had continuous low blood sugars without treatment that resulted in hospitalization with hypoglycemia. The IJ began on 8/29/25 at 4:00 p.m., when interventions were not implemented to prevent hypoglycemia. The facility did not notify the provider and R1's blood sugars continued to drop until he was sent to the ED on 8/30/25 at 1:20 a.m. The administrator, director of nursing (DON), assistant director of nursing ADON), regional nurse consultant (RNC), activity director (D), health unit coordinator (HUC), and licensed social worker (LSW) were notified of the IJ on 9/4/25 at 5:14 p.m. The immediacy was removed on 9/5/25, but noncompliance remained at the lower scope and severity level 2 (D), which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy.Findings include:According to the American Diabetes Association (ADA) the recommendations for target blood sugar levels are: Before a meal (pre-prandial): Typically, between 80 and 130 mg (milligrams/deciliter); Two hours after starting a meal (postprandial): Less than 180 mg/dL According to the ADA, hypoglycemia is defined as a blood glucose level below 70 mg/dL (3.9 mmol/L). Hypoglycemia is further categorized into three levels: Level 1 is below 70 mg/dL but above or equal to 54 mg/dL (3.9-3.0 mmol/L), Level 2 is below 54 mg/dL (<3.0 mmol/L), and Level 3 is a severe event requiring assistance, regardless of the glucose level. R1's admission minimum data set (MDS) dated [DATE], identified R1 was admitted on [DATE] and discharged to a hospital on 8/30/25. Further identified R1's cognition was intact and had diagnoses of diabetes mellitus, rhabdomyolysis (A breakdown of muscle tissue that releases a damaging protein into the blood that can cause damage to the kidneys).R1's order summary dated 8/27/25, included the following orders for diabetic management:-Metformin (oral medication given to reduce blood sugar levels) 1000 milligrams (mg) twice daily for diabetes (start date 8/27/25).-Glimepiride (medication used to increase insulin secretion resulting in lowered blood sugar levels) 2 mg twice daily for diabetes (start date 8/27/25). -Accu-Chek (blood glucose monitoring system) every morning and evening and PRN (as needed) -(start date 8/27/25).-If Blood Sugar (BS) <70 and resident is symptomatic and not alert, give 1 mg Glucagon (an injectable medication used to counter the effects of insulin to raise blood glucose levels) intramuscular/subcutaneous (IM/SQ). Recheck blood glucose in 15 minutes. Repeat if resident is not alert and symptomatic. If resident is now alert, BS <70 and symptomatic, give orange juice or tube of Glucose gel (medication used hypoglycemia to raise blood glucose when it becomes dangerously low). Recheck blood sugar in 15 min. If BS >70 and not symptomatic, do not treat. If BS <70 and resident is alert, symptomatic or asymptomatic, give orange juice or tube of Glucose Gel followed by a complex carbohydrate. Recheck blood sugar in 15 minutes as needed for monitoring (Start date 8/28/25)-8/28/25 Glucagon Emergency Kit 1mg, inject 1 dose IM as needed for blood sugar <60, use if resident is unresponsive. Notify MD (Start date 8/28/25) . -8/28/25 Glucose Gel 40 %, give 1 dose by mouth as needed for hypoglycemia- blood glucose of <70, symptomatic and alert, notify MD recheck blood sugar in 15 minutes (Start date 8/28/25).R1's care plan identified a focus, the resident has Diabetes Mellitus, dated 8/28/25, with interventions dated 8/28/25 to Monitor/document/report as needed any sign/symptoms of hypoglycemia: Sweating, Tremor, Increased heart rate (Tachycardia), Pallor, Nervousness, Confusion, slurred speech, lack of coordination, Staggering gait and Fasting Serum Blood Sugar as ordered by doctor. R1's Blood glucose vital summary document identified blood sugar at 7:59 a.m. on 8/29/25 was 81. R1's plan of care response form identified on 8/29/25, R1 ate 75%-100% for breakfast. R1's medication administration record (MAR) for 8/29/25, identified Metformin1000 mg and Glimepiride 2 mg was signed as given on 8/29/25 at 8:00 a.m. when R1's blood sugar was 81.According to FDA Glimepiride starts working within about an hour, peak concentration is 2 to 3 hours after dose taken and the glucose-lowering effect is maintained for 24 hours after a single dose.R1's plan of care response form identified on 8/29/25, R1 ate 75%-100% for lunch. R1's record did not identify a blood sugar recording between 7:59 a.m. and 4:49 p.m. R1's blood glucose vital summary document identified blood sugar documented at 4:50 p.m. R1's blood sugar was 54 and R1's plan of care response form identified on 8/29/25, R1 ate 50% of his meal. In review of R1's record on 8/29/25 identified there was no indication R1 was assessed for signs/symptoms of hypoglycemia nor physician orders followed that directed intervention if the blood sugars were less than 70