

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Stewartville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Fourth Street Northeast Stewartville, MN 55976	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49616</p> <p>Based on observation, interview, and record review the facility failed to revise the comprehensive care plan for diabetic management that included goals and individualized interventions for 2 of 3 residents (R1, R2) reviewed for diabetic management.</p> <p>Findings include:</p> <p>R1's face sheet identified R1 had diagnoses that included type 1 diabetes mellitus (autoimmune disease where the pancreas fails to produce insulin) with hyperglycemia (high blood sugar), unspecified diabetic retinopathy (diabetic complication that leads to vision loss) without macular degeneration, other diabetes complications unspecified, hypoglycemia (low blood sugar) without coma.</p> <p>R1's quarterly minimum data set (MDS) dated [DATE], identified R1 had verbal behaviors directed at others that occurred 1 to 3 days, did not reject cares, and had insulin injections daily.</p> <p>R1's lab report dated 4/9/24, identified a hemoglobin A1C (blood test that measures the average amount of sugar in the blood for over the past few months) result was 8.6 which indicated high with a reference range to be 4.0-5.6.</p> <p>R1's care plan dated 4/12/24, identified R1 is medication-diet controlled diabetic and receives insulin every day. R1's goal was to have stabilization of diabetes as evidenced by all blood sugars below 150. Review at each physician visit and care conference. Interventions included: administer medications as ordered, provide labs as ordered, staff to do chemstrips as ordered and report any changes to physician, staff to monitor food intake and remind R1 of diabetic diet.</p> <p>R1's physician orders included orders for insulin and included the order dated 5/17/24, that directed R1 to have blood sugar checks before every meal and at hour of sleep (HS) via Dexcom monitor (continuous glucose monitoring device).</p> <p>Review of R1's care plan did not address a communication plan between R1 and staff for the Dexcom smart phone application installed on R1's personal cell phone that would log the blood sugars and alert R1 when blood sugars were too low or too high. Further did not specify a goal range for R1's blood sugars.</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: 245349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Stewartville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Fourth Street Northeast Stewartville, MN 55976	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's medication administration record (MAR) for November 2024, identified blood sugar checks via Dexcom monitor were scheduled at 7:00 a.m., 11:00 a.m., 4:00 p.m., and 8:00 p.m. Record review identified R1 had a wide range blood sugars; being as low as 47 and as high as 600. Although the MAR identified blood sugars as low as 47 and as high as 600, and R1 had documented refusals to take his prescribed insulin, R1's care plan did not address R1's symptomology of hypo/hyperglycemia nor individualized interventions to prevent/mitigate the risk of hypo/hyperglycemia and management of. Additionally the care plan did address behavioral management of R1's rejections of insulin medication to control blood sugars.</p> <p>During an interview on 12/10/24 at 3:41 p.m., licensed practical nurse (LPN)-A stated she would use her nursing judgement for low blood sugar and get something to eat/drink and hold insulin until resident would reach a healthy number. For hyperglycemia LPN-A would give insulin and recheck the blood sugar later barring the resident was asymptomatic. LPN-A stated R1 was very difficult to manage his blood sugars.</p> <p>R2's face sheet identified R2 had diagnoses of type 2 diabetes with diabetic chronic kidney disease, hyperglycemia.</p> <p>R2's quarterly MDS dated [DATE], identified R2 was poor at making decisions, and needed cues/supervision. R2 had insulin injections daily.</p> <p>R2's lab report dated 11/7/24, identified A1C of 8.2, which indicated high with a note from the medical provider that stated over the past 3 months the hemoglobin has greatly improved and to continue with current orders for blood sugar control.</p> <p>R2's physician orders included insulin and an order dated 9/26/24, identified blood sugar four times a day. R2 had a Dexcom sensor. Notify provider if blood sugar <70 or >550 via note or if outside parameters and symptomatic notify provider same day.</p> <p>R2's MAR dated November 2024, identified blood sugar checks via Dexcom monitor were scheduled at 7:00 a.m., 11:00 a.m., 4:00 p.m., and 8:00 p.m. Record review identified R2 had blood sugars above 200 very frequently</p> <p>R2's care plan did not include diabetic management focus that included R2's blood sugar range goals, management of the Dexcom sensor, R2's symptomology of hypo/hyperglycemia nor individualized interventions to prevent/mitigate the risk of hypo/hyperglycemia and management of.</p> <p>During and observation and interview on 12/12/24 at 8:14 a.m., registered nurse (RN)-A went to R2's room and went to the receiver and pushed the button that lit the screen up and read 205 as the blood sugar. RN-A verified that R2 did not have diabetic management in the care plan.</p> <p>During an interview on 12/11/24 at 1:06 p.m., Director of Nursing (DON) reviewed the care plan of R1 and that it did not address diabetic management clearly. Reviewed R2's care plan and verified that the care plan did not address diabetic management. DON would expect the care plans to have diabetic management in them, and moving forward they definitely will.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Stewartville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Fourth Street Northeast Stewartville, MN 55976	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/24 at 2:26 p.m., Administrator stated the facility wanted the standard things to watch for hyper and hypoglycemic issues, watch their feet, wounds that are not healing, should be everyone with diabetes. Each care plan should be individualized. Administrator would expect the care plan to be updated and have each residents diabetic issues addressed within it.</p> <p>The facility Comprehensive Care Plan policy and procedure revised 8/18, identified the care plan as a personalized plan of daily care based on the nature of the illness, treatment prescribed, long and short range goals including how they can best be accomplished, types of care and consultation needed, what methods are most successful, modification to ensure best results.</p>		