

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Glenwood Village Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 719 Southeast 2nd Street Glenwood, MN 56334	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review the facility failed to ensure the resident representative was notified of new bruising for 1 of 3 residents (R3) reviewed. Findings include: R3's quarterly Minimal Data Set (MDS) dated [DATE], indicated R3 had diagnoses which included dementia and hemiplegia (one-sided weakness or loss of function to the face, arm, and/or leg). R3 needed total assistance with transfers and personal hygiene. R2's progress note dated 10/30/25 at 12:51 p.m., written by licensed practical nurse (LPN)-A, indicated R3 had 2 new bruises found on R3's left outer elbow. During an interview on 11/5/2025 at 11:56 a.m., family member (FM)-A R3's responsible party stated he was unaware of bruising on R3's left elbow. FM-A stated he had told the facility he wanted to be called with any changes R3 had and the facility never called him. He was upset as this was not the first time he had not been called when a change had occurred for R3. On 11/5/2025 at 12:13 p.m., LPN-A stated on 10/30/25, she found two dark purple bruises on R3's left elbow, LPN-A did not update R3's son on the new bruises, but she should have. On 11/5/2025 at 3:25 p.m., the director of nursing (DON) stated when a new injury or change is found on a resident that the family should be updated. R3's son should have been updated but was not. Review of facility policy titled Change In a Resident's Condition of Status dated 12/10/24, indicated the facility would promptly notify the residents representative of any change to the resident's status.</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
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