| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245433 | A. Building<br>B. Wing | 02/13/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sylvan Court | 112 St Olaf Avenue South<br>Canby, MN 56220 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>47497<br><br>Based on record review and interview, the facility failed to ensure medications were coded accurately on their Minimum Data Set (MDS) assessment for 1 of 5 residents (R43) reviewed for medications.<br><br>Findings include:<br><br>R43's 1/22/25, admission MDS admission assessment identified he had a diagnosis of diabetes. R43 was noted to have received one injection of insulin during the look back period.<br><br>R43's current, physician orders identified no insulin was ordered. The physician orders did include a once weekly dose of Ozempic 0.5 milligrams (mg) injection (a non-insulin medication used to improve blood sugar control).<br><br>Review of the 11/19/24, RxList, Ozempic Drug Summary, located at https://www.rxlist.com/ozempic-drug.htm, identified Ozempic Injection is a glucagon-like peptide 1 (GLP-1) receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.<br><br>Review of the October 2024, Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Section N identified on question 0350 A and B, only insulin should be coded here.<br><br>Interview on 2/13/25 at 8:03 a.m., and later RAI manual review , with the MDS coordinator identified she understood if Ozempic was used to treat diabetes, it could be coded as an insulin injection on the MDS. She later reviewed the RAI manual and confirmed the Ozempic injection should not have been coded as insulin.<br><br>A policy related to accuracy of assessments was not provided by end of survey. |

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: 245433 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/13/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Sylvan Court | | STREET ADDRESS, CITY, STATE, ZIP CODE 112 St Olaf Avenue South Canby, MN 56220 | |

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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>47497<br><br>Based on observation and interview, the facility failed to ensure frozen food items were safely stored off the floor in 2 of 2 walk in freezers located in the kitchen. This had the potential to affect all 43 residents.<br><br>Findings include:<br><br>Observation on 2/10/25 at 10:48 a.m., during the initial kitchen tour with the dietary manager (DM) present identified they had 2 walk-in freezers. Upon entering the 1st walk-in, there were multiple boxes of frozen food including sweet potato fries, corn bread, Swedish meatballs, cheese tortellini, potato cubes, breaded chicken, and chili observed on the floor under the bottom shelf. Observation of the 2nd walk-in freezer identified frozen fruit smoothies, enchiladas, assorted pies, queso triangles, slider buns, hoagie buns, and muffin batter stored on the floor.<br><br>Interview on 2/10/25 at 11:08 a.m., with the DM identified she was aware they were not supposed to store foods on the floor. The facility had storage issues related to having enough room due to additional diet requirements of residents and had identified they needed more freezer space.<br><br>Interview on 2/11/25 at 3:30 p.m., with the administrator identified he was aware of the concerns and thought it may be related to over-ordering. He was made aware of the concern after the DM notified him, and the freezer had been re-organized to provide room for all items to be stored on the shelves and off the floor. He agreed food should not be stored on the floor.<br><br>Review of the facilities undated Food Storage Standards policy identified that all foods were to be stored on a shelf at least 6 inches above the floor. |