

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 03/25/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to ensure 1 of 1 medication, Docusate Sodium, (Colace-stool softener), was not outdated prior to administration for 1 of 25 medication administration observations. Findings include: Observation and interview on [DATE] at 8:45 a.m., with trained medication aide (TMA)-A as she prepared to administer R42's morning medications including Docusate Sodium (Colace) 100 milligram (mg) soft gels from the stock bottle in the medication cart. TMA-A retrieved the bottle of Docusate Sodium removed 2 soft gel capsules and placed them into the medication cup with the other medications. TMA-A then delivered the medications to R42 who took the medication. Upon returning to the medication cart and examining the bottle she observed the printed date of expiration of February 2026. TMA-A reported she had not checked the date of expiration prior to administering the medication and confirmed she should have checked the expiration date. Observation and interview on [DATE] at 9:00 a.m. with licensed Practical nurse (LPN)-A observed the expiration date of February 2026 printed on the bottle of Docusate Sodium 100 mg soft gels and identified they should have been replaced at the end of February. LPN-A retrieved the bottle of Docusate Sodium and took it to the medication room for disposal. She identified she would immediately notify the MD that R42 had received expired medication and complete the Medication Variance Communication report. Review of R42's medication administration record (MAR) identified she received Colace according to current physician orders 2 capsules (200mg) by mouth every morning. TMA-A and LPN-A confirmed the medication would have been administered from the outdated stock bottle stored in the medication cart for a total of 24 doses. Interview on [DATE] at 8:26 a.m. with the director of nursing (DON) identified her expectation for staff to follow the 5 rights of medication administration and not administer an outdated medication. She identified that the expired medication should have been caught and not continued to be administered. Interview on [DATE] at 1:30 p.m. with the facility pharmacist identified He Expected staff to follow the five rights of medication administration. The Expired medication should have been identified and replaced to avoid administration of an outdated medication. Review of the [DATE], Medication Errors Policy defined outdated medication as administration of a medication when the composition or effectiveness of the medication could be affected by the date of expiration. Medication errors were to be documented on the Medication Error Report Form. A policy for monitoring medication carts for discontinued or outdated medications was requested but not provided by the end of the survey period.		

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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