

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2024
NAME OF PROVIDER OR SUPPLIER  The Villas at Richfield		STREET ADDRESS, CITY, STATE, ZIP CODE  7727 Portland Avenue South Richfield, MN 55423	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44654</p> <p>Based on interview and document review, the facility failed to develop a care plan to address diabetic management for 1 of 3 residents (R4) reviewed for nursing services.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R4 was cognitively intact with diagnoses of Type 2 diabetes (insulin resistance often developed in adulthood), and required insulin injections 7 of 7 days in the 7-day assessment look-back period.</p> <p>R1's Physician Orders dated 10/14/24, indicated R4 was prescribed Glargine insulin (a long-acting insulin often administered at bedtime to patients with Type 2 Diabetes) 100 units (u)/ per milliliter (ml), 56 units injected subcutaneously (subq., under the skin) one time a day.</p> <p>R1's care plan printed 11/15/24, lacked a care focus area for diabetic management and corresponding interventions.</p> <p>R1's Physician Orders dated 10/15/24, indicated R4 was prescribed Humalog insulin (a short-acting insulin, generally used with long-acting insulin, to cover insulin needs for meals eaten within thirty minutes after injection) 200 units/milliliter (u/ml), 10 units to be injected subq. before meals.</p> <p>On 11/15/24 at 3:12 p.m., registered nurse (RN)-A stated R4's blood glucose levels ran higher than they should, because R4 wanted double portions of food. R4 did not have a care plan for diabetic management but should. R4's care plan should have included his non-compliance with diabetic management, and additional nursing interventions and instructions to utilize to control blood glucose levels.</p> <p>On 11/15 24 at 3:58 p.m., RN-B stated R4 did not have a care plan related to diabetic management but should have. R4's care plan should have included interventions for checking blood glucose levels, and when to notify R4's provider high blood glucose levels.</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
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/18/24 at 10:37 a.m., the director of nursing (DON) stated the staff were expected to perform a comprehensive assessment upon admission, and develop a corresponding care plan according to the resident's care needs, diagnoses, and orders. R4's care plan should have included a focus area for diabetes with interventions related to provider orders for diabetic management, managing diabetic medications and insulin, and utilizing nutritional services, podiatry, lab, and performing skin checks and nail care as ordered. R4's care plan did not have a focus area for diabetic management.</p> <p>The facility Care Planning Policy dated 1/6/22, directed the facility would develop and implement a comprehensive individualized care plan no later than the twenty-first day after admission of the resident. The policy further directed interventions were derived from a thorough analysis of the information gathered as part of the comprehensive assessment, and the care plan was used by staff for the purposes of providing care or services to the resident.</p>