STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245518	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodlake Healthcare and Rehabilitation Center	8000 Bass Lake Road Crystal, MN 55428

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure assistance, to resident triggered call light needs, was provided timely to promote dignity and reduce the risk of potential complications (i.e., incontinence, skin impairments, falls, changes in condition, etc.) for 8 of 8 residents (R1, R2, R3, R4, R5, R6, R7, R8) who expressed concerns related to extended call light response times and associated potential risk factors to their health.R8:R8's quarterly Minimum Data Set (MDS), dated [DATE], identified R8 lacked communication impairments and required some form of physical assist with most of his ADLs and mobility. R8 was frequently incontinent of bowel and bladder, at risk for pressure ulcers, and was diagnosed with diabetes, Parkinson's disease, and muscle weakness. R8's medical record identified his most recent brief interview for mental status (BIMS) was 15 (cognitively intact). R8's admission Record, printed [DATE], identified he desired CPR if his heart were to stop beating. R8's comprehensive care plan, reviewed [DATE], indicated R8 experienced pain related to a prior right femur fracture, was at risk for falls and needed assist to anticipate needs, required a soft touch call light, history of skin impairments, and was additionally diagnosed with obesity and chronic respiratory failure with hypoxia. Alerts List reports, dated [DATE], through [DATE], identified the following R8 call light activation dates, activation/de-activation timeframes:-[DATE]: 3:01:20 p. m. to 3:32:22 p.m. (31 min and 2 secs).-[DATE]: 2:54:25 p.m. to 3:28:50 p.m., (34 min and 25 secs). R10:R10'a quarterly MDS, dated [DATE], identified R10 was cognitively intact and required some form of physical assist with most of his ADLs and mobility. R10 was occasionally incontinence of bladder and always incontinent of bowel, was at risk for pressure ulcers, and was diagnosed with, but not limited to, heart failure, diabetes, depression, diarrhea, and chronic renal disease that required dialysis management. R10's admission Record, printed [DATE], identified he desired CPR if his heart were to stop beating. R10's comprehensive care plan, reviewed [DATE], indicated R10 was at risk for falls and experienced pain/potential for pain. Alerts List reports, dated [DATE], through [DATE], identified the following R10 call light activation dates, activation/de-activation timeframes:-[DATE]: 9:45:25 a.m. to 10:16:15 a.m. (30 min and 50 secs). R4:R4's annual MDS, dated [DATE], identified R4 was cognitively intact and required physical assistance of staff for ADLs and mobility. He was always incontinent of bowel and bladder, and diagnoses included, but not limited to, diabetes, seizure disorder, schizophrenia (bipolar type), morbid (severe) obesity, and obstructive sleep apnea. R4 fell once in the past quarter and was at risk for pressure ulcers. R4's comprehensive care plan, reviewed [DATE], identified R4's cognition was impaired which impacted his memory and decision-making ability. Additionally, R4 had potential for pain related to his diagnoses and decreased mobility, and his behavioral expressions were mania and hallucinations/delusions. Alerts List reports, dated [DATE], through [DATE], identified the following R4 call light activation dates, activation/de-activation timeframes:-[DATE]: 4:02:16 p.m. to 4:41:06 p.m. (38 min and 50 secs), 4:41:54 p.m. to 5:05 p.m. (23 min and 50 secs), 8:49:23 p.m. to 9:13:11 p.m. (23 min and 48 secs), 9:50:18 p.m. to 10:17:25 p.m. (27 min and 7 secs). R5:R5's quarterly MDS, dated [DATE], identified R5 was cognitively intact and required extensive physical assist to dependence on staff for ADLs and mobility. R5 was frequently incontinent of bowel and bladder, was at risk for pressure ulcers, and was diagnosed with anxiety disorder, depression, morbid (severe) obesity, and benign neoplasm of the meninges (layers that covers the brain and spinal cord). R5's comprehensive care plan, reviewed [DATE], identified R5 experienced pain/potential for pain, and was at risk for falls related to decreased mobility with history of falls and associated fractures. Additionally, she was at risk for abuse with an intervention to assist and support her in an emergency. Alerts List reports, dated [DATE], through [DATE], identified the following R5 call light activation dates, activation/de-activation timeframes:-[DATE]: 2:14:45 p.m. to 3:04:23 p.m. (49 min and 38 secs).-[DATE]: 5:27:15 p.m. to 6:23:26 p.m. (56 min and 31 secs). R2:R2's quarterly MDS, dated [DATE], identified R2 was cognitively intact and overall independent with activities of daily living (ADLs). R2 was occasionally incontinent of bladder. Diagnoses included, but not limited to, anxiety disorder, bipolar disorder, post-traumatic stress disorder (PTSD), panic disorder, and a history of falling. At times, R2 experienced shortness of breath (SOB) with activity and a fall in the past quarter. R2 utilized oxygen and was at risk for pressure ulcers. R2's comprehensive care plan, reviewed [DATE], identified R2 had altered respiratory status with difficulty breathing related to acute respiratory failure with hypoxia and asthma and that her cognition/decision making skills may be affected by diagnosis of dementia with periods of delirium in relation