

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Woodlake Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8000 Bass Lake Road New Hope, 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49654</p> <p>Based on observation, interview, and record review the facility failed to provide and maintain dignity for 1 of 1 residents (R106) reviewed for dignity.</p> <p>Findings Include:</p> <p>R106's quarterly minimum data set (MDS) dated [DATE], indicated a severely impaired cognition, diagnosis of dementia (a group of symptoms affecting memory, thinking and social abilities) and required extensive assistance for dressing, grooming and toileting.</p> <p>R106's care plan dated 7/21/24, indicated R106 required extensive assist of 1 staff for dressing and grooming. The care plan did not indicate if R106 preferred to wear her own clothes or a hospital type gown.</p> <p>On 10/22/24 at 3:26 p.m., R106 was in her room, sitting in her wheelchair wearing a white with blue flowers hospital type gown. R106 did not have on any type of footwear. R106's hair was uncombed and had areas that appeared to be matted and other areas that stood up approximately 2 inches from her scalp.</p> <p>During observation and interview on 10/22/24 at 3:31 p.m. certified nursing assistant (CNA)-A assisted R106 to bed and stated she was familiar with R106 but didn't typically work with her during the day shift. CNA-A stated R106 was usually dressed in a gown but was unable to confirm if R106 preferred to be dressed in her own clothes.</p> <p>On 10/25/24 at 10:11 a.m. R106 was observed in bed wearing a white with blue flowered hospital type gown.</p> <p>On 10/25/24 at 11:48 a.m. R106 was observed in her wheelchair being pushed in the hallway in the direction of the dining room. R106 was wearing a white with blue flowered hospital gown and a pair of dark colored pant and yellow gripper socks. The hem on R106's pants was approximately 4 inches above her ankles. R106's hair was not combed.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Woodlake Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8000 Bass Lake Road New Hope, 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 10/25/24 at 10:41 a.m., CNA-B stated she was familiar with R106 and stated she liked to be dressed every day and frequently wore hospital gowns. CNA-B stated she knew how to take care of R106 as her cares were listed on a care sheet taped to the inside of the closet door. CNA-B was unable to indicate on the care sheet if R106 preferred to wear her own clothes or a hospital gown.</p> <p>During interview on 10/25/24 at 11:01 a.m., CNA-C stated she was familiar with R106 and had assisted her to get ready for the day that morning. CNA-C stated R106 required assistance to get dressed every day as well as help with her oral care and brushing her hair. CNA-C stated she did not know if R106 preferred her own clothes or a hospital gown, nor did she know where to find that information.</p> <p>During interview on 10/25/24 at 1:11 p.m., R106's family member (FM)-A stated R106 preferred to wear her own clothes every day and took great pride in her appearance. FM-A went on to say at a recent appointment R106 had been dressed in pants that were too short, was not wearing a bra under her shirt and her hair was messy. FM-A stated R106 would never have left her house looking like that. She continued to say R106 had many nice matching tops and bottoms but was rarely dressed in anything except a hospital gown. She stated her mom used to always try to look nice and it would make her sad to not be dressed nice with her hair neat.</p> <p>During interview on 10/25/24, at 11:19 a.m., the director of nursing (DON) stated R106 required assistance with getting dressed, oral care, grooming and toileting. She stated staff could look at R106's care plan located inside her closet door to see preferences for R106. DON stated she expected staff to assist residents to wear clean, neat clothing and to comb their hair to help residents to feel good about their appearance. DON stated it was important for residents to feel good about how they looked, and it was a matter of dignity for themselves. DON stated residents emotional well being could be negatively affected if they didn't feel good about their physical appearance.</p> <p>Facility policy titled Promoting/Maintaining resident dignity, dated October 2022 indicated the following: The resident's former lifestyle and personal choices will be considered when providing care and services to meet the resident's needs and preferences. Groom and dress residents according to resident preferences.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Woodlake Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8000 Bass Lake Road New Hope, 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)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27955</p> <p>Based on observation, interview and document review, the facility failed to ensure residents were comprehensively assessed for self-administration of medications for 1 of 1 resident (R423) reviewed.</p> <p>Findings include:</p> <p>R423's annual Minimum Data Set (MDS) dated [DATE], identified R423's cognition as moderately impaired and needed assistance with of one staff with activities of daily living (ADL's).</p> <p>During an observation on 10/24/24 at 7:45 a.m., R423 was laying in her bed with lights on. R423 had a tube of Asper Creme (treats muscle and joint pain), a container of petroleum jelly, and two bottles of Nystatin powder in the yellow bin next to the nightstand and unsecured. R423 stated the nursing assistant (NA) put that on for me.</p> <p>During medical record review on 10/24/24, the medical record lacked evidence of an assessment for self-administering medications (SAM) being completed. The medical record lacked evidence of a physician order for a SAM.</p> <p>During an interview on 10/24/24 at 9:33 a.m., NA-A stated R423 requested the contents of the yellow tube of creme on her shoulders for pain and I [NA-A] did on 10/18/24 around supper time.</p> <p>During a tour of R423 room on 10/24/24 at 1:26 p.m. nurse manager (NM)-A revealed a five-ounce Asper creme tube with 10% trolamine salicylate that expired 2/24. A 13-ounce petroleum jelly container and two bottles of nystatin topical powder 30 grams each which were low in content. One had expired 6/16/24 and the other 2/19/24.</p> <p>During an interview on 10/24/24 at 1:56 p.m., NM-A stated R423 did not have a SAM order and no assessment to SAM. NM-A stated R423 could not apply the creams and powder by themselves. NM-A stated R423 was not to have medications in her room without an order. NM-A stated she did not know the medications were in the room. NM-A stated the NAs were not trained to put on topical creams and powders.</p> <p>During an interview on 10/24/24 at 2:22 p.m., the director of nursing (DON) stated the NAs cannot put on creams and powders, only the nurses.</p> <p>The facility policy Self Administration of Medications dated 8/24, indicated a resident may only self-administer medications after the facility's has evaluated the resident and determined which medications may be self-administered safely. The nursing staff is responsible for proper rotation of bedside stock and removal of expired medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Woodlake Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8000 Bass Lake Road New Hope, 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49654</p> <p>Based on observation, interview and record review, the facility failed to ensure assistance with dressing and grooming for 1 of 3 residents (R106) reviewed for activities of daily living (ADL) care provided for dependent residents.</p> <p>Finding include:</p> <p>R106's quarterly Minimum Data Set (MDS) dated [DATE], indicated severely impaired cognition, diagnosis of dementia (a group of symptoms affecting memory, thinking and social abilities) and required extensive assistance for dressing, grooming, bathing, oral cares and toileting. The MDS indicated R106 did not reject or refuse cares.</p> <p>R106's care plan dated 7/21/24, indicated R106 had an ADL deficit related to dementia and required extensive assist of 1 staff for dressing, grooming, bathing, and elimination. The care plan indicated R106 would receive the necessary assistance with all ADL's. The care plan also indicated R106 did not have any natural teeth and instructed staff to assist with denture placement every AM and removal every PM. The care plan instructed staff to encourage and assist R106 to perform proper hand hygiene on hands and nails before snacks and meals. The care plan did not indicate R106 preference to wear her own clothes or hospital type gowns.</p> <p>On 10/22/24 at 3:26 p.m., R106 was sitting in her room, in a wheelchair wearing a white with blue flowered hospital type gown. R106 did not have on any footwear. R106's hair was messy, uncombed with areas that were matted and others that stood up approximately 2 inches from her scalp. Certified nursing assistants (CNA)-A and D entered R106's room and transferred R106 from her wheelchair to bed using a ceiling lift. Upon completion of transfer CNA-A gave an opened package of chocolate frosted cookies to R106. R106 immediately began taking cookies out of the package and put them into her mouth. CNA-A did not assist R106 with hand hygiene.</p> <p>During interview on 10/22/24 at 3:31 p.m., CNA-A stated she was familiar with R106, her cares, and required assistance with dressing and toileting. CNA-A stated she knew how to care for R106 by looking at the care plan taped to the inside of the door of the closet. CNA-A pointed to the care plan and identified R106's cares were dressing, personal grooming, denture care and toileting. CNA-A stated R106 didn't have her dentures in at that time and confirmed she did not provide hand hygiene prior to giving R106 the opened package of cookies.</p> <p>On 10/25/24 at 10:11 a.m., R106 was lying in her bed wearing a white with blue flowers hospital type gown. R106's hair was messy, uncombed, and an opened package of chocolate frosted cookies was on the bed next to residents left hand.</p> <p>During interview on 10/25/24 at 11:01 a.m., CNA-C stated she was familiar with R106's care and frequently assisted her. CNA-C stated she had assisted R106 to get ready earlier that day. CNA-C stated R106 needed assistance getting dressed every day as well as help with her oral care and brushing her hair. CNA-C stated she did not know if R106 preferred her own clothes or a hospital gown, nor did she know where to find that information. CNA-C stated she had not assist R106 with hair care or denture/oral cares during morning cares.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Woodlake Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8000 Bass Lake Road New Hope, 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/25/24 at 11:48 a.m., R106 was in her wheelchair being pushed towards the dining room by an unidentified staff member. R106 was wearing a white with blue flowered hospital gown and a pair of dark colored pants with yellow gripper socks. The hem on R106's pants was approximately 4 inches above her ankles. R106's hair was messy and uncombed.</p> <p>During interview on 10/25/24 at 1:11 p.m., family member (FM)-A stated R106 preferred to wear her own clothes every day and took great pride in her appearance. FM-A stated R106 always tried to look nice, and it would make her sad to not be dressed nice with her hair neat.</p> <p>During interview on 10/25/24 at 11:19 a.m., the director of nursing (DON) stated R106 required assistance with getting dressed, oral care, grooming and toileting. Staff should look at the care plan located inside the closet door to see preferences for R106. DON confirmed R106 did not prefer to wear hospital gowns. DON stated she expected staff to assist residents to wear clean, neat clothing and to comb their hair to help residents to feel good about their appearance. DON stated she expected staff to assist every resident with all necessary ADL's. DON stated assisting residents with ADL cares was beneficial to a residents physical and emotional health.</p> <p>Facility policy titled Activities of daily living (ADL's) dated January 2023 indicated the facility will provide care and services for activities of daily living to include, bathing, dressing, grooming and oral care. The policy further indicated any resident who was unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Woodlake Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8000 Bass Lake Road New Hope, 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49654</p> <p>Based on observation, interview and document review, the facility failed to ensure care plan interventions were being utilized for 1 of 2 residents (R106) reviewed for safety.</p> <p>Findings include:</p> <p>R106's quarterly Minimum Data Set (MDS) dated [DATE], indicated severely impaired cognition, diagnosis of dementia (a group of symptoms affecting memory, thinking and social abilities) and required extensive assistance for dressing, grooming and toileting.</p> <p>R106's care plan revised on 9/15/24, indicated R106 was at risk for falls and had a history of falls. Interventions included staff assistance by placing the call light where the resident can reach it before exiting the room each time, and ensure all personal belongings are within reach for the resident.</p> <p>During continuous observation on 10/25/24 beginning at 10:11 a.m. through 11:06 a.m., R106 was lying in her bed. A white call light with a red button to push for assistance was noted to be lying on the floor under the bedside table approximately 2 feet away, outside of R106's reach. There was no clip to attach the call light noted on the call light cord. No other call light was noted in the room.</p> <p>During interview on 10/25/24 at 10:41 a.m., certified nursing assistant (CNA)-B stated R106 was functionally able to use the call light if she needed staff assistance. CNA-B stated R106 had both a soft touch call light and one with a button to push for assistance. CNA-B stated R106 would primarily use the white call light with the red button because she was most familiar with that type. CNA-B stated she would clip the call light to the blankets or the wheelchair to keep it within reach of R106.</p> <p>During interview on 10/25/24 at 11:01 a.m. CNA-C entered R106's room and confirmed R106's white call light was lying on the floor outside of R106's reach, and there was no other call light available within reach of R106. CNA-C stated R106 was functionally able to use her call light appropriately to summon for help if needed. CNA-C stated she had clipped the call light the blankets on the bed before her break and didn't know how it got on the floor. CNA-C stated without the call light R106 would have to yell out to get help. CNA-C stated she was unsure if staff in another room would be able to hear R106 if she was calling out.</p> <p>During interview on 10/25/24 at 11:19 a.m., the director of nursing (DON) stated all resident should have a call light or device within their reach to summon staff for assistance whenever staff left the room. DON stated she expected staff to either hand the call light directly to the resident or clip it the residents clothing or blankets. DON stated this was extremely important for residents' safety and for residents to be able to communicate their need of assistance to staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Woodlake Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8000 Bass Lake Road New Hope, 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy title Call lights: accessibility and timely response dated January 2023 indicated each resident will be evaluated for unique needs and preferences to determine any special accommodations that may be needed in order for the resident to utilize the call light system. Staff will ensure the call light is within reach of resident and secured, as needed. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room.</p>		