

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Sholom Home West		STREET ADDRESS, CITY, STATE, ZIP CODE 3620 Phillips Parkway South Saint Louis Park, MN 55426	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48040</p> <p>Based on interview and document review, the facility failed to provide timely notification for change in condition to the physician for 1 of 3 residents (R1) reviewed for change in condition.</p> <p>Findings include:</p> <p>R1's annual Minimum Data Set (MDS) dated [DATE] indicated R1 had intact cognition, and a diagnosis of congestive heart failure (CHF, when the heart is unable to pump enough blood to provide the body with the blood and oxygen it needs).</p> <p>R1's Physician Orders dated 11/22/24 included:</p> <p>Daily weights with special instructions: Call for weight gain three pounds or greater in 24 hours or five pounds in one week.</p> <p>Furosemide (diuretic) tablet 40 milligrams (mg) once a day.</p> <p>R1's care plan dated 11/27/24, indicated R1 had atherosclerotic heart disease with staff interventions to assess and monitor R1's weight, and to notify the provider immediately if R1 had weight increase of 3 pounds (lbs) per day or five pounds per week.</p> <p>On 11/22/24 at p.m., R1's electronic medical record (EMR) indicated R1's weight was 249 lbs at admission.</p> <p>On 11/27/24 at 11:43 a.m., R1's EMR indicated R1's weight was 253 lbs (a weight gain of 4 lbs in five days).</p> <p>On 11/27/24 at 11:26 a.m. a progress note indicated R1 reported she felt her weight was trending back up again as her ankles were getting puffy. The note also indicated R1 had orders in place for daily weights, and to notify the provider if R1 experienced a weight gain of three pounds or greater a day, or five pounds in one week.</p> <p>On 11/28/24 at 6 p.m., R1's EMR indicated R1's weight was 265 lbs (a weight gain of 16 lbs in six days).</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:  245574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Sholom Home West		STREET ADDRESS, CITY, STATE, ZIP CODE  3620 Phillips Parkway South Saint Louis Park, MN 55426	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/28/24 at 11:33 a.m. lacked evidence of notifying the provider of R1's 16 lb weight increase.</p> <p>On 11/29/24 at 5:08 p.m. a progress note indicated R1 was sent to the hospital for congestive heart failure (CHF) exacerbation.</p> <p>On 12/5/24 at 1:45 p.m., R1 stated she was at the facility for one week and gained 21 lbs. She was not breathing well and had swelling in her lower legs. On 11/29/24, she talked with her provider and asked to be sent to the hospital. When she arrived at the hospital, her weight was 269 lbs.</p> <p>On 12/5/24 at 2:20 p.m., licensed practical nurse (LPN)-A stated she expected nurses to assess and monitor for edema, shortness of breath (SOB), and weight gain for patients diagnosed with congestive heart failure (CHF), and notify the provider if there was a change in condition. LPN-A stated she could not find any documentation about R1's weight increase being reported to the provider.</p> <p>On 12/5/24 at 4:11 p.m., nurse practitioner (NP)-A stated the nursing staff did not notify her about R1's weight increase. She was at the facility on 11/29/24 when R1 and her family raised concerns about R1's weight increase and breathing issues. Upon assessment, R1 was retaining a lot of fluid, so she sent her to the hospital for further evaluation.</p> <p>On 12/5/24 at 4:15 p.m., RN-B stated when she obtained R1's weight of 265 lbs on 11/28/24, she assessed R1 to rule out SOB, but did not notify the provider. She was planning to reweigh R1 and notify the provider, but got busy and forgot to follow up.</p> <p>The facility policy Resident Change in Condition-Notification of Physician/Surrogate Decision Maker revised 3/21 directed the primary physician or nurse practitioner and the resident's designated surrogate decision maker will be notified of a significant change in the resident's physical, mental, or psychosocial status.</p>		