STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245588	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Williams Living Center	212 West Soo Street, Box 30 Parkers Prairie, MN 56361

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and document review, the facility failed to notify the physician for out-of-range blood sugars for 1 of 5 residents, (R1) reviewed for unnecessary medications.Findings include:R1's annual Minimum Data Set (MDS), 2/17/26, identified R1 was cognitively impaired and had diagnoses which included: diabetes mellitus (DM), Alzheimer's disease, Post Traumatic Stress Disorder (PTSD). R1's MDS identified R1 required Substantial/maximal assistance with bed mobility, transfers, bathing, and dressing, R1's care plan revised 1/11/26, identified R1 had DM and had interventions which included Accu- Checks (blood sugar checks) as ordered, diet as ordered, medications as ordered, monitor for signs of hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar), labs as ordered, updated provider prn (as needed). Review of R1's Progress Note dated 1/24/26, identified the following order. Blood sugar per Freestyle Libre. Fingerstick PRN two times a day. Update provider if less than or equal to 70 OR greater than or equal to 400. Review of R1's treatment administration record from 2/11/26 to 2/22/26, identified the following blood sugar readings below 70 mg/dl:-2/22/26 at 1:16 a.m., 64 milligram (mg)/deciliter (dl)-2/21/26 at 5:12 a.m., 69 mg/dl-2/19/26 at 3:36 a.m., 57 mg/dl-2/11/26 at 5:12 a.m., 62 mg/dl Review of R1 progress notes from 2/11/26, to 2/22/26, lacked documented notifications were made to the primary care provider for blood sugars under 70 as ordered. During an interview on 2/25/26 at 11:22 a.m., Registered Nurse Supervisor (RN)-A reported, It wouldn't be our standard practice to notify the provider if we can get blood sugar back up. RN-A reported the usual facility practice was to notify the primary care provider if a resident's blood sugar was unable to be controlled upon interventions. RN-A indicated that primary care provider was updated during rounding at facility and verified primary care provider was not notified at the time of the low blood sugars as the order was written. RN-A acknowledged R?'s order, as written, was to contact primary care provider if blood sugar was above 400 or below 70. During an interview 2/25/26 at 2:42 p.m., Nurse Practitioner (NP) verified the above order. NP stated, as the order was written, technically the providers should be notified in the moment. The Director of Nursing was not available for an interview. Review of facility policy Blood Glucose (sugar) Monitoring, reviewed 6/7/23, indicated, If blood glucose was above or below normal range, notify the physician if it was indicated by the resident's symptoms or specific orders in their chart.

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