Electronically delivered

May 10, 2021

Administrator
Woodbury Health Care Center
7012 Lake Road
Woodbury, MN 55125

RE: CCN: 245235
Cycle Start Date: March 2, 2021

Dear Administrator:

On March 24, 2021, we informed you of imposed enforcement remedies.

On April 21, 2021, the Minnesota Department(s) of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

REMOVAL OF IMMEDIATE JEOPARDY

On April 17, 2021, the situation of immediate jeopardy to potential health and safety cited at F760 was removed.

As a result of the survey findings:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(b), effective June 2, 2021, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective June 2, 2021.. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective June 2, 2021..

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction.

The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of March 24, 2021, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from March 2, 2021.

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Woodbury Health Care Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective March 2, 2021. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (ePOC) for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

- Per day civil money penalty (42 CFR 488.430 through 488.444).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction should be directed to:

Karen Aldinger, Unit Supervisor
Metro C District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: (320) 249-2805

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 2, 2021 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION/ INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245235	A. BUILDING _____ B. WING _____	C 04/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBURY HEALTH CARE CENTER	**7012 LAKE ROAD WOODBURY, MN 55125**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 4/20/21, through 4/21/21, a standard abbreviated survey was conducted at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was SUBSTANTIATED: H5235118C (MN00071942) with a deficiency cited at F760 at PAST NON-COMPLIANCE. The survey resulted in an immediate jeopardy (IJ) at F760 when the facility erroneously administered 90 units of short-acting insulin into R1's abdomen, rather than infusing via an insulin pump as directed by the physician. R1's blood sugar decreased, required emergency treatment, and was hospitalized. The IJ began on 4/16/21, and the and the administrator and director of nursing were notified of the IJ on 4/21/21, at 11:52 a.m. The facility had implemented corrective action as of 4/17/21, therefore F760 is being issued at past non-compliance. The above findings constituted substandard quality of care, and an extended survey was conducted on 4/21/21. Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the correction. No plan of correction is required for a finding of past non-compliance; however, the facility must acknowledge receipt of the electronic documents.	F 000		
F 760 SS=J	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)	F 760		5/11/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/11/2021

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.

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F 760	Continued From page 1 The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to administer insulin as prescribed by the physician for 1 of 1 resident (R1) reviewed for significant medication errors. This deficient practice resulted in an immediate jeopardy (IJ) for R1 when 90 units of short-acting insulin was erroneously injected into her abdomen, rather than being infused by an insulin pump. R1's blood sugar decreased, required emergency treatment, and was hospitalized. The IJ began on 4/16/21, when 90 units of insulin was injected into R1's abdomen rather than being infused via an insulin pump as directed by the physician. The director of nursing (DON) was notified of the IJ on 4/21/21, at 11:52 a.m. The facility had implemented immediate corrective action on 4/17/21, therefore the deficiency is being cited at past-non-compliance. Findings include: R1's admission Minimum Data Set (MDS) dated 4/8/21, identified she was cognitively intact, had a diagnosis of type I diabetes mellitus, presence of an insulin pump, and required limited assistance with activities of daily living (ADL). R1's Order Summary Report dated 4/15/21, indicated, "R1's Humalog KwikPen Solution Pen-injector 100 Unit/ML (Insulin Lispro (1 unit Dial). Inject 90 units subcutaneously one time a day related to type 1 Diabetes Mellitus with diabetic chronic kidney disease. Inject 90-100	F 760	Past noncompliance: no plan of correction required.	

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F 760	Continued From page 2	F 760		

units via insulin pump every day."

R1's Medication Administration Record (MAR) indicated the above order, with a scheduled time of 8:00 a.m., and was signed by licensed practical nurse (LPN)-A and cosigned with initials of another nurse, RN-D on 4/16/21.

A facility incident report dated 4/16/21, identified R1 had orders for insulin to be administered via her insulin pump even though the insulin pump was turned off. Staff did not clarify orders (with the physician) and a nurse injected 90 units of short-acting insulin (in R1's abdomen) using orders written for a insulin pump. The nurse did not have the insulin verified by second nurse, per policy. R1 later stated she felt her blood sugar was low. The nurse practioner (NP) was onsite and the medication error (wrong route of administration) was noted. R1 was given two gluconate tablets (sugar tablets used to treat low blood sugar), but was still not feeling well. The NP evaluated the resident, and she was sent to emergency room (ER) for further evaluation.

R1's progress note dated 4/16/21, at 10:27 a.m. included, R1 was sent to the emergency department for hypoglycemia (low blood sugar).

R1's medication incident report form dated 4/19/21, identified, "administered 90 units of Humalog subcutaneously (fat tissue) nurse did not review order @ [at] full. Resident sent to emergency department [ED] for further evaluation, resident remains in hospital."

When interviewed on 4/20/21, at 9:45 a.m. R1 stated LPN-A came into her room with two syringes of insulin. R1 asked LPN-A how much

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F 760	Continued From page 3	F 760		

insulin she was getting. LPN-A told R1 there was 60 units in one syringe and 30 units in the other. R1 stated LPN-A injected both syringes of insulin in her abdomen. R1 stated, after a while, she started to feel shaky, sweaty, freezing, and could not think straight. R1 stated those were, "classic signs" her blood sugar was low. R1 stated she was transported to the hospital, by ambulance, and hospitalized from 4/16/21, to 4/19/21. R1 stated when she arrived at the hospital her blood sugar "was in the 20's (normal range 80 - 130 for a person with diabetes)."

When interviewed on 4/20/21, at 12:13 p.m. LPN-A stated R1's blood sugar was 141 (when she checked it on 4/16/21). LPN-A stated R1 told her she did not have her insulin pump anymore so she told R1 she would go check the insulin order and come back. LPN-A stated she returned to R1's room and had two blue insulin pens. LPN-A stated R1 asked how much insulin she was getting. LPN-A stated she told R1 the order called for 90 units. R1 told her, "that's more then I get in the pump, but I don't have the pump anymore." LPN-A stated she then injected the insulin into R1's abdomen. LPN-A stated about 30 minutes later, R1 told her she felt like her blood sugar was low and requested it to be checked. LPN-A stated she checked R1's blood sugar and it was 72. LPN-A stated, after a while, R1 told her, "I really feel like it's [blood sugar] tanking [decreasing blood sugar]." LPN-A stated she told the doctor at the facility R1 felt like her blood sugar was dropping and she had administered, "quite a bit of insulin" per the order because R1 no longer had her insulin pump. LPN-A stated she never saw the doctor after that and she didn't realize she had made an error at that time. LPN-A explained, when viewing R1's electronic MAR

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F 760	Continued From page 4	F 760		

(EMAR) the order read to inject 90 units of Humalog insulin subcutaneously. LPN-A stated in order to visualize a complete order, she needed to click, or hover (hold mouse cursor over a word), on the word "more." LPN-A confirmed she did not visualize R1's complete insulin order. LPN-A stated had she done so, she would had seen the rest of the order which directed to infuse insulin using an insulin pump.

When interviewed on 4/21/21, at 9:01 a.m. RN-A stated health unit coordinator (HUC)-A entered R1's insulin order in the computer before R1 arrived at the facility. RN-A stated she compared R1's new orders (sent with R1 upon being admitted to the facility) with the orders the HUC-A entered previously. RN-A stated she "may have missed something" because she was stressed that day from dealing with an issue with another resident.

When interviewed on 4/21/21, at 12:00 p.m. the director of nursing (DON) stated she would not expect staff to call the on-call physician and clarify orders at 10:00 p.m. at night, they should wait until the next morning. The DON stated, "it was the nurse administering the medication's [LPN-A] responsibility to clarify the order, not the person transcribing it." The DON also stated LPN-A told her she was aware insulin orders required a co-signature and LPN-A did not have another nurse verify the insulin order. The DON stated LPN-A put the initials of the other nurse on duty [RN-D] in the co-signature box without her knowledge.

When interviewed on 4/21/21, at 10:49 a.m. the pharmacist stated injecting insulin into R1's abdomen, rather using an insulin pump, delivered

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F 760	Continued From page 5 90 units of insulin all at once; therefore R1's blood sugar to dropped quickly. The pharmacist stated if R1's insulin was administered using an insulin pump, the insulin would had been spread out in small doses throughout the day. R1's hospital discharge summary dated 4/19/21, at 9:48 p.m. identified emergency medical services (EMS) gave 15 grams dextrose (sugar) gel on arrival for a blood sugar in the 20's (critical low). R1 was administered 25 cc (cubic centimeters) of apple juice and intravenous (IV) dextrose. R1's hospital discharge summary further indicated R1 was placed on a D10 drip (sugar solution given by IV, used to treat extremely low blood sugar) and continued to have hypoglycemia. R1 was admitted to intensive care unit (ICU). The facility's medication administration policy revised 6/24/18, directed "carefully check medication record (eMAR) as to name, room, name of drug, dosage, frequency, time and route of administration. If any questions, refer to the resident's chart to check the original physician's order. The policy further directs insulin doses/amounts are to be double checked with another nurse or trained individual. That individual will verify the amount drawn up is correct and initial as the co-signer on the EMAR. Further, "if the insulin order seems questionable DO NOT proceed with further administration preparation and investigate the order: check paper chart for the most current order, check with RN supervisor/clinical manager, check with another nurse, and /or call the residents medical doctor (MD)." The past non-compliance IJ began on 4/16/21.	F 760		

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F 760	Continued From page 6 The IJ was removed and the deficient practice was corrected by 4/17/21, after the facility had implemented a systemic plan which included: - Reviewing policies and procedures related to medication orders, order processing, and insulin administration on 4/16/21. - Staff was retrained on policies and procedures which included insulin pen administration competencies beginning 4/16/21. Remaining nurses and trained medication assistants (TMA)'s were trained prior to the start of their next shift. - All insulin orders were reviewed on 4/16/21, and again on 4/17/21, by the DON and LPN-D. No medication or insulin errors noted for the past three months. - No other residents had an insulin pump. - R1 will self-manage her insulin pump, if she returns with it, per history of self-management. - LPN-A was suspended immediately and terminated on 4/16/21, for failure to follow policy and falsification of documentation. .	F 760		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 10, 2021

Administrator
Woodbury Health Care Center
7012 Lake Road
Woodbury, MN 55125

Re: Event ID: D3F711

Dear Administrator:

The above facility survey was completed on April 21, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

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WOODBURY HEALTH CARE CENTER	**7012 LAKE ROAD WOODBURY, MN 55125**

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 4/20/21, through 4/21/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaint was found to be	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00803	A. BUILDING: _____ B. WING _____	C 04/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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2 000	Continued From page 1 SUBSTANTIATED: H5235118C (MN00071942), however, no licensing orders were issued due to corrective actions taken prior to survey. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.	2 000		