DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 12, 2026

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

RE: CCN: 245235

Cycle Start Date: December 2, 2025

Dear Administrator:

On December 30, 2025, we notified you a remedy was imposed. On January 26, 2026 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of January 5, 2026.

As authorized by CMS the remedy of:

• Discretionary denial of payment for new Medicare and Medicaid admissions effective January 14, 2026 did not go into effect. (42 CFR 488.417 (b))

In our letter of December 30, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from December 2, 2025. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 12, 2026

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

Re: Reinspection Results
Event ID: 1DC678-H2

Dear Administrator:

On January 26, 2026 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on December 2, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted

December 30, 2025

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

RE: CCN: 662675000

Cycle Start Date: December 2, 2025

Dear Administrator:

On December 2, 2025, survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

REMOVAL OF IMMEDIATE JEOPARDY

On November 28, 2025, the situation of immediate jeopardy to potential health and safety cited at F760 was removed. However, continued non-compliance remains at the lower scope and severity of D.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective January 14, 2026.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective January 14, 2026 (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective January 14, 2026, (42 CFR 488.417 (b)).

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.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $13,343; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective December 2, 2025. This prohibition is not subject to appeal. 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.

SUBSTANDARD QUALITY OF CARE

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require 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 Sections 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 December 2, 2025. 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.

DEPARTMENT CONTACT

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

Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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, Licensing and Certification Program 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, 2026 (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 DENIAL OF PAYMENT

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
202-795-7490

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 at (312) 353-1502. Information may also be emailed to tamika.brown@cms.hhs.gov.

APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

A request for a hearing should identify the specific issues and the 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. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, 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: https://forms.web.health.state.mn.us/form/NHDisputeResolution
This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. 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.
A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. 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: https://forms.web.health.state.mn.us/form/NHDisputeResolution

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 30, 2025

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

Re: State Nursing Home Licensing Orders
Event ID: 1DC678-H1

Dear Administrator:

The above facility survey was completed on December 2, 2025 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 one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the

statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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.

Please feel free to call me with any questions.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/02/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBURY HEALTH CARE CENTER	**7012 LAKE ROAD , WOODBURY, Minnesota, 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
20000	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 11/24/25 to 11/26/25 and 12/01/25 to 12/02/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was not in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	20000		12/30/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/02/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBURY HEALTH CARE CENTER	**7012 LAKE ROAD , WOODBURY, Minnesota, 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
20000	Continued from page 1 The following complaint was reviewed. H52357283C (2662746) H52358202C (2672925) and (2674485) with a licensing orders issued at 1545. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	20000		
21545	Medication Errors CFR(s): MN Rule 4658.1320 A.B.C A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m),	21545	F760 - Residents are free of significant medication error Tag Number & Description: F760 – The facility failed to accurately transcribe a medication order correctly for Bumex for R1 which resulted in an 18 lb weight loss in 12 days, critical labs, vomiting and hospitalization. In addition, the facility had two additional medication errors and failed to implement appropriate corrective	01/05/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/02/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBURY HEALTH CARE CENTER	**7012 LAKE ROAD , WOODBURY, Minnesota, 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
21545	Continued from page 2 found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications. B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to accurately transcribe a medication order correctly for Bumex (diuretic medication used to remove fluid) for 1 of 1 resident (R1) which resulted in an 18-pound (lb.) weight loss in 12 days, critical labs, vomiting and a hospitalization. In addition, the facility had two additional medication errors and failed to implement appropriate corrective actions to prevent the significant medication error for R1. Findings include:	21545	Continued from page 2 actions to prevent the significant medication error for R1. The facility failure resulted in an immediate jeopardy for R1. The alleged deficiencies for resident R1 have been corrected as of November 18th, 2025. The resident was transferred to an acute care hospital for further care. All residents who have had new orders transcribed have the potential to be affected by the alleged deficient practice. Audits of all residents current active medication orders were completed for accuracy of transcription into the electronic medical record of November 19th, 2026, to ensure no other residents were affected. Systemic Measures and Changes The following measures and systemic changes have been made to ensure the alleged deficient practice will not recur: All licensed nursing staff were re-educated by 11/26/2026 or were not on the schedule until training was completed on point click care order transcription, protocol for order transcription, clarification of physician orders. A third safety check of all new orders being completed within 24 hours with all new admissions and within 72 hours over the weekend. Health unit coordinators will attend a certification course and complete the course within 7 months, the allotted time for completion for certification. Course started 11/28/2026. Monitoring and Quality Assurance Facility will monitor performance to ensure sustained compliance. The DON or designee will audit all new orders until 4 weeks of new orders transcribed are without transcription error then all new admissions orders until 4 weeks of no medication transcription errors have occurred. DON to perform random audit of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/02/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBURY HEALTH CARE CENTER	**7012 LAKE ROAD , WOODBURY, Minnesota, 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
21545	Continued from page 3 R1's Admission Minimum Data Set (MDS) dated 10/29/25, indicated R1 was cognitively intact had cellulitis of left lower limb, atrial fibrillation, renal insufficiency (kidneys are not functioning as well as they should, leading to waste products and fluid buildup in the body) and cardiomyopathy (heart disease that affects the heart muscle's ability to pump blood efficiently). The MDS also indicated he was frequently incontinent of bladder, required partial assist with toileting had one diabetic foot ulcer with infection and received an antibiotic medication. The MDS further indicated his weight was 179 lbs. and no weight loss or unknown weight loss. R1's Care Plan dated 11/05/25, indicated he had renal failure/insufficiency related to chronic kidney disease and directed staff to provide fluids as ordered, give medications as ordered by medical practitioner, observe for changes in mental status: lethargy, somnolence, fatigue tremors and seizures. Observe for signs of fluid loss or fluid overload, observe lab reports of electrolytes and report to medical practitioner. R1's Medical Diagnosis List undated, indicated he had chronic kidney disease and failure and Type II Diabetes. On 11/6/25, R1 was order Bumex (diuretic) 2mg po QD (daily) x three days. The order was transcribed as Bumex 2mg po TID (three times daily) with no stop date indicated. As a result, R1 received (36) 2mg doses from 11/7/25 to 11/18/25 versus the 3 doses he should have been administered. R1's Lab results indicated the following: On 11/18/25: BUN- 99 H (high) (8-23) (evaluates kidney function.) Creatinine 3.4 H (0.67-1.7) (checks kidney function.) GFR 19 L (low) >60 (measures how well kidneys are filtering waste from your blood.) WBC 13.33 H (4.0 to 0.11) (shows if you have an infection.) Weight on 11/6/25 was 182.2, 11/18/25 was 163.4, a loss of 18.8 pounds. Additionally, between 11/6-11/18, a weight was to be recorded weekly and was missed the week of 11/10/25.	21545	Continued from page 3 new medication orders weekly. Audit results will be presented to the QAPI committee, which will review and provide feedback on audit frequency, content, and additional interventions if indicated. Facility will be in substantial compliance by 1/5/2026	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/02/2025**

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21545	Continued from page 4 Progress Note dated 11/17/25 at 11:55 p.m., indicated R1 reported not feeling well during day shift and evening shift, vital signs stable on this shift, but patient refused to go to the hospital to be evaluated. MD (medical doctor) notified and ordered BMP (basic metabolic panel, CBC (complete blood count) and thyroid stimulating hormone (TSH) to be drawn tomorrow. Progress notes on 11/18/25 at 2:38 p.m., indicated MD called with lab results and to talk to family to see if they want him transferred to the emergency department (ED) for further evaluation and treatment. Labs indicate resident is dehydrated, this writer talked to family resident will be transferred to hospital and 911 called all paperwork sent with emergency medical services (EMS). Family would like to hold the bed. R1's Emergency Department Encounter dated 11/18/2025 at 4:06 p.m., indicated he presented to the ED department by emergency medical services (EMS) for evaluation of generalized weakness. The transitional care unit (TCU) he was at had been administering 2 mg of Bumex TID since 11/07 or 11/10 (staff unsure) instead of how it was prescribed which was 2mg of Bumex daily for three days. The ED note indicated the final Impression was Acute Kidney Injury (AKI) superimposed on CKD (chronic kidney disease). R1's Hospital Admission Encounter dated 11/18/25, indicated noted to have miscommunication regarding his Bumex dose and had been taking TID (since 11/6) instead of daily x 3 days. Holding Bumex this admission, renal function gradually improving, continue oral bicarbonate and received IV fluids after angiogram yesterday, has colitis (C.diff)(clostridioides difficile bacterium that causes an infection of the colon, the longest part of the large intestine) developed abdominal pain, diarrhea and elevated WBC (white blood cell count) this stay. Placed on oral Vancomycin (used to treat serious infections) QID (four times a day) (starting 11/20) and probiotic. In addition, has Chronic left foot wound. Weight listed was 165 lbs. During interview on 11/25/25 at 10:21 a.m., director of nursing (DON) stated the provider wrote a written order for the Bumex and the health unit coordinator (HUC) transcribed the order. The DON stated the HUC was new to her position and did not have a medical background, but the nurse manager licensed practical nurse (LPN)-A was to complete a second check to make sure the order was transcribed correctly which was missed and resulted in the medication given incorrectly for eight days. LPN-B noted R1 was not feeling well, was vomiting, and noticed redness on R1's wound on his left leg on 11/17/25. LPN-B notified the on-call physician and	21545		

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21545	Continued from page 5 later that afternoon labs were ordered. On 11/18/25, R1's physician's triage team notified us R1's Bumex order was only supposed to be given once daily for three days not three times daily with no stop date. It was then decided to send R1 to the emergency department and he was hospitalized. The DON stated he was admitted with acute kidney injury, wound infection in soft tissue. And after the medication error was found they immediately started a review of all orders to cross check to make sure they were accurate starting that day. In addition, they added a triple check the nurse managers were to start daily. During interview on 11/25/25 at 2:50 p.m., health unit coordinator (HUC)-A stated she is the HUC for the Transitional Care Unit (TCU) and is new to the facility. She was trained by the second floor HUC for a week and received computer training from the facility. HUC-A stated she does not have a background in the medical field except for working in a group home in the past. HUC-A stated she did not know the terminology for QD, TID and QID but is learning from being at the facility and asking questions from the nurses and the staff. She stated after each medication error HUC-B would explain to her how the transcription error occurred, corrected her and for R1 she also explained how dangerous that was. During interview on 11/26/25 at 12:05 p.m., DON stated they have started to have the nurse managers run a report on all new orders for the day and then go back and have them recheck them as a triple check three times a week, in addition to herself reviewing all new orders to make sure they were audited correctly and nothing was missed. In addition, the DON stated R1 was never a complainer and never did complain of having a need to go to the bathroom at night and was surprised none of the nurses realized they were giving a diuretic in the evening. DON stated the staff were supposed to be weighing R1 weekly and noticed he did have a significant weight loss, and he did have one weekly weight missed. She also stated from her review of the hospital records R1's hospital admission was the result of many medical complications which included the medication error of Bumex. During interview on 12/01/25 at 1:20 p.m., R1's medical provider (MP) stated R1 had underlying kidney failure prior to his hospitalization on 11/28/25 and was ordered diuretics (Bumex) short term due to his swelling and blisters in his left leg wound. The MP stated she did not want to give him long term diuretics due to his kidney issues and felt the staff should have clarified the order. MP stated R1 had c-diff, was also	21545		

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21545	Continued from page 6 suffering from diarrhea and diuresis (condition in which the kidneys filter too much bodily fluid. That increases your urine production and the frequency with which you need to use the bathroom), which could be the contributing factors for his acute kidney injury. In addition, the MP stated the nursing staff also should have caught the error when giving a diuretic in the evening and because TID is a high rate to give Bumex. MP stated she felt the medication error contributed to an unnecessary hospitalization. Review of the facility's medication errors indicated the following: On 11/3/25, two medication errors were discovered by the facility pharmacy due to a transcription error. R3's Medical Diagnosis List undated, indicated she had delusional disorders, bipolar disorder, and overactive bladder. -R3's admission orders dated 10/31/25, revealed an error as to she received 50 milligrams (mg) of Quetiapine (antipsychotic) BID (twice daily) when the order was to be written as two times daily as needed (PRN). As a result, the resident received 6 doses of Quetiapine scheduled in error. -The same resident received 2mg of Tolterodine (for overactive bladder) twice a day when the order was written to be once daily. As a result, the resident received double the dose for three days. In response, the facility retrained the Health Unit Coordinator (HUC), who transcribed the medication orders incorrectly and the nurse who was responsible for the second check to ensure the transcriptions were correct. No audits of other recently transcribed orders were conducted. During interview on 11/26/25 at 10:04 a.m., LPN-D stated she saw a fax from the pharmacy and called the physician right away to inform of the transcription and medication error. R2's Hospitalist Discharge Summary dated 11/14/25 at 4:51 p.m., indicated he was to receive furosemide 20 mg tablet, take one tablet (20 mg) by mouth and two tablets (40 mg) by mouth daily alternating for Coronary artery disease (CAD the arteries supplying blood to the heart become narrowed by a buildup of plaque) involving native coronary of native heart without angina pectoris (chest pain).	21545		

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21545	Continued from page 7 On 11/17/25, a transcription error was found for R2's Furosemide (diuretic to reduce fluid), ordered by the provider to take 20mg and 40mg alternating every other day but transcribed to administer both doses the same day. This error was caught by the facility before any incorrect administration of the medication. The HUC was again retrained. No audits of other recently transcribed orders were conducted. Medication Reconciliation Policy revised 11/26/25, indicated the facility reconciles medication frequently throughout a resident's stay to ensure that the resident is free of any significant medication errors, and that the facility's medication error rate is less than 5 percent. Medication reconciliation refers to the process of verify that the resident's current medication list matches the physician's orders for the purposes of providing the correct medications to the resident at all points throughout his or her stay. TIME PERIOD FOR CORRECTION: Twenty-one (21) days. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to medication errors. The DON or designee could educate staff to ensure medications are correctly administered which may include but is not limited to the need for verifying orders and accurately transcribing. The DON or designee should review processes to ensure the pharmacist begins or maintains appropriate oversight of the medication administration process. The DON or designee could develop a system to verify compliance, such as auditing medication administration and or medical records for specific amount of days .	21545		

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F0000	INITIAL COMMENTS On 11/24/25 to 11/26/25 and 12/01/25 to 12/02/25. a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was found NOT to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F760 began on 11/07/25, when it was identified that the facility failed to ensure Bumex (diuretic) was administered according to physician's orders for 1 of 1 resident (R1), resulting in actual harm when R1 had to be sent to the emergency department for evaluation and treatment and was hospitalized. The administrator and director of nursing (DON) were notified of the IJ on 11/26/25 at 3:05 p.m. The IJ was removed on 11/28/25, at 1:45 p.m. The above findings constituted Substandard Quality of Care, and an extended survey was conducted on 12/01/25. The following complaints were reviewed: H52357283C (2662746) H52358202C (2672925) and (2674485) with a deficiency cited at F760. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F0000		12/30/2025
F0760 SS = SQC-J	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)	F0760	F760 - Residents are free of significant medication error Tag Number & Description: F760 – The facility failed to	01/05/2026

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 reverse for further 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

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F0760 SS = SQC-J	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 accurately transcribe a medication order correctly for Bumex (diuretic medication used to remove fluid) for 1 of 1 resident (R1) which resulted in an 18-pound (lb.) weight loss in 12 days, critical labs, vomiting and a hospitalization. In addition, the facility had two additional medication errors and failed to implement appropriate corrective actions to prevent the significant medication error for R1. The facility failure resulted in an immediate jeopardy (IJ) for R1. The IJ began on 11/07/25, when R1 was ordered Bumex (diuretic) 2 milligrams (mg) by mouth (po) QD (daily) x three days. The order was transcribed as Bumex 2 mg po TID (three times daily) with no stop date indicated. As a result, R1 received (36) 2 mg doses from 11/7/25 to 11/18/25 versus the 3 doses he should have been administered. R1 was admitted to the hospital with acute kidney injury and infection on 11/18/25. The administrator and director of nursing (DON) were notified of the IJ on 11/26/25 at 3:05 p.m. The IJ was removed on 11/28/25, at 1:45 p.m., but non-compliance remained at the lower scope and severity of level D, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: R1's Admission Minimum Data Set (MDS) dated 10/29/25, indicated R1 was cognitively intact had cellulitis of left lower limb, atrial fibrillation, renal insufficiency (kidneys are not functioning as well as they should, leading to waste products and fluid buildup in the body) and cardiomyopathy (heart disease that affects the heart muscle's ability to pump blood efficiently). The MDS also indicated he was frequently incontinent of bladder, required partial assist with toileting had one diabetic foot ulcer with infection and received an antibiotic medication. The MDS further indicated his weight was 179 lbs. and no weight loss or unknown weight loss. R1's Care Plan dated 11/05/25, indicated he had renal failure/insufficiency related to chronic kidney disease and directed staff to provide fluids as ordered, give medications as ordered by medical practitioner, observe	F0760	Continued from page 1 accurately transcribe a medication order correctly for Bumex for R1 which resulted in an 18 lb weight loss in 12 days, critical labs, vomiting and hospitalization. In addition, the facility had two additional medication errors and failed to implement appropriate corrective actions to prevent the significant medication error for R1. The facility failure resulted in an immediate jeopardy for R1. The alleged deficiencies for resident R1 have been corrected as of November 18th, 2025. The resident was transferred to an acute care hospital for further care. All residents who have had new orders transcribed have the potential to be affected by the alleged deficient practice. Audits of all residents current active medication orders were completed for accuracy of transcription into the electronic medical record of November 19th, 2026, to ensure no other residents were affected. Systemic Measures and Changes The following measures and systemic changes have been made to ensure the alleged deficient practice will not recur: All licensed nursing staff were re-educated by 11/26/2026 or were not on the schedule until training was completed on point click care order transcription, protocol for order transcription, clarification of physician orders. A third safety check of all new orders being completed within 24 hours with all new admissions and within 72 hours over the weekend. Health unit coordinators will attend a certification course and complete the course within 7 months, the allotted time for completion for certification. Course started 11/28/2026. Monitoring and Quality Assurance Facility will monitor performance to ensure sustained	

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F0760 SS = SQC-J	Continued from page 2 for changes in mental status: lethargy, somnolence, fatigue tremors and seizures. Observe for signs of fluid loss or fluid overload, observe lab reports of electrolytes and report to medical practitioner. R1's Medical Diagnosis List undated, indicated he had chronic kidney disease and failure and Type II Diabetes. On 11/6/25, R1 was order Bumex (diuretic) 2mg po QD (daily) x three days. The order was transcribed as Bumex 2mg po TID (three times daily) with no stop date indicated. As a result, R1 received (36) 2mg doses from 11/7/25 to 11/18/25 versus the 3 doses he should have been administered. R1's Lab results indicated the following: On 11/18/25: BUN- 99 H (high) (8-23) (evaluates kidney function.) Creatinine 3.4 H (0.67-1.7) (checks kidney function.) GFR 19 L (low) >60 (measures how well kidneys are filtering waste from your blood.) WBC 13.33 H (4.0 to 0.11) (shows if you have an infection.) Weight on 11/6/25 was 182.2, 11/18/25 was 163.4, a loss of 18.8 pounds. Additionally, between 11/6-11/18, a weight was to be recorded weekly and was missed the week of 11/10/25. Progress Note dated 11/17/25 at 11:55 p.m., indicated R1 reported not feeling well during day shift and evening shift, vital signs stable on this shift, but patient refused to go to the hospital to be evaluated. MD (medical doctor) notified and ordered BMP (basic metabolic panel, CBC (complete blood count) and thyroid stimulating hormone (TSH) to be drawn tomorrow. Progress notes on 11/18/25 at 2:38 p.m., indicated MD called with lab results and to talk to family to see if they want him transferred to the emergency department (ED) for further evaluation and treatment. Labs indicate resident is dehydrated, this writer talked to family resident will be transferred to hospital and 911 called all paperwork sent with emergency medical services (EMS). Family would like to hold the bed. R1’s Emergency Department Encounter dated 11/18/2025 at 4:06 p.m., indicated he presented to the ED department by emergency medical services (EMS) for evaluation of	F0760	Continued from page 2 compliance. The DON or designee will audit all new orders until 4 weeks of new orders transcribed are without transcription error then all new admissions orders until 4 weeks of no medication transcription errors have occurred. DON to perform random audit of new medication orders weekly. Audit results will be presented to the QAPI committee, which will review and provide feedback on audit frequency, content, and additional interventions if indicated. Facility will be in substantial compliance by 1/5/2026	

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F0760 SS = SQC-J	Continued from page 4 medical field except for working in a group home in the past. HUC-A stated she did not know the terminology for QD, TID and QID but is learning from being at the facility and asking questions from the nurses and the staff. She stated after each medication error HUC-B would explain to her how the transcription error occurred, corrected her and for R1 she also explained how dangerous that was. During interview on 11/26/25 at 12:05 p.m., DON stated they have started to have the nurse managers run a report on all new orders for the day and then go back and have them recheck them as a triple check three times a week, in addition to herself reviewing all new orders to make sure they were audited correctly and nothing was missed. In addition, the DON stated R1 was never a complainer and never did complain of having a need to go to the bathroom at night and was surprised none of the nurses realized they were giving a diuretic in the evening. DON stated the staff were supposed to be weighing R1 weekly and noticed he did have a significant weight loss, and he did have one weekly weight missed. She also stated from her review of the hospital records R1's hospital admission was the result of many medical complications which included the medication error of Bumex. During interview on 12/01/25 at 1:20 p.m., R1's medical provider (MP) stated R1 had underlying kidney failure prior to his hospitalization on 11/28/25 and was ordered diuretics (Bumex) short term due to his swelling and blisters in his left leg wound. The MP stated she did not want to give him long term diuretics due to his kidney issues and felt the staff should have clarified the order. MP stated R1 had c-diff, was also suffering from diarrhea and diuresis (condition in which the kidneys filter too much bodily fluid. That increases your urine production and the frequency with which you need to use the bathroom), which could be the contributing factors for his acute kidney injury. In addition, the MP stated the nursing staff also should have caught the error when giving a diuretic in the evening and because TID is a high rate to give Bumex. MP stated she felt the medication error contributed to an unnecessary hospitalization. Review of the facility's medication errors indicated the following: On 11/3/25, two medication errors were discovered by the facility pharmacy due to a transcription error. R3's Medical Diagnosis List undated, indicated she had delusional disorders, bipolar disorder, and overactive	F0760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245235	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/02/2025

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

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F0760 SS = SQC-J	Continued from page 5 bladder. -R3's admission orders dated 10/31/25, revealed an error as to she received 50 milligrams (mg) of Quetiapine (antipsychotic) BID (twice daily) when the order was to be written as two times daily as needed (PRN). As a result, the resident received 6 doses of Quetiapine scheduled in error. -The same resident received 2mg of Tolterodine (for overactive bladder) twice a day when the order was written to be once daily. As a result, the resident received double the dose for three days. In response, the facility retrained the Health Unit Coordinator (HUC), who transcribed the medication orders incorrectly and the nurse who was responsible for the second check to ensure the transcriptions were correct. No audits of other recently transcribed orders were conducted. During interview on 11/26/25 at 10:04 a.m., LPN-D stated she saw a fax from the pharmacy and called the physician right away to inform of the transcription and medication error. R2’s Hospitalist Discharge Summary dated 11/14/25 at 4:51 p.m., indicated he was to receive furosemide 20 mg tablet, take one tablet (20 mg) by mouth and two tablets (40 mg) by mouth daily alternating for Coronary artery disease (CAD the arteries supplying blood to the heart become narrowed by a buildup of plaque) involving native coronary of native heart without angina pectoris (chest pain). On 11/17/25, a transcription error was found for R2’s Furosemide (diuretic to reduce fluid), ordered by the provider to take 20mg and 40mg alternating every other day but transcribed to administer both doses the same day. This error was caught by the facility before any incorrect administration of the medication. The HUC was again retrained. No audits of other recently transcribed orders were conducted. The immediate jeopardy that began on 11/07/25, was removed on11/28/25, when it was verified, the facility implemented the following: Determined the root cause for transcription/medication errors and put in place additional safeguards. -review and revise policy and procedures as needed	F0760		

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F0760 SS = SQC-J	Continued from page 6 -educated staff on new procedures before the start of next shift worked. Medication Reconciliation Policy revised 11/26/25, indicated the facility reconciles medication frequently throughout a resident's stay to ensure that the resident is free of any significant medication errors, and that the facility's medication error rate is less than 5 percent. Medication reconciliation refers to the process of verify that the resident's current medication list matches the physician's orders for the purposes of providing the correct medications to the resident at all points throughout his or her stay.	F0760		