



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered  
December 14, 2023

Administrator  
River Valley Health And Rehabilitation Center LLC  
200 South Dekalb Street  
Redwood Falls, MN 56283

RE: CCN: 245237  
Cycle Start Date: November 8, 2023

Dear Administrator:

On December 6, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)



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December 14, 2023

Administrator  
River Valley Health And Rehabilitation Center LLC  
200 South Dekalb Street  
Redwood Falls, MN 56283

Re: Reinspection Results  
Event ID: 721S12

Dear Administrator:

On December 6, 2023 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 November 8, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Minnesota Department of Health  
Health Regulation Division  
Telephone: (651) 201-4112  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/29/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER VALLEY HEALTH AND REHABILITATION CENTER LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 SOUTH DEKALB STREET</b> <b>REDWOOD FALLS, MN 56283</b>
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>On 11/7/23 through 11/8/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H52376932C(MN98241), with a deficiency issued at F656.</p> <p>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.</p> <p>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.</p>	F 000		
F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain</p>	F 656		11/20/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/20/2023

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 656	<p>Continued From page 1</p> <p>or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review the facility failed to develop a comprehensive care plan for 3 of 3 residents (R1, R2 and R3) reviewed who were diabetic (a condition preventing the body's ability to process food</p>	F 656	<p>Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of</p>	

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F 656	<p>Continued From page 2</p> <p>leading to dangerously high or low blood sugar levels) when the care plan did not identify potential diabetic complications and specific diabetic preventative health concerns related to diet, skin, vision, and foot care.</p> <p>R1's nursing home admission orders dated 12/11/19, indicated R1 received three different diabetic medications along with an order to check her blood glucose level two times a day.</p> <p>R1's medical order dated 1/14/21, indicated a new order to change her current regular diet to a diabetic diet.</p> <p>R1's care plan dated 1/12/22, indicated she had a risk for pain related to her diabetes. The care plan did not identify potential diabetic concerns involving her blood sugar levels or diabetic preventative health concerns related to diet, skin, vision, and foot care.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/6/22, indicated she had severe cognitive impairment, Alzheimer's disease, dementia, diabetes, kidney, and lung disease. She required extensive assistance from staff to move in bed, transfer, walk, get dressed, toilet and complete hygiene needs.</p> <p>R1's medical order dated 11/21/22, indicated the staff would check every Monday if she had any signs or symptoms indicating an abnormally high or low blood sugar level.</p> <p>R1's care plan dated 9/6/23, indicated she had a potential for pain related to diabetes. The care plan did not identify potential diabetic concerns involving her blood sugar levels or diabetic</p>	F 656	<p>fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations.</p> <p>Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance.</p> <p>F656 -The process for satisfying this requirement has been reviewed and revised as needed, to ensure care plans are developed and implemented as a comprehensive person centered care plan for each resident as their needs are identified in the comprehensive assessment. -R1, R2 and R3 care plans were immediately corrected to reflect the residents diagnosis of diabetes along with the goals and desired outcomes, as well as identifying potential diabetic complications and specific diabetic preventive health concerns related to skin,</p>	

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F 656	<p>Continued From page 3</p> <p>preventative health concerns related to diet, skin, vision, and foot care.</p> <p>R1's medication administration record (MAR) dated 10/1/23 through 10/31/23, indicated she received Glipizide 10 milligrams (mg) one time a day in the morning, a once-a-day injection of 24 units of Lantus, and Metformin 1000 mg two times a day to control her diabetes. She did not have an order to do daily blood sugar checks but instead, she received an A1C (blood sugar average over a period of months) blood test every six months.</p> <p>R1's MD visit note dated 11/2/23, stated she was sent to the emergency room for a low blood sugar level. Her Glipizide was stopped, and her Metformin and Lantus doses were decreased.</p> <p>R2's care plan dated 6/29/21, indicated she had a risk for skin breakdown related to her bowel and bladder incontinence further complicated by diabetes and impaired mobility. In addition, her diabetes was associated with a risk for falling, increased weakness, and pain.</p> <p>R2's quarterly MDS dated 8/3/23, indicated she had intact cognition, she needed extensive assistance by two staff members to move in bed, transfer from one surface to another, walk, dress, toilet and complete hygiene needs. She had high blood pressure, kidney disease, Parkinson's disease, depression, and difficulty breathing.</p> <p>R2's care plan dated 2/24/23, indicated she had a risk for skin breakdown related to her diabetes. The care plan did not identify potential diabetic concerns involving her blood sugar levels or diabetic preventative health concerns related to</p>	F 656	<p>diet, vision and foot care. This is corrected.</p> <ul style="list-style-type: none"> <li>-All Residents residing in the facility that have the diagnosis of Diabetes have the potential to be affected if this regulation is not met.</li> <li>-The facility has corrected and updated all residents who have a diagnosis of Diabetes to reflect what has been identified on the comprehensive care plan.</li> <li>- The facility has added Hypoglycemic-Hyperglycemia monitoring twice daily for all residents with the diagnosis of Diabetes.</li> <li>- The admission checklist has been updated to include blood sugar checks and hypoglycemic and hyperglycemic monitoring for residents with a diagnosis of diabetes.</li> <li>- The facility has implemented a Care Plan Organizer to include diagnoses, symptoms of chronic illness, medications and other items that are to be included on the care plans.</li> <li>-An audit was completed to ensure that the residents with a diagnosis of Diabetes had Diabetes included on their care plan and the facility has added hypoglycemic and hyperglycemic monitoring to all residents with a diagnosis of diabetes. Processes and procedures were reviewed and revised as needed to ensure future instances are avoided.</li> <li>-Necessary staff have received education regarding the care plan organizer and what is expected to be included on the care plan and admission process.</li> <li>--Audits will be completed on new</li> </ul>	

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F 656	<p>Continued From page 4 diet, skin, vision, and foot care.</p> <p>R3's admission MDS dated 10/25/23, indicated he had intact cognition, diabetes, kidney disease, depression, and a stroke. R3 required staff assistance to move in bed, transfer, dress, and hygiene needs.</p> <p>R3's care plan dated 6/9/21, indicated he had a risk for falls related to neuropathy (hand and feet weakness, numbness, and pain related to nerve damage). In addition, he had a risk for skin breakdown related to diabetes.</p> <p>R3's medical order dated 10/23/20, indicated he needed staff to check his blood sugar level four times a day.</p> <p>R3's medical order dated 11/9/23, during the survey to monitor him for signs and symptoms of high and low blood sugar levels. In addition, he had an order to monitor his blood sugar with an A1C every three months.</p> <p>During interview on 11/7/23 at 1:23 p.m., family member (FM)-A stated her mother was recently hospitalized for an extremely low blood sugar of 27. She said her mother had stopped eating for a few days and just wanted to sleep.</p> <p>During interview on 11/8/23 at 2:00 p.m., the director of nursing (DON) stated she reviewed R1's care plan and confirmed the document did not have specific diabetic goals and interventions.</p> <p>During interview on 11/8/23 at 2:50 p.m., registered nurse (RN)-A stated she was not sure why R1's care plan did not have specific diabetic goals and interventions. She said at the time of</p>	F 656	<p>admissions to ensure Diabetes is included on the care plan for the residents with a diagnosis of Diabetes monthly for 6 months. Audits will be completed weekly for six weeks to ensure Blood sugar checks and hypoglycemic and hyperglycemic monitoring are occurring.</p> <ul style="list-style-type: none"> <li>- Audit results will be reviewed at QAPI.</li> <li>- Any deficient practice will be identified and corrected at the time of occurrence.</li> <li>- Director of Nursing or designee is responsible party.</li> <li>- Corrective action will be completed by 11/20/23.</li> </ul>	

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F 656	Continued From page 5 admission, the nursing staff complete a comprehensive assessment to identify specific conditions and develop individualized care plan interventions.  The facility admission policy and procedure not dated, indicate a checklist of all required admission elements. In the assessment diabetes was mentioned once in reference to administering emergency glucose when levels were low, and a reminder to calibrate the blood sugar machine on a regular basis.	F 656		

Minnesota Department of Health

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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS: On 11/7/23 through 11/8/23, 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(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

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2 000	<p>Continued From page 1</p> <p>these orders and identify the date when they will be completed.</p> <p>The following complaints were reviewed. H52376932C(MN98241), with a licensing order issued at 0565.</p> <p>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.</p> <p>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 <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a> 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</p>	2 000		

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2 000	Continued From page 2  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.	2 000		
2 565	MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use  Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident.  This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to develop a comprehensive care plan for 3 of 3 residents (R1, R2 and R3) reviewed who were diabetic (a condition preventing the body's ability to process food leading to dangerously high or low blood sugar levels) when the care plan did not identify potential diabetic complications and specific diabetic preventative health concerns related to diet, skin, vision, and foot care.  R1's nursing home admission orders dated 12/11/19, indicated R1 received three different diabetic medications along with an order to check her blood glucose level two times a day.  R1's medical order dated 1/14/21, indicated a new order to change her current regular diet to a diabetic diet.	2 565	Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations.  Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be	11/20/23

Minnesota Department of Health

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2 565	<p>Continued From page 3</p> <p>R1's care plan dated 1/12/22, indicated she had a risk for pain related to her diabetes. The care plan did not identify potential diabetic concerns involving her blood sugar levels or diabetic preventative health concerns related to diet, skin, vision, and foot care.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/6/22, indicated she had severe cognitive impairment, Alzheimer's disease, dementia, diabetes, kidney, and lung disease. She required extensive assistance from staff to move in bed, transfer, walk, get dressed, toilet and complete hygiene needs.</p> <p>R1's medical order dated 11/21/22, indicated the staff would check every Monday if she had any signs or symptoms indicating an abnormally high or low blood sugar level.</p> <p>R1's care plan dated 9/6/23, indicated she had a potential for pain related to diabetes. The care plan did not identify potential diabetic concerns involving her blood sugar levels or diabetic preventative health concerns related to diet, skin, vision, and foot care.</p> <p>R1's medication administration record (MAR) dated 10/1/23 through 10/31/23, indicated she received Glipizide 10 milligrams (mg) one time a day in the morning, a once-a-day injection of 24 units of Lantus, and Metformin 1000 mg two times a day to control her diabetes. She did not have an order to do daily blood sugar checks but instead, she received an A1C (blood sugar average over a period of months) blood test every six months.</p> <p>R1's MD visit note dated 11/2/23, stated she was</p>	2 565	<p>filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance.</p> <p>F656</p> <ul style="list-style-type: none"> <li>-The process for satisfying this requirement has been reviewed and revised as needed, to ensure care plans are developed and implemented as a comprehensive person centered care plan for each resident as their needs are identified in the comprehensive assessment.</li> <li>-R1, R2 and R3 care plans were immediately corrected to reflect the residents diagnosis of diabetes along with the goals and desired outcomes, as well as identifying potential diabetic complications and specific diabetic preventive health concerns related to skin, diet, vision and foot care. This is corrected.</li> <li>-All Residents residing in the facility that have the diagnosis of Diabetes have the potential to be affected if this regulation is not met.</li> <li>-The facility has corrected and updated all residents who have a diagnosis of Diabetes to reflect what has been identified on the comprehensive care plan.</li> <li>- The facility has added Hypoglycemic-Hyperglycemia monitoring twice daily for all residents with the diagnosis of Diabetes.</li> <li>- The admission checklist has been</li> </ul>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER VALLEY HEALTH AND REHABILITATION CENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 SOUTH DEKALB STREET REDWOOD FALLS, MN 56283</b>
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2 565	<p>Continued From page 4</p> <p>sent to the emergency room for a low blood sugar level. Her Glipizide was stopped, and her Metformin and Lantus doses were decreased.</p> <p>R2's care plan dated 6/29/21, indicated she had a risk for skin breakdown related to her bowel and bladder incontinence further complicated by diabetes and impaired mobility. In addition, her diabetes was associated with a risk for falling, increased weakness, and pain.</p> <p>R2's quarterly MDS dated 8/3/23, indicated she had intact cognition, she needed extensive assistance by two staff members to move in bed, transfer from one surface to another, walk, dress, toilet and complete hygiene needs. She had high blood pressure, kidney disease, Parkinson's disease, depression, and difficulty breathing.</p> <p>R2's care plan dated 2/24/23, indicated she had a risk for skin breakdown related to her diabetes. The care plan did not identify potential diabetic concerns involving her blood sugar levels or diabetic preventative health concerns related to diet, skin, vision, and foot care.</p> <p>R3's admission MDS dated 10/25/23, indicated he had intact cognition, diabetes, kidney disease, depression, and a stroke. R3 required staff assistance to move in bed, transfer, dress, and hygiene needs.</p> <p>R3's care plan dated 6/9/21, indicated he had a risk for falls related to neuropathy (hand and feet weakness, numbness, and pain related to nerve damage). In addition, he had a risk for skin breakdown related to diabetes.</p> <p>R3's medical order dated 10/23/20, indicated he needed staff to check his blood sugar level four</p>	2 565	<p>updated to include blood sugar checks and hypoglycemic and hyperglycemic monitoring for residents with a diagnosis of diabetes.</p> <ul style="list-style-type: none"> <li>- The facility has implemented a Care Plan Organizer to include diagnoses, symptoms of chronic illness, medications and other items that are to be included on the care plans.</li> <li>-An audit was completed to ensure that the residents with a diagnosis of Diabetes had Diabetes included on their care plan and the facility has added hypoglycemic and hyperglycemic monitoring to all residents with a diagnosis of diabetes. Processes and procedures were reviewed and revised as needed to ensure future instances are avoided.</li> <li>-Necessary staff have received education regarding the care plan organizer and what is expected to be included on the care plan and admission process.</li> <li>--Audits will be completed on new admissions to ensure Diabetes is included on the care plan for the residents with a diagnosis of Diabetes monthly for 6 months. Audits will be completed weekly for six weeks to ensure Blood sugar checks and hypoglycemic and hyperglycemic monitoring are occurring.</li> <li>- Audit results will be reviewed at QAPI. Any deficient practice will be identified and corrected at the time of occurrence.</li> <li>-Director of Nursing or designee is responsible party.</li> <li>-Corrective action will be completed by 11/20/23.</li> </ul>	

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2 565	<p>Continued From page 5</p> <p>times a day.</p> <p>R3's medical order dated 11/9/23, during the survey to monitor him for signs and symptoms of high and low blood sugar levels. In addition, he had an order to monitor his blood sugar with an A1C every three months.</p> <p>During interview on 11/7/23 at 1:23 p.m., family member (FM)-A stated her mother was recently hospitalized for an extremely low blood sugar of 27. She said her mother had stopped eating for a few days and just wanted to sleep.</p> <p>During interview on 11/8/23 at 2:00 p.m., the director of nursing (DON) stated she reviewed R1's care plan and confirmed the document did not have specific diabetic goals and interventions.</p> <p>During interview on 11/8/23 at 2:50 p.m., registered nurse (RN)-A stated she was not sure why R1's care plan did not have specific diabetic goals and interventions. She said at the time of admission, the nursing staff complete a comprehensive assessment to identify specific conditions and develop individualized care plan interventions.</p> <p>The facility admission policy and procedure not dated, indicate a checklist of all required admission elements. In the assessment diabetes was mentioned once in reference to administering emergency glucose when levels were low, and a reminder to calibrate the blood sugar machine on a regular basis.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary,</p>	2 565		

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2 565	Continued From page 6  educated staff on revisions, and monitor to ensure compliance.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 565		