Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 6, 2025

Administrator
Edenbrook Rochester West
2215 Highway 52 North
Rochester, MN 55901

RE: CCN: 245306
Cycle Start Date: September 8, 2025

Dear Administrator:

On September 19, 2025, we notified you a remedy was imposed.

On September 30, 2025, the Minnesota Departments of Health and Public Safety 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 September 26, 2025.

As authorized by CMS, the remedy of:

• Discretionary denial of payment for new Medicare and Medicaid admissions effective October 4, 2025, did not go into effect. (42 CFR 488.417 (b))

In our letter of September 19, 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 September 8, 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,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

September 19, 2025

Administrator
EDENBROOK ROCHESTER WEST
2215 HIGHWAY 52 NORTH
ROCHESTER, MN 55901

Re: Event ID: 1D6679H1

Dear Administrator:

The above facility survey was completed on September 8, 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 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,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
PO Box 64975 | 625 Robert Street North
St. Paul, MN 55164-0975
Office: 651-201-4384
Email: holly.zahler@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Submitted

September 19, 2025

Administrator
EDENBROOK ROCHESTER WEST
2215 HIGHWAY 52 NORTH
ROCHESTER, MN 55901

RE: CCN: 245306
Cycle Start Date: September 8, 2025

Dear Administrator:

On September 8, 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 September 5, 2025, the situation of immediate jeopardy to potential health and safety cited at F684 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 remedies 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 October 4, 2025.

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 October 4, 2025 (42 CFR 488.417 (b)), (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective October 4, 2025, (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 September 8, 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 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, EDENBROOK ROCHESTER WEST is prohibited from offering or conducting a Nurse Assistant Training/ Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective September 8, 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, and
- How the facility will identify other residents having the potential to be affected by the same deficient practice, and
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur, and
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, and
- The date that each deficiency will be corrected, and
- 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:

Lisa Krebs, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 March 8, 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,

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
PO Box 64975 | 625 Robert Street North
St. Paul, MN 55164-0975
Office: 651-201-4384
Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245306	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK ROCHESTER WEST	2215 HIGHWAY 52 NORTH , ROCHESTER, Minnesota, 55901

(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
F0000	INITIAL COMMENTS On 9/3/25, 9/4/25 and 9/8/25, 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. The following complaints were reviewed. H53063380C (2605136) and (2605123) with a deficiency issued at F684. The survey resulted in an Immediate Jeopardy (IJ) at F684 when the facility did not notify the physician and implement interventions for hypoglycemia which resulted in a continuous drop of R1's blood sugars until he was sent to the ED The IJ began on 8/29/25, and the immediacy was removed on 9/5/25. The above findings constituted substandard quality of care, and an extended survey was conducted on 9/8/25. 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		09/22/2025
F0684 SS = SQC-J	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.	F0684	This plan of correction constitutes my written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law. F684 How corrective action will be accomplished for those	09/26/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245306	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2025

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F0684 SS = SQC-J	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to identify, assess, monitor, and follow physicians' orders for signs and symptoms of hypoglycemia (low blood sugar) for 1 of 3 residents (R1) who had diagnosis of diabetes. This resulted in an immediate jeopardy (IJ) situation for R1 who had continuous low blood sugars without treatment that resulted in hospitalization with hypoglycemia. The IJ began on 8/29/25 at 4:00 p.m., when interventions were not implemented to prevent hypoglycemia. The facility did not notify the provider and R1's blood sugars continued to drop until he was sent to the ED on 8/30/25 at 1:20 a.m. The administrator, director of nursing (DON), assistant director of nursing ADON), regional nurse consultant (RNC), activity director (D), health unit coordinator (HUC), and licensed social worker (LSW) were notified of the IJ on 9/4/25 at 5:14 p.m. The immediacy was removed on 9/5/25, but noncompliance remained at the lower scope and severity level 2 (D), which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: According to the American Diabetes Association (ADA) the recommendations for target blood sugar levels are: Before a meal (pre-prandial): Typically, between 80 and 130 mg (milligrams/deciliter); Two hours after starting a meal (postprandial): Less than 180 mg/dL According to the ADA, hypoglycemia is defined as a blood glucose level below 70 mg/dL (3.9 mmol/L). Hypoglycemia is further categorized into three levels: Level 1 is below 70 mg/dL but above or equal to 54 mg/dL (3.9–3.0 mmol/L), Level 2 is below 54 mg/dL (<3.0 mmol/L), and Level 3 is a severe event requiring assistance, regardless of the glucose level. R1's admission minimum data set (MDS) dated 8/30/25, identified R1 was admitted on 8/27/25 and discharged to a hospital on 8/30/25. Further identified R1's cognition was intact and had diagnoses of diabetes mellitus, rhabdomyolysis (A breakdown of muscle tissue that releases a damaging protein into the blood that can cause damage to the kidneys). R1's order summary dated 8/27/25, included the following orders for diabetic management:	F0684	Continued from page 1 residents found to have been affected by the deficient practice. Resident sent to hospital for evaluation and treatment. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents with diagnoses of Diabetes were reviewed to ensure orders were entered properly. Any discrepancies identified were corrected. 30-day lookback performed to ensure parameters entered correctly. Any discrepancies were corrected. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur. All licensed nurses educated on care policy "Care of Diabetic Residents" and competency exam administered by the Director of Nursing or Assistant Director of Nursing on 9/5/25 or prior to the next shift worked. Follow-up education provided as needed. Medical Director reviewed the policy and approved. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. Audits implemented to identify any blood sugar concerns under 70 or above 400. Audits performed daily (5 times a week) for 2 weeks, weekly for 2 months, and random audits of 10 residents to be performed monthly for 3 months. Any discrepancies will be corrected immediately. Results and trends to be reviewed at QA/QAPI.	

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EDENBROOK ROCHESTER WEST	2215 HIGHWAY 52 NORTH , ROCHESTER, Minnesota, 55901

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F0684 SS = SQC-J	Continued from page 2 -Metformin (oral medication given to reduce blood sugar levels) 1000 milligrams (mg) twice daily for diabetes (start date 8/27/25). -Glimepiride (medication used to increase insulin secretion resulting in lowered blood sugar levels) 2 mg twice daily for diabetes (start date 8/27/25). -Accu-Chek (blood glucose monitoring system) every morning and evening and PRN (as needed) -(start date 8/27/25). -If Blood Sugar (BS) <70 and resident is symptomatic and not alert, give 1 mg Glucagon (an injectable medication used to counter the effects of insulin to raise blood glucose levels) intramuscular/subcutaneous (IM/SQ). Recheck blood glucose in 15 minutes. Repeat if resident is not alert and symptomatic. If resident is now alert, BS <70 and symptomatic, give orange juice or tube of Glucose gel (medication used hypoglycemia to raise blood glucose when it becomes dangerously low). Recheck blood sugar in 15 min. If BS >70 and not symptomatic, do not treat. If BS <70 and resident is alert, symptomatic or asymptomatic, give orange juice or tube of Glucose Gel followed by a complex carbohydrate. Recheck blood sugar in 15 minutes as needed for monitoring (Start date 8/28/25) -8/28/25 Glucagon Emergency Kit 1mg, inject 1 dose IM as needed for blood sugar <60, use if resident is unresponsive. Notify MD (Start date 8/28/25) . -8/28/25 Glucose Gel 40 %, give 1 dose by mouth as needed for hypoglycemia- blood glucose of <70, symptomatic and alert, notify MD recheck blood sugar in 15 minutes (Start date 8/28/25). R1's care plan identified a focus, the resident has Diabetes Mellitus, dated 8/28/25, with interventions dated 8/28/25 to Monitor/document/report as needed any sign/symptoms of hypoglycemia: Sweating, Tremor, Increased heart rate (Tachycardia), Pallor, Nervousness, Confusion, slurred speech, lack of coordination, Staggering gait and Fasting Serum Blood Sugar as ordered by doctor. R1’s Blood glucose vital summary document identified blood sugar at 7:59 a.m. on 8/29/25 was 81. R1’s plan of care response form identified on 8/29/25, R1 ate 75%-100% for breakfast. R1’s medication administration record (MAR) for 8/29/25, identified Metformin1000 mg and Glimepiride 2 mg was signed as given on 8/29/25 at 8:00 a.m. when R1’s blood sugar was 81.	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245306	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2025

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F0684 SS = SQC-J	Continued from page 3 According to FDA Glimepiride starts working within about an hour, peak concentration is 2 to 3 hours after dose taken and the glucose-lowering effect is maintained for 24 hours after a single dose. R1's plan of care response form identified on 8/29/25, R1 ate 75%-100% for lunch. R1's record did not identify a blood sugar recording between 7:59 a.m. and 4:49 p.m. R1's blood glucose vital summary document identified blood sugar documented at 4:50 p.m. R1's blood sugar was 54 and R1's plan of care response form identified on 8/29/25, R1 ate 50% of his meal. In review of R1's record on 8/29/25 identified there was no indication R1 was assessed for signs/symptoms of hypoglycemia nor physician orders followed that directed intervention if the blood sugars were less than 70 that included administration of medications and/or give carbohydrates to raise the blood sugar and notify the physician. Further no indication R1's blood sugar was rechecked after R1 completed his meal. R1's MAR on 8/29/25, at 8:00 p.m. identified R1 was administered both Metformin1000 mg and Glimepiride 2 mg even though there was no indication R1's blood sugar was checked prior to the administration of the medications that would lower blood sugar. On 8/29/25 R1's Blood glucose vital summary document identified blood sugar at 9:05 p.m. R1's blood sugar was 39. In review of R1's record there was no indication the physician was notified after R1's blood sugar was 39 nor was there evidence R1 was continuously monitored and assessed for signs and symptoms of hypoglycemia. R1's Situation, Background, Assessment, and Recommendation (SBAR) note dated 8/29/25 at 9:45 p.m., identified R1 had Diabetes type 2, blood sugar during daytime was 81, blood glucose at 4:00 p.m. (which was inconsistent with the documentation in the vital summary), was 54, had eaten a half sandwich for dinner, now is 39. R1 was alert and oriented and not exhibiting signs and symptoms of hypoglycemia, R1 got IM glucagon 1 mg injection from emergency kit and blood sugar will be checked again in 15 minutes. Review of R1's record MAR indicated the glucagon was not documented as given. R1's blood glucose vital summary document identified blood sugar on 8/29/25 at 10:05 p.m. was 86. According to the Food Drug Administration (FDA) the	F0684		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENBROOK ROCHESTER WEST	2215 HIGHWAY 52 NORTH , ROCHESTER, Minnesota, 55901

(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
F0684 SS = SQC-J	Continued from page 4 Glucagon Injection the blood glucose concentration rises within 10 minutes of injection and maximal concentrations are attained at approximately 30 minutes after injection. The duration of hyperglycemic action after intravenous or intramuscular injection is 60 – 90 minutes. R1’s blood glucose vital summary document identified blood sugar on 8/30/25 at 12:20 a.m. was 51. R1’s late entry progress note for 8/30/25 identified R1 was transferred to the emergency department at 1:30 a.m. R1’s ED to hospital admission notes dated 8/30/25 to 9/5/25, identified R1was admitted to the ED at 1:31 a.m. for hypoglycemia with a history of diabetes where he was receiving oral medications. R1 was recently hospitalized for rhabdomyolysis and discharged to Edenbrook Rochester West on 8/30/25. R1 presented to the ED from skilled nursing facility (SNF) for hypoglycemia and lethargy, endorsing symptoms of weakness, lightheadedness and dizziness. R1’s glucose was 29 upon arrival prompting administration of intravenous (IV) dextrose (a sterile solution of glucose and water, administered directly into a patient's vein to restore blood glucose levels) 25 grams. R1 was admitted for continued evaluation and management. Upon admission to the hospital R1 continued to be persistently hypoglycemic requiring frequent dextrose injections and continuous D10 infusion (an IV solution containing 10% dextrose (D-glucose) in water, used to increase blood glucose levels). Per R1 history it was believed to be driven by Glimepiride. R1 returned to normal glycemic state on D10 infusion around 24 hours following his last Glimepiride dose. During a phone interview on 9/4/25 at 2:12 p.m., hospital registered nurse (HRN)-A stated R1 was admitted early morning of 8/30/25, and his primary diagnosis was hypoglycemia. When R1 arrived at the ED his blood glucose was 29. HRN-A stated regulating R1’s blood glucose levels to normal ranges took about 16 hours and R1 was still in the hospital. During a phone interview on 9/8/25 at 11:22 a.m., R1 stated he has no recollection of the day at the facility when he was sent to the hospital for hypoglycemia. During an interview on 9/4/25 at 4:30 p.m., registered nurse (RN)-B stated she was the nurse that was responsible for R1 on 8/29/25 from 2:00 p.m. until 10:30 p.m. R1 was a new resident, and it was the first	F0684		

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F0684 SS = SQC-J	Continued from page 5 time she worked with him. RN-B checked R1's blood sugar at 4:00 p.m. At 4:50 and it was 54, she gave him orange juice. R1 questioned why he had to drink the juice, RN-B stated she explained to R1 it was very risky to have a blood sugar that low and "if we don't do something he could die from it." RN-B stated she never called the provider for further direction for the blood sugar of 54. Then R1 had supper between 5:00-6:00 p.m.; he ate about a half white bread sandwich, ham, mayonnaise, and cheese. RN-B explained R1 told her he only ate half the sandwich because he did not like it, and she did not offer him any other food. RN-B stated at 8:00 p.m., she did give R1 1000 mg of Metformin and 2 mg of Glimepiride and stated she did not think to call the provider to see if it would be safe to give the medications. When she checked his blood sugar at 9:30 p.m., (which was inconsistent vital summary indicating 9:05) he was down to 39, that's when she gave him the glucagon injection. RN-B could not recall if she documented giving the glucagon and stated she did not call the on-call provider to get further instruction rather faxed an SBAR to the provider. RN-B stated she did work two days later after the event and typically worked at this facility three times a week. RN-B stated she had not received any education regarding diabetic monitoring or when to notify the provider with a change in condition. During a phone interview on 9/9/25 at 9:31 a.m., RN-C stated she worked the night shift on 8/29/25, she got to the facility at about 9:50 p.m. RN-C explained she received report from RN-B that R1 had low blood sugars, had some orange juice, a half a sandwich and required glucagon. RN-B was not told the times R1 was given orange juice/sandwich, what time the glucagon was administered, and R1 was still in the facility. RN-C indicated she had not immediately gone to evaluate R1, and some time had passed (could not recall how long) by the time she got to R1's room to check his blood sugar. When RN-C did check the sugar (documented at 12:20 a.m.) it was 51 and at that time R1 was "kind of groggy." RN-C left R1's room, consulted with RN-A and it was decided to give orange juice and call the physician. RN-C brought R1 orange juice then left the room again to call the physician. RN-C explained she was on the on the phone for quite a while (did not know how long) trying to get through to an on-call provider and the person on the phone finally told her he would have a provider call her back. RN-C then went back to R1's room, she did not recheck the blood sugar because R1 was "sleeping" had ½ glass of orange juice in his hand that was tipped, and "there was no point" because the blood sugar would not have gone up in the time she was gone. RN-C then left the room again to talk to	F0684		

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F0684 SS = SQC-J	Continued from page 6 RN-A, decided to just call 911 and get R1 sent to the hospital. R1 was transferred out on 8/30/25 at 1:20 a.m. RN-A had only taken R1's blood sugar one time between 10:50 p.m. and 1:20 a.m. RN-C stated the nurse at the hospital called and reported R1's blood sugar was 29 when he got to the hospital. "That was so dangerous to have a blood sugar that low." During an interview on 9/4/25 at 1:42 p.m., RN-A stated she was the charge nurse on 8/29/25. RN-A indicated at 9:30 p.m. RN-B came running down the hallway with glucagon injection in one hand and a glucometer in the other reporting R1's blood sugar was 39. RN-A stated she had not been aware of the blood sugar of 54 at supper time. RN-A directed RN-B to give Glucagon, check blood sugars every 15 minutes, and notify the provider. RN-A went to R1's room, his mentation was not great, "woozy" could not complete sentences and only could answer yes/no questions. She would not have considered R1 to have the ability to speak for himself because of the way he was speaking/acting because of his low blood sugars. R1 was sent to the hospital for further evaluation. However, RN-A reported her concerns to the director of nursing (DON). RN-A stated R1 had elevated risk of death from hypoglycemia with the predisposing diagnosis of rhabdomyolysis if he had not been sent the ED. During an interview on 9/4/25 at 1:28 p.m., DON stated she expected nurses to follow the hypoglycemic protocols with assessment and monitoring, providing emergency medications, and notify the provider. She expected for blood glucose under 50 the nurse would give emergency med, notify the provider and recheck every 15 minutes. DON verified the protocols were not followed and should have been. DON confirmed RN-B had not been provided any education nor had any other staff. The DON identified RN-B last worked on 8/31/25 and remained on the current schedule. During an interview on 9/4/25 at 1:22 p.m., medical doctor (MD)-A stated R1's low blood sugars may have been low related to the rhabdomyolysis and stated she would have expected to be notified if a resident's blood glucose was under 70 and after giving the glucagon, especially since R1 was a newer admit and the facility was unaware of his baseline. After glucagon was administered blood glucose needed to be checked every 15 minutes until they are within normal range. MD-A indicated failing to identify and treat hypoglycemia would result in further decreasing blood sugars and decline in mental status. Facility policy, "Care of the Diabetic Resident,"	F0684		

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F0684 SS = SQC-J	Continued from page 7 revised 6/30/25, identified a purpose to assist the resident to establish a balance between diet, exercise, and insulin; prevent recurrence of hyperglycemia/hypoglycemia; recognize, assist, and document the treatment of complications commonly associated with diabetes; and individualize teaching according to carefully assessed resident and family needs. Diabetes Mellitus is a chronic, hereditary, or developmental disorder in which there is relative or absolute lack of insulin characterized by glucose intolerance. It is defined as Type I (Insulin-Dependent Diabetes Mellitus) and Type II (Non-Insulin-Dependent Diabetes Mellitus) …2.Hypoglycemia a. Signs and symptoms of hypoglycemia (low blood sugar), usually have a sudden onset and may include the following: i. polyphagia (excessive eating/hunger); ii. weakness, dizziness, or faintness; iii. nervousness and/or muscle twitching; iv. tachycardia (increased heart rate); v. pale, cool, moist skin; vi. excessive perspiration; vii. dilated pupils; viii. irritability or bizarre changes in behavior; ix. blurred or impaired vision; x. headaches; xi. numbness in the tongue and lips/thick speech; xii. trembling and/or restlessness; xiii. paralysis with tonic or clonic spasms; xiv. incontinent of urine; xv. awkward body movement; xvi. stupor, unconsciousness and/or convulsions; and xvii. coma. b. Upon presentation of symptoms, the licensed nurse should check the blood glucose level via an Accu-Chek. I. If an Accu-Chek reveals a blood glucose level below 70 mg/dl or level identified per individual physician orders, hypoglycemia should be suspected. 1. Should evidence of severe, or life-threatening signs/symptoms exist, contact the physician immediately or call 911. ii. If any of the above signs or symptoms, or other abnormal condition, are identified, report the diabetic resident’s condition to the physician immediately. c. Follow the resident’s individual hypoglycemic protocol, if ordered by a physician. If no individual protocol is ordered, update the physician based on clinical assessment and current blood sugar. d. Hypoglycemic Treatment Protocol i. Treat hypoglycemia promptly with 15 to 20 g of fast-acting (simple) carbohydrates for blood sugar less than 70 mg/dl. ii. Half cup (4oz) juice OR 1 cup (8 oz) skim milk OR glucose gel/tablets OR four sugar packets. iii. Glucagon 1 mg (subcutaneously or I.M.) is given by a licensed staff if the patient cannot ingest a sugar treatment, per physician orders. iv. Repeat the Accu-Chek and report findings to the physician v. Repeat the protocol only once if the blood glucose level remains less than 70mg/dl and report findings to the physician. 3. If any of the above signs or symptoms, or other abnormal condition, are identified, report the diabetic resident’s condition to the nurse and/or physician	F0684		

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F0684 SS = SQC-J	Continued from page 8 immediately. The immediate jeopardy that began on 8/29/25, was removed on 9/5/25, when it was verified, the facility implemented the following corrective actions: -Educated licensed nursing staff and agency staff about diabetic management of hypoglycemia and hyperglycemia monitoring, assessing, treatments, physician notification and standards of documentation with competency testing. -Reviewed all current residents with diagnosis of diabetes to ensure blood glucose levels were within range, had diabetic protocols in place, care plans were accurate and provider orders were followed. -Reviewed facility Diabetic Monitoring and Change of Condition policies for accuracy	F0684		

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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 9/3/25, 9/4/25 and 9/8/25, 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 complaints were reviewed: H53063380C (2605136) and (2605123). No licensing orders were issued.	20000		09/22/2025

Office of Primary Care and Health Systems Management

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

Minnesota State Department of Health

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20000	Continued from page 1 Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		