



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
May 9, 2024

Administrator
Woodlyn Heights Healthcare Center
2060 Upper 55th Street East
Inver Grove Heights, MN 55077

RE: CCN: 245320
Cycle Start Date: March 5, 2024
In reference to surveys exited on March 5, 2024, and March 14, 2024.

Dear Administrator:

On April 11, 2024, the Minnesota Department(s) of Health and Public Safety, 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.

A handwritten signature in black ink that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 12, 2024

Administrator
Woodlyn Heights Healthcare Center
2060 Upper 55th Street East
Inver Grove Heights, MN 55077

RE: CCN: 245320
Cycle Start Date: March 5, 2024

Dear Administrator:

On March 5, 2024, a 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.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable 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.

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.

Woodlyn Heights Healthcare Center

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The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

**Annette Winters, Regional Operations Supervisor, Federal Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558**

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 the 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

Woodlyn Heights Healthcare Center

March 12, 2024

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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 THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by June 5, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 5, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

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

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

Woodlyn Heights Healthcare Center

March 12, 2024

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "H. Zahler". The signature is written in a cursive, slightly slanted style.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us



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Electronically delivered
March 12, 2024

Administrator
Woodlyn Heights Healthcare Center
2060 Upper 55th Street East
Inver Grove Heights, MN 55077

Re: Event ID: ZDOP11

Dear Administrator:

The above facility survey was completed on March 5, 2024, 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,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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

PRINTED: 03/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245320	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/05/2024
NAME OF PROVIDER OR SUPPLIER WOODLYN HEIGHTS HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2060 UPPER 55TH STREET EAST INVER GROVE HEIGHTS, MN 55077		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS On 3/4/24 -3/5/24, 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. H53201332C MN101218 H53201421C MN101033 The following complaints were reviewed. H53201420C MN100132/MN100127with a deficiency issued at F755 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.	F 000			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	F 755		3/22/24	

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

TITLE

(X6) DATE

Electronically Signed

03/21/2024

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 755	<p>Continued From page 1</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to have a system in place to record accurate narcotic reconciliation to be able to account for all controlled substances for a 1 of 3 residents (R1) reviewed. The facility failed to identify prompt identification of loss or potential diversion of a controlled medication or determine the extent of loss for thirty morphine tablets ordered for R1.</p> <p>Findings include:</p> <p>Upon observation on 3/4/24 at 2:35 p.m. a pharmacy receipt for R1's morphine delivery on</p>	F 755	Woodlyn Heights Senior Living denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective	

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F 755	<p>Continued From page 2</p> <p>2/16/24 was not found in the facility receipt bin on the wall. The bin had a pile of receipts dated from 1/29/24 - 3/5/24.</p> <p>R1's admission Minimum Data Set (MDS) dated 2/1/24 indicated R1 had a Brief Inventory of Mental Status (BIMs) score of 10 indicating cognitive impairment. R1 required moderate assistance of one staff member for dressing and hygiene. R1's pertinent diagnoses was metabolic encephalopathy (an imbalance of or reduced oxygen to the brain).</p> <p>R1's physician order dated 2/15/24 indicated R1 was admitted to Hospice. R1 was ordered morphine (a controlled narcotic medication for severe pain) 5 milligram (mg) solutab, give 1 tablet as needed for pain and air hunger.</p> <p>R1's nursing progress note dated 3/2/24 indicated R1 had passed away the facility.</p> <p>The facility narcotic logbook did not include R1's physician order dated 2/1/24 for morphine 5 mg 30 solutabs, give 1 tablet as needed for pain and air hunger.</p> <p>Upon interview on 3/4/24 at 10:11 a.m. a hospice registered nurse (RN)-A stated she visited R1 in the facility on 2/27/24 and asked the facility staff, RN-B to administer a morphine tablet to R1. RN-B told RN-A that R1 did not have any morphine. RN-A stated she called the pharmacy and was told the facility received the medication on 2/17/24 and was signed by licensed practical nurse (LPN)-A. The pharmacy used was not the facilities regular pharmacy, because the regular pharmacy did not dispense morphine solutabs.</p>	F 755	<p>action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.</p> <ol style="list-style-type: none"> 1. In continuing compliance with F(755) Pharmacy Srvcs/ Procedures/ Pharmacist/Records. Woodlyn Heights Senior Living corrected the deficiency by reconciling all controlled drugs in the facility by RN Managers on 2/27/24 with no other discrepancies found. 2. To correct the deficiency and to ensure the problem does not recur all licensed nursing staff and TMAs were educated on 2/29/24 or prior to their next scheduled shift on Accura's Controlled Substances Policy and Pharmacy Narcotic Delivery Process by DON. 3. The DON and/or designee will audit controlled drug count records to ensure physical inventory and accurate reconciliation of all controlled drugs 3x/week for 4 weeks, then 2x/week for 8 weeks, and then as needed to ensure continued compliance. The DON and/or designee will audit all pharmacy-controlled substance delivery receipts and the narcotic logbook to ensure drug is entered into the controlled substance administration record 3x/week for 4 weeks, then 2x/week for 8 weeks, and then as needed to ensure continued compliance. 4. As part of Woodlyn Heights Senior 	

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F 755	<p>Continued From page 3</p> <p>RN-B was unavailable for an interview at the time of the survey.</p> <p>Upon interview on 3/4/24 at 10:30 a.m. the pharmacist stated on 2/16/24 she had record of morphine 5 mg 30 solutabs being delivered to the facility on 2/16/24 at 4:12 p.m. She stated the pharmacy used a third-party courier service for this delivery, so the actual driver was unknown by the pharmacy. She stated the third-party courier delivers the medications and then scans back to the pharmacy the date, time, and a staff signature.</p> <p>Upon interview on 3/4/24 at 11:51 a.m. LPN-A stated he does not ever work in the transitional care unit (TCU) where R1 resided. He stated he works on the upper level and does not sign-in medications for the units on the lower level. LPN-A stated the signature on the receipt was not his signature. During the interview LPN-A insisted upon signing his name to show the signature was not his.</p> <p>Upon interview on 3/4/24 at 1:12 p.m. RN-C stated he did not recall ever seeing a card of morphine 5 mg 30 solutabs for R1. RN-C stated that "some" of the nurses who work on the upper level of the facility will sign-in medications for the residents in the TCU, but he does not recall LPN-A ever delivering any medications to him. RN-C stated when a medication order is written by a provider, the nursing staff transcribes the order, by faxing the order to the pharmacy if it is needed, transcribes the order into point click care (PCC) the facilities software system and then another nurse signs off to make sure the order was correctly transcribed. RN-C stated the pharmacy usually delivers the medications</p>	F 755	Living ongoing commitment to quality assurance, the DON and/or designee will report identified concerns through the community's QA Process.	

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F 755	<p>Continued From page 4</p> <p>around 9:00 p.m. on his shift and if there are any narcotics in the delivery, he records the medication in the narcotic logbook and puts the medication on the cart in the lock box. RN-C stated the receipts of medications are kept in a bin attached to the wall in the room where the charts are stored. RN-C did not know why the receipts were kept.</p> <p>Upon interview on 3/4/24 at 1:28 p.m. RN-D, nurse manager, stated he was not aware that the morphine was ordered and "apparently" received by the facility until 2/27/24 when the staff was looking for it. RN-D stated the facility would have caught the "error" if the medication were a scheduled medication because then staff would have had to administer it right away, but since it was PRN (as needed), it was not needed, therefor nobody noticed it was not at the facility. RN-D stated two staff members are required for completion of all orders, one nurse transcribes the order another staff verifies the order. RN-D denied having any procedures in place to make sure the ordered medications were received.</p> <p>Upon interview on 3/5/24 at 10:05 a.m. RN-D, regional nursing director stated she was involved in the investigation for R1. RN-D stated that upon facility interviews none of the nursing staff had seen the medication. She ordered the staff to check all medications carts for the morphine and any other medication narcotic discrepancies, which turned up no morphine and no other discrepancies. She stated when a medication is ordered the nurse is supposed to check that the medication is delivered or report off to the next shift that a medication is on the way. RN-D stated "there is not a good system for in place for monitoring receipts."</p>	F 755		

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F 755	Continued From page 5 A facility policy titled Controlled Substances updated on 10/19/22 indicated under the title Receiving Controlled Substances: A: When the nurse receives the controlled the nurse will need to fill out the top portion of the controlled drug administration record. The bottom part where the residents name goes, and the first line on the section that counts the medication down. The reason the first line down needs to be filled out is to see who signed in the medication from the pharmacy. The policy does not indicate a process if medication is not received from the pharmacy.	F 755		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00829	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/05/2024
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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 3/4/24 - 3/5/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during</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

03/21/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00829	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/05/2024
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2 000	<p>Continued From page 1</p> <p>the survey: H53201332C MN101218 H53201421C MN101033 H53201420C MN100132/MN100127</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>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.</p>	2 000		