



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 15, 2025

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

RE: CCN: 245320
Cycle Start Date: November 26, 2024

Dear Administrator:

On December 19, 2024, we notified you a remedy was imposed. On January 10, 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 January 8, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective February 26, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of December 19, 2024, 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 was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 26, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on January 8, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, 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,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 6, 2024

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

RE: CCN: 245320
Cycle Start Date: November 26, 2024

Dear Administrator:

On November 26, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

Woodlyn Heights Healthcare Center

December 6, 2024

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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:

Pete Cole, RN Regional Operations Supervisor
Metro Team C District Office
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: peter.cole@state.mn.us
Office/Mobile: (651) 249-1724

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 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 February 26, 2025 (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 May 26, 2025 (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)

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:

Woodlyn Heights Healthcare Center

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<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,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

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



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December 6, 2024

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

Re: Event ID: 846N11

Dear Administrator:

The above facility survey was completed on November 26, 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, appearing to read 'Melissa Poepping'.

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

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

PRINTED: 12/16/2024
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 11/26/2024
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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
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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 11/26/24, a standard abbreviated survey was conducted at your facility to conduct complaint investigations. Woodlyn Heights Healthcare Center was found 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:</p> <p>H53203055C (MN102350) H53201723C (MN103409) H53201774C (MN108556); noncompliance cited at F755. H53201776C (MN108599); noncompliance cited at F755.</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. 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 755 SS=E	<p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§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(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of</p>	F 755		12/16/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/16/2024
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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 a licensed nurse.</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 document review, the facility failed to ensure narcotic and controlled substance reconciliation was completed in accordance with established policies and procedures to reduce the risk of diversion and/or theft on 2 of 3 medication carts reviewed. This had the potential to affect 6 residents identified to have controlled substances in these carts which were reviewed during a facility-reported incident investigation for possible drug diversion.</p> <p>Findings include:</p>	F 755	<p>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 12/16/2024 to ensure all controlled drugs were accounted for.</p> <p>2. To correct the deficiency and to ensure the problem does not recur all license nursing staff and TMAs were educated on 12/16/2024 or prior to the next scheduled</p>	

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F 755	<p>Continued From page 2</p> <p>The facility's Controlled Substances policy dated 10/19/22, indicated the narcotic records would be reconciled by a physical count of the remaining narcotic supply at the change of each shift by the oncoming and outgoing licensed nurse/designee. The policy indicated after the supply was counted and justified, each nurse would record the date and his/her signature verifying the count was correct.</p> <p>During an interview and observation on 11/26/24 at 9:25 a.m., the 500-hall medication cart was reviewed with registered nurse (RN)-B. The mobile cart was locked with a physical key, along with a separately attached metal narcotic box, which was also locked. The narcotic box was opened and inspected which contained numerous controlled substances. RN-B explained the narcotics and controlled substances were counted at each shift exchange and recorded in a binder. RN-B provided the binder to the surveyor for review and inside were flow sheets used to track the documented count(s).</p> <p>The provided 500-hall Controlled Drug Count Record dated 10/2024, identified spacing to record each nurse's signature on a space that corresponded with their shift. A total of six signatures per day would be required to satisfy the record and demonstrate counting had been completed according to the provided policy. However, the flow sheet had multiple open, un-signed spaces as follows:</p> <p>10/1/24- four of six spaces left blank. 10/2/24- four of six spaces left blank. 10/3/24- five of six spaces left blank. 10/4/24- two of six spaces left blank.</p>	F 755	<p>shift on Accura's Controlled Substance Policy by DON. The DON and/or designee will audit Narcotic Count Signature Sheet 3x/week for 4 weeks, 2x/week for 4 weeks, weekly for 4 weeks, and then as needed to ensure continued compliance.</p> <p>3. As part of Woodlyn Heights Senior Living ongoing commitment to quality assurance, the DON and/or designee will report identified concerns through the community's QA Process.</p>	

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

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F 755	<p>Continued From page 3</p> <p>10/5/24- six of six spaces left blank. 10/6/24- six of six spaces left blank. 10/7/24- one of six spaces left blank. 10/8/24- five of six spaces left blank. 10/9/24- one of six spaces left blank. 10/10/24- six of six spaces left blank. 10/21/24- four of six spaces left blank. 10/22/24- five of six spaces left blank. 10/23/24- two of six spaces left blank. 10/24/24- six of six spaces left blank. 10/25/24- two of six spaces left blank. 10/26/24- six of six spaces left blank. 10/27/24- one of six spaces left blank. 10/28/24- one of six spaces left blank. 10/29/24- six of six spaces left blank. 10/30/24- six of six spaces left blank. 10/31/24- six of six spaces left blank.</p> <p>The provided 500-hall Controlled Drug Count Record dated 11/2024, identified several open, un-signed spaces as follows:</p> <p>11/20/24- four of six spaces left blank. 11/22/24- two of six spaces left blank. 11/23/24- three of six spaces left blank.</p> <p>During an interview and observation on 11/26/24 at 11:13 a.m., the hall one medication cart was reviewed with RN-A. The mobile cart was locked with a physical key, along with a separately attached metal narcotic box, which was also locked. The narcotic box was opened and inspected which contained numerous controlled substances. RN-A provided the binder to the surveyor for review, and inside were flow sheets used to track the documented count(s) with multiple blanks noted on the document. RN-A stated nursing staff were supposed to count the controlled substances with the oncoming shift</p>	F 755		

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F 755	<p>Continued From page 4</p> <p>before leaving and then sign the sheet to demonstrate this had been completed. RN-A stated the blanks on the flowsheets meant this had not occurred on the specific shifts.</p> <p>The provided hall one Controlled Drug Count Record dated 10/2024, identified multiple open, un-signed spaces as follows:</p> <p>10/3/24- two of six spaces left blank. 10/4/24- four of six spaces left blank. 10/6/24- three of six spaces left blank. 10/7/24- two of six spaces left blank. 10/8/24- one of six spaces left blank. 10/10/24- four of six spaces left blank. 10/11/24- five of six spaces left blank. 10/12/24- two of six spaces left blank. 10/13/24- one of six spaces left blank. 10/16/24- one of six spaces left blank. 10/17/24- five of six spaces left blank. 10/20/24- two of six spaces left blank. 10/22/24- one of six spaces left blank. 10/24/24- three of six spaces left blank. 10/25/24- one of six spaces left blank. 10/30/24- three of six spaces left blank. 10/31/24- five of six spaces left blank.</p> <p>The provided hall one Controlled Drug Count Record dated 11/2024, identified multiple open, un-signed spaces as follows:</p> <p>11/1/24- four of six spaces left blank. 11/3/24- two of six spaces left blank. 11/7/24- four of six spaces left blank. 11/10/24- one of six spaces left blank. 11/14/24- four of six spaces left blank. 11/18/24- two of six spaces left blank. 11/19/24- four of six spaces left blank.</p>	F 755		

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F 755	<p>Continued From page 5</p> <p>11/24/24- four of six spaces left blank. 11/25/24- four of six spaces left blank.</p> <p>A provided Order Listing Report dated 11/26/24, identified a total of six residents that had current, active orders for narcotic and/or controlled substances on the two reviewed medication carts.</p> <p>During an interview on 11/26/24 at 1:50 p.m., the director of nursing (DON) stated it was the nursing staff's job to ensure the control substances record was signed for every shift on the controlled substance count record. The DON reviewed the record and acknowledged that the facility policy was not being followed as the record was not signed every shift. The DON stated it was important this was being completed to ensure that all controlled medications were accounted for, especially given the facility-reported incident of possible drug diversion.</p>	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 11/26/2024
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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 11/26/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Woodlyn Heights Healthcare Center was found in compliance with the MN State Licensure requirements.</p> <p>The following complaints were 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 12/16/24
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Minnesota Department of Health

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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) COMPLETE DATE
2 000	<p>Continued From page 1</p> <p>H53203055C (MN102350) H53201723C (MN103409) H53201774C (MN108556) H53201776C (MN108599)</p> <p>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.</p>	2 000		