

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER SHOLOM HOME WEST		STREET ADDRESS, CITY, STATE, ZIP 3620 PHILLIPS PARKWAY SOUTH SAINT LOUIS PARK, MN 55426	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review the facility failed to notify the physician of increased blood glucose levels for 1 of 3 residents (R2) reviewed for change in condition. Findings include: R2's admission Minimum (MDS) data set [DATE], indicated he was moderately cognitively impaired and required extensive assistance from two staff for bed mobility, transfers and toileting. R2's care plan dated 3/24/20, identified a self care deficit related to [MEDICAL CONDITION] and potential for complications related to type I diabetes. The care plan directed staff to be aware of changes in blood glucose levels and observe for hyper/[DIAGNOSES REDACTED]. R2's Vitals Report identified the following blood glucose levels: 4/23/20: 421 4/25/20: 453 4/28/20: 461 4/29/20: 400 4/29/29: HI, off scale 5/4/20: 472 5/6/20: 523 Review of R2's Resident Progress Notes identified that on 5/6/20, staff entered R2's room to check his blood sugar. R2 was slumped and leaning to his right side. Decreased level of consciousness noted and R2 noted to be drooling. Blood glucose level noted to be 523. Nurse practitioner (NP) updated and gave order to send R2 to the hospital. Resident Progress Note dated 5/6/20, indicated R2 was held in the hospital overnight. Intravenous fluids were given to counteract [MEDICAL CONDITION] and [MEDICAL CONDITION]. Review of R2's Resident Progress Notes dated 4/20/20 through 5/6/20, lacked evidence of physician notification of the increased blood glucose levels. During interview on 5/14/20, at 10:55 a.m. registered nurse (RN)-A stated if the physician orders did not include parameters indicating when to update the NP, she would call if outside the residents baseline or over 200. On 5/14/20, at 2:37 p.m. the NP stated the last time she had addressed R2's blood sugars was 4/16/20. The NP stated she had adjusted his medications at that time. The NP stated since that date she had not been notified by the facility of the increased blood glucose levels and stated she would have expected a phone call for blood glucose levels over 400. On 5/15/20, the director of nursing stated notification of increased blood sugars was dependent on the resident and if the physician had identified parameters. The DON stated R2 did not have parameters for notifying the physician but stated when levels reached the 400's she would expect staff to call and update the physician.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.