

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 22, 2020

Administrator Boundary Waters Care Center 200 West Conan Street Ely, MN 55731

RE: CCN: 245138 Survey Cycle Start Date: December 18, 2020

Dear Administrator:

On December 18, 2020 a survey was completed at your facility by the Minnesota Department of Health to investigate a complaint 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. At the time of survey, the complaint(s) was substantiated but no deficiencies were issued, because corrective action was taken prior to the survey. A plan of correction is not required.

Also at the time of this survey, the investigator also assessed compliance with Minnesota Department of Health Nursing Home Rules. The investigator from the Minnesota Department of Health, found no violations of these rules promulgated under Minnesota Statute § 144.653 and/or Minnesota Statute § 144A.10.

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.

Electronically attached is your copy of the Federal CMS-2567 Form and State Form.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. Feel free to contact me if you have questions.

Sincerely,

Joanne Simon, Enforcement Specialist Minnesota Department of Health Licensing and Certification Program Program Assurance Unit Health Regulation Division Telephone: 651-201-4161 Fax: 651-215-9697 Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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CENTERS FOR MEDICARE & MEDICAID SERVICES			(X2) MU	וחו				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		245138	B. WING				C 18/2020	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
BOUNDA	NRY WATERS CARE O	ENTER	200 WEST CONAN STREET ELY, MN 55731					
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	12/18/20, at your fa investigations. Your compliance with 42 for Long Term Care The following comp SUBSTANTIATED H5138029C The facility is enroll signature is not req page of the CMS-2 correction is require	 vey was completed on acility to conduct complaint facility was found to be in CFR Part 483, Requirements Facilities. blaint was found to be with no deficiencies: ed in ePOC and therefore a uired at the bottom of the first 567 form. Although no plan of ed, it is required that the facility of of the electronic document. 						
	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI			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.

PRINTED: 12/22/2020

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

TITLE

(X6) DATE

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Minnesota Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00587					(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A. BUILDING:			C 12/18/2020	
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2 000	Continued From page 1		2 000				
	H5138029C						
	No licensing orders were issued.						
	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.						

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