



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

August 25, 2021

Administrator  
Whitewater Health Services  
525 Bluff Avenue  
St Charles, MN 55972

Re: Reinspection Results  
Event ID: MDRT12

Dear Administrator:

On August 18, 2021 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on June 3, 2021. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

Melissa Poepping, Health Program Representative Senior  
Program Assurance | Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: melissa.poepping@state.mn.us



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Electronically delivered  
August 25, 2021

Administrator  
Whitewater Health Services  
525 Bluff Avenue  
St Charles, MN 55972

RE: CCN: 245270  
Cycle Start Date: June 3, 2021

Dear Administrator:

On August 4, 2021, we notified you a remedy was imposed. On August 19, 2021 the Minnesota Department of Health 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 August 13, 2021.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective August 19, 2021 did not go into effect. (42 CFR 488.417 (b))

However, as we notified you in our letter of June 16, 2021, 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 July 19, 2021. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office 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'.

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June 16, 2021

Administrator  
Whitewater Health Services  
525 Bluff Avenue  
St Charles, MN 55972

RE: CCN: 245270  
Cycle Start Date: June 3, 2021

Dear Administrator:

On June 3, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, 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.

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" tag) , i.e., the plan of correction should be directed to:

**Jennifer Kolsrud Brown, RN, Unit Supervisor**  
**Rochester District Office**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**18 Wood Lake Drive Southeast**  
**Rochester, Minnesota 55904-5506**  
**Email: [jennifer.kolsrud@state.mn.us](mailto:jennifer.kolsrud@state.mn.us)**  
**Office: (507) 206-2727 Mobile: (507) 461-9125**

#### **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 September 3, 2021 (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).

Whitewater Health Services

June 16, 2021

Page 3

In addition, if substantial compliance with the regulations is not verified by December 3, 2021 (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/ltr/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](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

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,



Melissa Poepping, Health Program Representative Senior  
Program Assurance | Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
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: 06/25/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/03/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHITEWATER HEALTH SERVICES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>525 BLUFF AVENUE</b> <b>ST CHARLES, MN 55972</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>On 6/2/21 and 6/3/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were found to be SUBSTANTIATED: H5270025C (MN73729), with a deficiency cited at F686.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance.</p> <p>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.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate substantial compliance with the regulations has been attained.</p>	F 000			
F 686 SS=D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition</p>	F 686		7/9/21	

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

TITLE

(X6) DATE

Electronically Signed

06/24/2021

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 686	<p>Continued From page 1</p> <p>demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and document review, the facility failed to identify, assess and monitor for skin breakdown to prevent new or worsening pressure wounds for 2 of 2 residents (R1 and R2) reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>R2 admission record indicated readmission date of 5/6/21 and diagnoses of type 2 diabetes, obstructive sleep apnea, pulmonary embolism, heart failure, major depressive disorder, anxiety, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, aphasia, gout, history of falling, and muscle wasting and atrophy.</p> <p>R2 orders include: sysco magic cup twice daily for wound healing ordered 5/25/21; pressure redistribution cushion to chair ordered 5/1/21; weekly skin review ordered 1/22/21; and Nystatin cream to skin folds twice daily for moisture related skin damage dated 5/6/21. R2 orders do not include Mepilex dressing to coccyx area.</p> <p>R2 Minimum Data Set (MDS) assessment dated 5/13/21 included cognitively impaired; no behaviors; extensive assist of 2 with transfers, toileting, and bed mobility; uses wheelchair;</p>	F 686	<p>R 1 is currently in the hospital for an unrelated medical concern. Updates to treatment plan and care plan were made the week of 5/28/2021 and 06/02/2021. A meeting with family representative and ombudsman for the area was held on 06/08/2021. Upon R1's return from the hospital, a full skin assessment will be completed, care plan reviewed and revised as needed, interventions updated if indicated, and wound follow up arrangements made if indicated. R 2 care plan reviewed and updated, wound documentation updated, orders updated, and weekly wound assessments and updates implemented beginning week of 06/02/2021.</p> <p>Residents at risk for skin breakdown or those with skin breakdown have the potential to be impacted by this practice. Review of schedules for skin assessments, Braden scale, shower and bath schedules began on 5/28/21. Schedules updated if indicated and care plans updated as needed. Skin management resource binders were developed and placed at nurses stations for quick reference and guidance on skin management and wound documentation.</p>		

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F 686	<p>Continued From page 2</p> <p>upper extremity impairment one side; no toileting program; frequently incontinent of bladder and bowel; risk for pressure ulcers; no unhealed pressure ulcers; and has moisture associated skin damage.</p> <p>R2 care plan included: risk for skin breakdown related to immobility, incontinence, and diabetes with interventions of barrier lotion after incontinence; avoid hot water and irritating soaps; rojo cushion in wheelchair and recliner; increase out of bed activity as tolerated; inspect skin integrity every day; repositioning; keep skin clean and dry; maintain hydration and nutrition; pressure reduction mattress; and position side to side when in bed.</p> <p>Review of the R2's medical record indicated weekly skin review was completed on 5/7/21, 5/14/21, and 5/28/21 by a check mark although facility was unable to provide documentation of the wounds being identified, assessed and monitored.</p> <p>Progress note dated 5/18/21 at 11:15 p.m. included R2 has pressure sore on both butt cheeks; sore is red, open and bleeding; and Mepilex border to area.</p> <p>Skin/wound progress note dated 5/20/21 at 6:55 a.m., included R2 has pressure ulcer on sacral region of buttock; returned from local hospital with it present on 5/6/21; excoriation on both right and left buttock that is approximately 5 cm in length and 2 cm in width on both cheeks; wounds are cleansed and barrier cream applied before dressing applied; R2 tolerated dressing change</p>	F 686	<p>Review of skin care formulary and products on hand was completed and new product ordered when indicated.</p> <p>The Director of Clinical Services provided re- education to the Director of Nursing the week of 06/02/2021 on the skin management process for the facility. The Director of Nursing or designee began providing education to licensed nurses on 6/14/21 on skin management and treatment of skin alterations and on 6/23/2021 on facility skin management program, assessment timelines and documentation considerations. The Director of Nursing or designee initiated education to nursing assistants on their role in skin management on 6/24/2021.</p> <p>The Executive Director or Director of Nursing or designee will complete audits of compliance with skin management practices three times weekly for four weeks, twice weekly for four weeks, then weekly for four weeks. The results of the audits will be forwarded to the facility Quality Assurance and Performance Improvement committee for review and recommendations.</p>		



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

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F 686	<p>Continued From page 3</p> <p>Skin/wound progress note dated 5/25/21 at 7:43 a.m., included R2 has stage 3 pressure ulcer present on sacrum; approximately quarter sized and has sloughing; depth is approximately 1 cm; continues to have areas of excoriation on both buttock cheeks; scant amount of drainage; staff cleansed area prior to assessment; no tunneling or undermining at this time; wound edges intact; pressure reduction cushion for chair from therapy will be brought.</p> <p>Nutrition/dietary progress note dated 5/25/21 at 11:38 a.m., included R2 has an active stage 3 pressure area to her sacrum.</p> <p>R1</p> <p>R1's Minimum Data Set (MDS) assessment dated 5/13/21 included: mildly cognitively impaired, no delirium or psychosis or rejection of cares. R1 required extensive assist of 2 for bed mobility, toilet, dressing, and bathing; total dependence on transfers; always incontinent of bowel and bladder; risk of pressure ulcers; no current pressure ulcers; has moisture associated skin damage and surgical wound; and turning and repositioning program.</p> <p>R1's admission sheet indicated admission date of 5/7/21. R1 diagnoses included: cervical disc disorder with myelopathy (injury to the spinal cord), muscle weakness and difficulty in walking.</p> <p>R1's care plan initiated 6/2/21 included pressure related skin damage related to impaired mobility with goal to show no signs of infection and interventions of administer treatment per physician orders; encourage and assist as</p>	F 686			

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F 686	<p>Continued From page 4</p> <p>needed to turn and reposition; use assistive devices as needed; report signs and symptoms of infection; special mattress/cushion on bed; and use pillows and or positioning devices as needed.</p> <p>R1's orders included: liquid protein two times a day for wound healing, Keflex (antibiotic) 500 MG two times a day for 7 days for possible UTI and skin infection, Daily skin review every day shift ordered 5/29/21; replace Mepilex border on upper back and coccyx for pressure injuries every 3 days or as needed ordered on 5/28/21; repositioning in bed every 2 hours every shift related to pressure injury on upper back and coccyx area ordered on 5/26/21; apply Mepilex to coccyx after washing and drying every 3 days to coccyx area related to pressure ulcer of sacral region ordered on 5/9/21.</p> <p>R1's weekly skin review included: 5/21/21 completed by licensed practical nurse indicated skin condition dry, redness on gluteal folds and barrier cream applied.</p> <p>R1's post event observations dated 5/26/21 at 11:52 a.m. included new skin injury at upper-mid vertebrae with description as stage 3 pressure injury in the middle of back and currently repositioned every 2 hours.</p> <p>R1's post event observation dated 5/26/21 at 7:52 p.m. included new skin injury upper mid vertebrae with description of stage 3 pressure injury; R1 does not seem to be in pain; and repositioned every 2 hours.</p> <p>R1's Progress note dated 5/27/21 by facility</p>	F 686			

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F 686	<p>Continued From page 5</p> <p>physician included: seen for new complication of pressure ulcer over his mid thoracic spine; noted now on pressure reducing mattress and working with therapy for positioning; very difficult due to rigid neck collar to get him to have pressure reduction; area of abrasion over scarring from previous sarcoma surgery on his back; wound is being treated with Mepilex dressing.</p> <p>R1's post event observation dated 5/27/21 at 3:52 a.m. included new skin injury with no site indicated; repositioned every 2 hours; and dressing clean, dry, and intact.</p> <p>R1's post event observation dated 5/27/21 at 11:52 a.m. included new skin injury at upper mid vertebrae; stage 3 pressure injury; repositioning every 2 hours, up in recliner 2 hours during morning shift, area covered with Mepilex border for skin protection and changed every third day or as needed; and repositioned in bed every 2 hours, apply pillow on back for repositioning.</p> <p>R1's post event observation dated 5/27/21 at 4:52 p.m. included new skin injury; right scapula open area, left scapula open area, and upper mid vertebrae open staff found on 5/26/21; area is covered with Mepilex dressing, offers no complaints of pain, repositioned every 2 hours and as needed or requested.</p> <p>R's 1 post event observation dated 5/28/21 at 12:52 a.m. included new skin injury; no site or description; open wound on upper mid back; slept majority of night; and repositioned every 2 hours and heels floating.</p> <p>R1's post event observation dated 5/28/21 at</p>	F 686			

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F 686	<p>Continued From page 6</p> <p>8:52 a.m. included new skin injury; no site or description; open wound on upper mid back that staff found on 5/26/21; resident current status of repositioning every 2 hours, up in recliner twice during am shift, pressure air mattress, and use pillow for repositioning; and action taken of repositioned every 2 hours and heels floating. No notation of coccyx area.</p> <p>R1's post event observation dated 5/28/21 at 4:52 p.m. included new skin injury upper mid vertebrae stage 3 pressure sore; repositioned every 2 hours and Mepilex border is applied every 3 days. No notation of coccyx area.</p> <p>R1's weekly skin review included dated 5/28/21 not signed indicated skin dry pre-existing; open area pre-existing; 2 open areas on coccyx with open area #1 measuring 0.2 x 0.3 cm that is blanchable and superficial and open area #2 measuring 0.4 x 0.2 cm that is blanchable and superficial; Mepilex applied covering both wounds. It also included site of upper mid vertebrae has 3 pressure injuries with no description or measurements; incision site on abdominal midline with tube feeding stoma skin area and no signs of infection; and coccyx area with same notation as above.</p> <p>Progress note dated 6/1/21 at 5:30 a.m. included dressing on back replaced due to foul smell, noted gray discharge on dressing with strong foul smell, area on back is red around wound; new open area on coccyx measures 2.8 cm x 0.8 cm and covered with Mepilex.</p> <p>During an interview on 6/2/21 at 12:21 p.m., director of nursing (DON) stated R1 had no skin</p>	F 686			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/03/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHITEWATER HEALTH SERVICES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>525 BLUFF AVENUE</b> <b>ST CHARLES, MN 55972</b>		
(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 686	<p>Continued From page 7</p> <p>issues around neck brace area and his coccyx area has excoriation due to moisture and has had Mepilex on for prevention since admission. DON stated the upper back area is stage 3 pressure ulcer and is improving. DON stated the upper back pressure ulcer is in area where R1 had previous skin graft and R1 squirms around in bed and likely friction rubbing with that as the skin is very thin or possible from the bed alarm pad that is located under the bed pad in the back area. DON added R2 has moisture associated skin issues on her bottom from when she returned to facility after being hospitalized. DON stated nursing is responsible for completing skin checks weekly.</p> <p>During an interview on 6/2/21 at 3:10 p.m., registered nurse (RN)-B stated the floor nurse and DON would be expected to observe weekly and complete the weekly wound tracker. RN-B stated the wound tracker should be initiated for each skin issue. RN-B stated this had not been done for R1 or R2. RN-B stated they have investigated on how or what could have caused the upper back pressure ulcer on R1. RN-B stated it could have been the bed alarm pad as R1 wiggles around in bed or just from moving around in bed. RN-B stated administrator interviewed staff and no skin issues had been noticed prior. RN-B stated care plan was updated with reposition every 2 hours and air mattress was implemented last week after the pressure ulcer was found. RN-B stated the bed alarm pad was removed last week and not sure why it is in place yet today.</p> <p>During an interview on 6/2/21 at 3:10 p.m., DON stated R1 has been incontinent since admission</p>	F 686			

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

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F 686	<p>Continued From page 8</p> <p>and it is expected staff reposition and change every 2 hours. DON stated R1 care plan was updated to turn and reposition every 2 hours following the discovery of the pressure ulcer last week. DON stated residents with Braden score greater than 13 should be care planned for reposition every 2 hours. DON stated the initial assessment for R1 did not indicate any skin issues upon admission. DON stated description and measurements should be completed weekly and stated the initial assessment or measurements were not completed by the nurse for R1 on coccyx reddened area and upper back area. DON stated wound progress is monitored with wound tracker that appearance, exudate, measurements, and other descriptions is documented, and findings should be reported to physician. DON stated R1 upper back pressure ulcer has improved as initially the slough area was darker colored with elevated edges and now is lighter colored.</p> <p>During an interview on 6/3/21 at 07:56 a.m., DON stated she talked to the nurse R1 pressure ulcer was reported to and she did the measurements but forgot to put them in the documentation but still had her note to be able to document them. DON stated R1 had Mepilex on coccyx for prevention due to always having redness in area. DON stated she would expect a progress note when Mepilex was changed and notation of what the skin looks like and there is no description for either the coccyx or upper back area for R1. DON confirmed care plan for skin integrity was not initiated until 5/28/21 and revised on 6/2/21. DON stated the wound tracker for upper mid back pressure ulcer was not initiated until 6/2/21. DON stated the wound tracker is done weekly in</p>	F 686			

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F 686	<p>Continued From page 9</p> <p>addition to the weekly skin check and staff are expected to still monitor the skin daily and fill out daily assessment. DON stated the wound tracker had not been completed for the coccyx area. DON stated initially a risk management is completed for a new skin issue and post event observations are completed each shift and verified these have not been completed for the coccyx area for R1. DON stated for all residents that are at risk, repositioning and keeping skin clean and dry, and no wrinkles are initiated to prevent skin issues. DON stated following the discovery of upper back pressure ulcer the facility had R1 seen by physician and set up appointment for wound care, a dietician review with addition of supplement for wound healing, in addition to changing his mattress and the already frequent repositioning and changing. DON stated she does not see that weekly skin audits have been completed for R2 since readmission on 5/6/21. DON stated the treatment administration record indicated the weekly skin audit was completed. DON stated there was not an initial assessment completed for R2 upon readmission. DON confirmed the skin management process is not being followed for either R1 or R2. DON and RN-B confirmed that skin care was not initiated for R1 or R2 and assessments and monitoring of the skin issues were not completed as should have been.</p> <p>During an interview on 6/3/21 at 08:30 a.m., RN-A stated she only makes progress note if there is a change in a pressure ulcer but does complete weekly review of skin. RN-A stated she thinks there should be documentation of the wound with changes of the dressing. RN-A stated R1 has always had redness to buttocks</p>	F 686			

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F 686	<p>Continued From page 10</p> <p>and reddened skin on back from scarring from previous surgeries. RN-A stated staff uses barrier cream for prevention. RN-A stated R1 is never comfortable and moves around a lot and his back is hunched in the area of the pressure ulcer. RN-A stated they are not sure what the pressure ulcer resulted from that they looked at the sling, bed alarm, and chairs but he moves around a lot and sits up in bed. RN-A stated she took initial measurements and still has the piece of paper of her own drawing and measurements of the wound but forgot to add them to the assessment. RN-A stated the wound area was initially darker in color with black edging. RN-A stated the coccyx area had been red but not open at that time.</p> <p>During an interview 6/3/21 at 08:13 a.m. physician assistant (PA)-A stated all pressure ulcers can be avoided but can be difficult and pressure ulcers can happen quickly. PA-A stated proper bedding that is kept clean and dry and frequent repositioning are key to prevention of pressure ulcers. PA-A stated R1 pressure ulcer appears to be unstageable due to unable to tell the depth and the wound is full of slough necrotic tissue. PA-A stated R1 had sarcoma removed years ago and abnormal anatomy of the thoracic region. PA-A stated the resident appears to be hunched over the area of the pressure ulcer. PA-A stated he is recommending debridement in office or chemical debridement at facility. PA-A also recommended repositioning every 1-2 hours from side to side and minimize time in bed sitting so does not slide down in bed, regular changes if incontinent, appropriate mattress, pad wheelchair and recliner where skin breakdown is, and will start on antibiotic.</p>	F 686			



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F 686	Continued From page 11  Facility skin management system policy not dated included a head-to-toe body evaluation will be completed on every resident upon admission and weekly thereafter and will be documented on the weekly skin integrity review form in the electronic medical record. It included that if skin is compromised such as pressure ulcers or surgical sites to use the ulcer, surgical site treatment and progress record form for each wound in the electronic medical record. The wound progress is to be documented weekly with measurements and wound description along with daily treatments. It included the physician is to be contacted after 14 days if the area has not shown improvement or immediately if it shows a decline and documentation of the physician notification is to be documented in a nurse note in the chart. It indicated the facility director of nursing is responsible to establish a system to monitor and assure skin management system compliance.	F 686			



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
June 16, 2021

Administrator  
Whitewater Health Services  
525 Bluff Avenue  
St Charles, MN 55972

Re: State Nursing Home Licensing Orders  
Event ID: MDRT11

Dear Administrator:

The above facility was surveyed on June 2, 2021 through June 3, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

*An equal opportunity employer.*

Whitewater Health Services

June 16, 2021

Page 2

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Jennifer Kolsrud Brown, RN, Unit Supervisor  
Rochester District Office  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
18 Wood Lake Drive Southeast  
Rochester, Minnesota 55904-5506  
Email: [jennifer.kolsrud@state.mn.us](mailto:jennifer.kolsrud@state.mn.us)  
Office: (507) 206-2727 Mobile: (507) 461-9125

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.

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.

Please feel free to call me with any questions.



Melissa Poepping, Health Program Representative Senior  
Program Assurance | Licensing and Certification  
Minnesota Department of Health  
P.O. Box 64970  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [melissa.poepping@state.mn.us](mailto:melissa.poepping@state.mn.us)

Minnesota Department of Health

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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></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><b>INITIAL COMMENTS:</b> On 6/2/21 and 6/3/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders, and identify the date when they will</p>	2 000		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE  
06/24/21

Minnesota Department of Health

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2 000	<p>Continued From page 1 be completed.</p> <p>The following complaint was found to be SUBSTANTIATED: H5270025C (MN73729), with a licensing order issued at 900.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor 's findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <a href="http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm">http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm</a>. The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2  signature is not required at the bottom of the first page of state form.  PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 900	MN Rule 4658.0525 Subp. 3 Rehab - Pressure Ulcers  Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that:  A. a resident who enters the nursing home without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and  B. a resident who has pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.  This MN Requirement is not met as evidenced by: Based on observations, interviews, and document review, the facility failed to identify, assess and monitor for skin breakdown to prevent new or worsening pressure wounds for 2 of 2 residents (R1 and R2) reviewed for pressure ulcers.	2 900	Completed in F686	7/9/21

Minnesota Department of Health

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2 900	<p>Continued From page 3</p> <p>Findings include:</p> <p>R2 admission record indicated readmission date of 5/6/21 and diagnoses of type 2 diabetes, obstructive sleep apnea, pulmonary embolism, heart failure, major depressive disorder, anxiety, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, aphasia, gout, history of falling, and muscle wasting and atrophy.</p> <p>R2 orders include: sysco magic cup twice daily for wound healing ordered 5/25/21; pressure redistribution cushion to chair ordered 5/1/21; weekly skin review ordered 1/22/21; and Nystatin cream to skin folds twice daily for moisture related skin damage dated 5/6/21. R2 orders do not include Mepilex dressing to coccyx area.</p> <p>R2 Minimum Data Set (MDS) assessment dated 5/13/21 included cognitively impaired; no behaviors; extensive assist of 2 with transfers, toileting, and bed mobility; uses wheelchair; upper extremity impairment one side; no toileting program; frequently incontinent of bladder and bowel; risk for pressure ulcers; no unhealed pressure ulcers; and has moisture associated skin damage.</p> <p>R2 care plan included: risk for skin breakdown related to immobility, incontinence, and diabetes with interventions of barrier lotion after incontinence; avoid hot water and irritating soaps; rojo cushion in wheelchair and recliner; increase out of bed activity as tolerated; inspect skin integrity every day; repositioning; keep skin clean and dry; maintain hydration and nutrition; pressure reduction mattress; and position side to side when in bed.</p>	2 900		

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2 900	<p>Continued From page 4</p> <p>Review of the R2's medical record indicated weekly skin review was completed on 5/7/21, 5/14/21, and 5/28/21 by a check mark although facility was unable to provide documentation of the wounds being identified, assessed and monitored.</p> <p>Progress note dated 5/18/21 at 11:15 p.m. included R2 has pressure sore on both butt cheeks; sore is red, open and bleeding; and Mepilex border to area.</p> <p>Skin/wound progress note dated 5/20/21 at 6:55 a.m., included R2 has pressure ulcer on sacral region of buttock; returned from local hospital with it present on 5/6/21; excoriation on both right and left buttock that is approximately 5 cm in length and 2 cm in width on both cheeks; wounds are cleansed and barrier cream applied before dressing applied; R2 tolerated dressing change</p> <p>Skin/wound progress note dated 5/25/21 at 7:43 a.m., included R2 has stage 3 pressure ulcer present on sacrum; approximately quarter sized and has sloughing; depth is approximately 1 cm; continues to have areas of excoriation on both buttock cheeks; scant amount of drainage; staff cleansed area prior to assessment; no tunneling or undermining at this time; wound edges intact; pressure reduction cushion for chair from therapy will be brought.</p> <p>Nutrition/dietary progress note dated 5/25/21 at 11:38 a.m., included R2 has an active stage 3 pressure area to her sacrum.</p> <p>R1</p>	2 900		



Minnesota Department of Health

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2 900	<p>Continued From page 5</p> <p>R1's Minimum Data Set (MDS) assessment dated 5/13/21 included: mildly cognitively impaired, no delirium or psychosis or rejection of cares. R1 required extensive assist of 2 for bed mobility, toilet, dressing, and bathing; total dependence on transfers; always incontinent of bowel and bladder; risk of pressure ulcers; no current pressure ulcers; has moisture associated skin damage and surgical wound; and turning and repositioning program.</p> <p>R1's admission sheet indicated admission date of 5/7/21. R1 diagnoses included: cervical disc disorder with myelopathy (injury to the spinal cord), muscle weakness and difficulty in walking.</p> <p>R1's care plan initiated 6/2/21 included pressure related skin damage related to impaired mobility with goal to show no signs of infection and interventions of administer treatment per physician orders; encourage and assist as needed to turn and reposition; use assistive devices as needed; report signs and symptoms of infection; special mattress/cushion on bed; and use pillows and or positioning devices as needed.</p> <p>R1's orders included: liquid protein two times a day for wound healing, Keflex (antibiotic) 500 MG two times a day for 7 days for possible UTI and skin infection, Daily skin review every day shift ordered 5/29/21; replace Mepilex border on upper back and coccyx for pressure injuries every 3 days or as needed ordered on 5/28/21; repositioning in bed every 2 hours every shift related to pressure injury on upper back and coccyx area ordered on 5/26/21; apply Mepilex to coccyx after washing and drying every 3 days to coccyx area related to pressure ulcer of sacral</p>	2 900		

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2 900	<p>Continued From page 6</p> <p>region ordered on 5/9/21.</p> <p>R1's weekly skin review included: 5/21/21 completed by licensed practical nurse indicated skin condition dry, redness on gluteal folds and barrier cream applied.</p> <p>R1's post event observations dated 5/26/21 at 11:52 a.m. included new skin injury at upper-mid vertebrae with description as stage 3 pressure injury in the middle of back and currently repositioned every 2 hours.</p> <p>R1's post event observation dated 5/26/21 at 7:52 p.m. included new skin injury upper mid vertebrae with description of stage 3 pressure injury; R1 does not seem to be in pain; and repositioned every 2 hours.</p> <p>R1's Progress note dated 5/27/21 by facility physician included: seen for new complication of pressure ulcer over his mid thoracic spine; noted now on pressure reducing mattress and working with therapy for positioning; very difficult due to rigid neck collar to get him to have pressure reduction; area of abrasion over scarring from previous sarcoma surgery on his back; wound is being treated with Mepilex dressing.</p> <p>R1's post event observation dated 5/27/21 at 3:52 a.m. included new skin injury with no site indicated; repositioned every 2 hours; and dressing clean, dry, and intact.</p> <p>R1's post event observation dated 5/27/21 at 11:52 a.m. included new skin injury at upper mid vertebrae; stage 3 pressure injury; repositioning every 2 hours, up in recliner 2 hours during morning shift, area covered with Mepilex border</p>	2 900		

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2 900	<p>Continued From page 7</p> <p>for skin protection and changed every third day or as needed; and repositioned in bed every 2 hours, apply pillow on back for repositioning.</p> <p>R1's post event observation dated 5/27/21 at 4:52 p.m. included new skin injury; right scapula open area, left scapula open area, and upper mid vertebrae open staff found on 5/26/21; area is covered with Mepilex dressing, offers no complaints of pain, repositioned every 2 hours and as needed or requested.</p> <p>R's 1 post event observation dated 5/28/21 at 12:52 a.m. included new skin injury; no site or description; open wound on upper mid back; slept majority of night; and repositioned every 2 hours and heels floating.</p> <p>R1's post event observation dated 5/28/21 at 8:52 a.m. included new skin injury; no site or description; open wound on upper mid back that staff found on 5/26/21; resident current status of repositioning every 2 hours, up in recliner twice during am shift, pressure air mattress, and use pillow for repositioning; and action taken of repositioned every 2 hours and heels floating. No notation of coccyx area.</p> <p>R1's post event observation dated 5/28/21 at 4:52 p.m. included new skin injury upper mid vertebrae stage 3 pressure sore; repositioned every 2 hours and Mepilex border is applied every 3 days. No notation of coccyx area.</p> <p>R1's weekly skin review included dated 5/28/21 not signed indicated skin dry pre-existing; open area pre-existing; 2 open areas on coccyx with open area #1 measuring 0.2 x 0.3 cm that is blanchable and superficial and open area #2</p>	2 900		

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2 900	<p>Continued From page 8</p> <p>measuring 0.4 x 0.2 cm that is blanchable and superficial; Mepilex applied covering both wounds. It also included site of upper mid vertebrae has 3 pressure injuries with no description or measurements; incision site on abdominal midline with tube feeding stoma skin area and no signs of infection; and coccyx area with same notation as above.</p> <p>Progress note dated 6/1/21 at 5:30 a.m. included dressing on back replaced due to foul smell, noted gray discharge on dressing with strong foul smell, area on back is red around wound; new open area on coccyx measures 2.8 cm x 0.8 cm and covered with Mepilex.</p> <p>During an interview on 6/2/21 at 12:21 p.m., director of nursing (DON) stated R1 had no skin issues around neck brace area and his coccyx area has excoriation due to moisture and has had Mepilex on for prevention since admission. DON stated the upper back area is stage 3 pressure ulcer and is improving. DON stated the upper back pressure ulcer is in area where R1 had previous skin graft and R1 squirms around in bed and likely friction rubbing with that as the skin is very thin or possible from the bed alarm pad that is located under the bed pad in the back area. DON added R2 has moisture associated skin issues on her bottom from when she returned to facility after being hospitalized. DON stated nursing is responsible for completing skin checks weekly.</p> <p>During an interview on 6/2/21 at 3:10 p.m., registered nurse (RN)-B stated the floor nurse and DON would be expected to observe weekly and complete the weekly wound tracker. RN-B stated the wound tracker should be initiated for</p>	2 900		

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2 900	<p>Continued From page 9</p> <p>each skin issue. RN-B stated this had not been done for R1 or R2. RN-B stated they have investigated on how or what could have caused the upper back pressure ulcer on R1. RN-B stated it could have been the bed alarm pad as R1 wiggles around in bed or just from moving around in bed. RN-B stated administrator interviewed staff and no skin issues had been noticed prior. RN-B stated care plan was updated with reposition every 2 hours and air mattress was implemented last week after the pressure ulcer was found. RN-B stated the bed alarm pad was removed last week and not sure why it is in place yet today.</p> <p>During an interview on 6/2/21 at 3:10 p.m., DON stated R1 has been incontinent since admission and it is expected staff reposition and change every 2 hours. DON stated R1 care plan was updated to turn and reposition every 2 hours following the discovery of the pressure ulcer last week. DON stated residents with Braden score greater than 13 should be care planned for reposition every 2 hours. DON stated the initial assessment for R1 did not indicate any skin issues upon admission. DON stated description and measurements should be completed weekly and stated the initial assessment or measurements were not completed by the nurse for R1 on coccyx reddened area and upper back area. DON stated wound progress is monitored with wound tracker that appearance, exudate, measurements, and other descriptions is documented, and findings should be reported to physician. DON stated R1 upper back pressure ulcer has improved as initially the slough area was darker colored with elevated edges and now is lighter colored.</p>	2 900		

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2 900	<p>Continued From page 10</p> <p>During an interview on 6/3/21 at 07:56 a.m., DON stated she talked to the nurse R1 pressure ulcer was reported to and she did the measurements but forgot to put them in the documentation but still had her note to be able to document them. DON stated R1 had Mepilex on coccyx for prevention due to always having redness in area. DON stated she would expect a progress note when Mepilex was changed and notation of what the skin looks like and there is no description for either the coccyx or upper back area for R1. DON confirmed care plan for skin integrity was not initiated until 5/28/21 and revised on 6/2/21. DON stated the wound tracker for upper mid back pressure ulcer was not initiated until 6/2/21. DON stated the wound tracker is done weekly in addition to the weekly skin check and staff are expected to still monitor the skin daily and fill out daily assessment. DON stated the wound tracker had not been completed for the coccyx area. DON stated initially a risk management is completed for a new skin issue and post event observations are completed each shift and verified these have not been completed for the coccyx area for R1. DON stated for all residents that are at risk, repositioning and keeping skin clean and dry, and no wrinkles are initiated to prevent skin issues. DON stated following the discovery of upper back pressure ulcer the facility had R1 seen by physician and set up appointment for wound care, a dietician review with addition of supplement for wound healing, in addition to changing his mattress and the already frequent repositioning and changing. DON stated she does not see that weekly skin audits have been completed for R2 since readmission on 5/6/21. DON stated the treatment administration record indicated the weekly skin audit was completed. DON stated there was not</p>	2 900		

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2 900	<p>Continued From page 11</p> <p>an initial assessment completed for R2 upon readmission. DON confirmed the skin management process is not being followed for either R1 or R2. DON and RN-B confirmed that skin care was not initiated for R1 or R2 and assessments and monitoring of the skin issues were not completed as should have been.</p> <p>During an interview on 6/3/21 at 08:30 a.m., RN-A stated she only makes progress note if there is a change in a pressure ulcer but does complete weekly review of skin. RN-A stated she thinks there should be documentation of the wound with changes of the dressing. RN-A stated R1 has always had redness to buttocks and reddened skin on back from scarring from previous surgeries. RN-A stated staff uses barrier cream for prevention. RN-A stated R1 is never comfortable and moves around a lot and his back is hunched in the area of the pressure ulcer. RN-A stated they are not sure what the pressure ulcer resulted from that they looked at the sling, bed alarm, and chairs but he moves around a lot and sits up in bed. RN-A stated she took initial measurements and still has the piece of paper of her own drawing and measurements of the wound but forgot to add them to the assessment. RN-A stated the wound area was initially darker in color with black edging. RN-A stated the coccyx area had been red but not open at that time.</p> <p>During an interview 6/3/21 at 08:13 a.m. physician assistant (PA)-A stated all pressure ulcers can be avoided but can be difficult and pressure ulcers can happen quickly. PA-A stated proper bedding that is kept clean and dry and frequent repositioning are key to prevention of pressure ulcers. PA-A stated R1 pressure ulcer</p>	2 900		

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2 900	<p>Continued From page 12</p> <p>appears to be unstageable due to unable to tell the depth and the wound is full of slough necrotic tissue. PA-A stated R1 had sarcoma removed years ago and abnormal anatomy of the thoracic region. PA-A stated the resident appears to be hunched over the area of the pressure ulcer. PA-A stated he is recommending debridement in office or chemical debridement at facility. PA-A also recommended repositioning every 1-2 hours from side to side and minimize time in bed sitting so does not slide down in bed, regular changes if incontinent, appropriate mattress, pad wheelchair and recliner where skin breakdown is, and will start on antibiotic.</p> <p>Facility skin management system policy not dated included a head-to-toe body evaluation will be completed on every resident upon admission and weekly thereafter and will be documented on the weekly skin integrity review form in the electronic medical record. It included that if skin is compromised such as pressure ulcers or surgical sites to use the ulcer, surgical site treatment and progress record form for each wound in the electronic medical record. The wound progress is to be documented weekly with measurements and wound description along with daily treatments. It included the physician is to be contacted after 14 days if the area has not shown improvement or immediately if it shows a decline and documentation of the physician notification is to be documented in a nurse note in the chart. It indicated the facility director of nursing is responsible to establish a system to monitor and assure skin management system compliance.</p> <p>SUGGESTED METHOD OF CORRECTION:</p>	2 900		



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2 900	<p>Continued From page 13</p> <p>The director of nursing or designee, could review all residents at risk for pressure ulcers to assure they are receiving the necessary treatment/services to prevent pressure ulcers from developing and to promote healing of pressure ulcers. The director of nursing or designee, could conduct random audits of the delivery of care; to ensure appropriate care and services are implemented; to reduce the risk for pressure ulcer development.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 900		