

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered January 5, 2022

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

RE: CCN: 245270

Cycle Start Date: October 18, 2021

Dear Administrator:

On November 10, 2021, we notified you a remedy was imposed. On December 7, 2021 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 December 16, 2021.

As authorized by CMS the remedy of:

• Discretionary denial of payment for new Medicare and Medicaid admissions effective November 25, 2021 be discontinued as of December 16, 2021. (42 CFR 488.417 (b))

However, as we notified you in our letter of November 10, 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 November 25, 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,

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

Mistago

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 9, 2021

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

RE: CCN: 245270

Cycle Start Date: October 18, 2021

Dear Administrator:

On November 10, 2021, we informed you of imposed enforcement remedies.

On December 6, 2021, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

As a result of the survey findings:

• Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective November 25, 2021, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 25, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 25, 2021.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of November 10, 2021, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from November 25, 2021.

### ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

### **DEPARTMENT CONTACT**

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

Karen Aldinger, Unit Supervisor
St. Cloud A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557

Email: karen.aldinger@state.mn.us

Office: (651) 201-3794 Mobile: (320) 249-2805

### 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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by April 18, 2022 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

### **APPEAL RIGHTS**

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

### Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an

appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

### INFORMAL DISPUTE RESOLUTION/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/ltc\_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 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

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.

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64900

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

PRINTED: 12/16/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L DENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	was conducted at y found to be NOT in requirements of 42	standard abbreviated survey our facility. Your facility was compliance with the CFR 483, Subpart B, ong Term Care Facilities.						
	SUBSTANTIATED:	laint was found to be 991 and MN78957 ), with a F745).						
	as your allegation of Departments accept enrolled in ePOC, year the bottom of the	f correction (POC) will serve of compliance upon the stance. Because you are our signature is not required first page of the CMS-2567 ic submission of the POC will cion of compliance.						
	onsite revisit of you validate that substa regulations has been	acceptable electronic POC, an r facility may be conducted to ntial compliance with the en attained.  Ally Related Social Service	F 7	'45			12/16/21	
	maintain the highes and psychosocial w This REQUIREMEN by:	ility must provide ocial services to attain or ot practicable physical, mental rell-being of each resident.  NT is not met as evidenced ions, interviews and document			Provision of Medically Related Socia	al.		
	review, facility failed develop an alternat	d to utilize an interpreter or ive method of communication (R1) who did not speak			Services Facility residents have the potential t			
L LABORATOR	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE	

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

**Electronically Signed** 

12/15/2021

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 745	English and was th wishes for daily car preferences.  Findings include:  R1's admission Mir 9/7/21, included a p Vietnamese, and recommunicate with was cognitively intaincluding, colon carbowel elimination, curine to be routed furostomy tubes intointravenous (I.V.) a secondary to sepsi requiring care, profequent moderate moderate protein-communicated R1 was discharge assessm was anticipated, an 9/23/21, showed R 10/1/21 an MDS diagain showed discon 10/11/21 an MD indicated R1 was a MDS discharge assessment dated have all the previous she was no longer had an additional discontinuation.	erefore unable to express her	F 7	745	R1, Care conference with interprete case worker, social worker, Execut Director, resident, and Director of C Services held on 12/2/21 to address concerns brought forward. Reside preferences obtained and updated plan in place, care plan updated, sl schedule updated, PT/OT referral fradministration and ostomy care con on 12/2/21. 1-800 number for interplaced on wall in resident room in understandable, simplified terms. Services provided communication of for resident.  Staff educated by the Director of N starting on 12/2/21. Mandatory meheld on 12/07/21 & 12/16/21 regard using a basin with soap, water and washcloth for daily cares versus the wipes, refusal of meals and updatin nurse, Interpreter services, changing sheets, shower schedules, meal reand alternates, and the policy for Residents with Limited English Proficiency.  Dietary Manger educated by Execut Director, on 12/15/21 regarding the requirement to complete the reside Nutritional Assessment within 48 headmission to the facility. Dietary steducated to ensure nursing is notifit resident refuses a meal and the alternates and	cive Clinical s nt food and nower for med mplete preter Social cards  ursing setings ding: a e wet ng the ng of fusals  utive ent ours of aff ied if a ernate.	
	return to the facility record was recorded assessment dated have all the previous she was no longer	r. The MDS entry tracking ed 11/15/21. On an MDS 5 day 11/22/21, R1 continued to usly listed health issues except receiving antibiotics I.V. and			requirement to complete the reside Nutritional Assessment within 48 he admission to the facility. Dietary st educated to ensure nursing is notif	ent ours of aff ied if a ernate.	

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F 745 Continued From page 2 R1's care plan listed a Focus Prof. 9/01/21 included, "Difficulty commevidenced by limited command of language r/t [related to]: speaks h language. May misinterpret cares as a result and may feel she has be sexually if personal cares provided caregivers." Associated interventionally 1/21 included, "Explain cares your provide prior to beginning cares. Used to board or gestures when explaining provide. Be sensitive to her fear work care/peri care tasks [cleansing of provide reassurance and patience communicating with resident. Repass needed; teach to use communicating with resident, and simple sentences while mainticontact."  On 12/6/21, at 9:52 a.m. R1 was on in her bed. She had a cell phone at television. No communication boas special device was observed in the folded, stained paper had some wit with some matching English wor pushed under a pile of personal by When greeted, R1 raised her han she did not speak. A wash basin with the counter and was filled with meand a plastic container of wet wipe the top of the pile.  When interviewed on 12/6/21, at external case manager (CM) state working with R1 for several month concerns about care provided to Freceived reports from the medical	sunicating as the English er native being provided been mistreated do by male ons initiated but are going to Use picture grare you will with personal genital region], when beat information ication ze interpreter as use gestures raining eye  bubserved resting available and a urd, book or er oom. A small words written on rds. This was elongings. do and smiled, was sitting on edical supplies es was sitting on 10:44 a.m. an ed he had been as and had R1. CM had	F 7	745	the requirements and services for non-English speaking residents.  Social Services Director/Designee audit resident showers, meal intake Point of Care charting 3x weekly fo weeks or until QAPI Committee hadeemed compliance.  The results of the audits will be revely the QAPI committee for trends a needs for adjustment of audit scheor content, as well as any further educational needs. The Executive Director is responsible to ensure the action occurs.	es and r 6 s iewed and any dules	

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F 745	with as an advocate when arriving at me nursing home, and hair at those appoint told him she was at concerns that she wreturned from appowers own sweat on the shed. CM said he was weight and was con attempted to provide or food of R1's indirection R1 told him her food did not eat it, and nursh and her husband whe spoke to R1's he and he also said he since she could not R1 and husband to with winter coming, able to drive and the about food for R1. Concerned about he ostomies and tubes the facility was not communicate with would call her daug Translate, but R1 dwere accurate. CM when he spoke with explained that Good dialect which would translation.  When interviewed of facility social worken umber that we call interpreter. Last we interpreter. Last we	e for R1 that R1 was not clean edical appointments from the clinic staff had to wash her intments. CM reported that R1 fraid to speak up about her was not clean, and when she bintments, she could smell her sheets that were left on the eas aware that R1 had lost incerned that the facility had not be culturally appropriate meals, vidual preference. CM stated ind would be taken away if she is alternative would be offered, was bringing in food. CM said usband utilizing the interpreter e was bringing in food for R1 to get food of her preference. In the husband would not be easy did not know what to do CM also said R1 was sow the nurses cared for her is. CM stated a concern that utilizing an interpreter to it. He said R1 told him they ghter or utilize Google id not feel the translations said he used an interpreter in R1, and the interpreter gle Translate used a different if result in inaccurate.	F	745			

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F 745	get a south Vietnam lost in translation. [I culturally she is ver believe our staff take to get an interprete ordered some flash making some smal in communication is stated, R1 had bee "the aides don't know tubes." SW also sawashed since she washed since she washed since she washed since she washed since she was not a reason the shower  When interviewed of facility cook (CO)-A residents food that they had just received 12/3/21 and they eifor each meal. CO-R1's trays were retuleft on them, but say did not eat much. Cadjust to special reneed a little time to CO-A said it was the manager to find our diet. CO-A said R1 was unsure on how were to communicate maybe they used a didn't think they had same country, sayin Korea. CO-A stated education on provid When leaving the asset was said to see the same country of the sam	nese interpreter and things get R1] will nod in agreement, as y agreeable so it's hard. I don't tes the time, or has the time, or for cares. Last week I cards and I even started I cards to show her and assist between her and staff." SW in getting bed baths because, ow how to work with all the id R1's hair was not getting was receiving bed baths, but a meeting about it, and there hat she could not receive a stated it was important to give they liked or wanted, but said and list of items for R1 on ther gave her rice or oatmeal A was aware that many of the grave her rice or oatmeal A was aware that many of the distaff would simply say R1 CO-A said they were able to quests, although they might prepare something special. The resident preferences for their could not speak English and of the dietary manager or others are with R1. CO-A stated nother resident to help, but do another resident from the nother resident from the nother resident to help, but do another resident from the nother resident grave heard grave can't just give her rice	F 74	5			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 745	all the time," and C When interviewed of licensed practical in thought R1 underson spoke, and said R1 call-light for assistate gestures to "show" said she had never services for R1 or for difficulty speaking of thought perhaps or dietician to find out well, but thought perhaps or dietician to find out well, but thought perhaps or dietician to find out well, but thought perhaps or dietician to find out well, but thought perhaps or dietician to find out well, but thought perhaps or dietician to find out well, but thought perhaps or dietician to find out well, but thought perhaps or dietician to find out well, but thought perhaps or dietician to find out well, but thought perhaps of times she was not eating offer pudding, ice-of LPN-A said that R1 her own cares, such and, "that was okay When interviewed to LPN-B and the interviewed that was it involved when a remeds. LPN-B said department of any department would in (RD). LPN-B states (DM) job to be the dietician. LPN-B said discussed, but the he was, "supposed attend on the phonor for any staff noting of the province of the phonor for any staff noting of the province of the phonor for any staff noting of the province of the phonor for any staff noting of the province of the phonor for any staff noting of the province of the phonor for any staff noting of the province of the province of the phonor for any staff noting of the province of	O-A replied, "no, we can't." on 12/6/21, at 11:32 a.m. a surse (LPN)-A stated she cood more English than she was able to turn on her cance, but that she had to utilize staff what she wanted. LPN-A tutilized the interpreter for any resident who had English. LPN-A was unsure of ermined R1's preferences, but the of the managers called the LPN-A said R1 did not eat erhaps she ate what the family N-A said R1 had difficulty so, and would gag on things. If LPN-A said they could always tream or a frozen supplement. was wanting to do some of h as change her ostomy bag,	F 7	745				

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F 745	it was the responsite the case of a reside DON confirmed that interpreter should be confirmed that an interpreter should be confirm that an interpreter should be confirm that an interpreter should be community that some staff had the dialect was not expectation for staff to utilize a book or device that would he English translation, should be used at a what R1 was community should be used at a what R1 was community should hor communication be facility should hor communication be not done so.  When interviewed a stated R1 had a his cancer, as well as a was aware of R1's related to her numerand the problem was supplements to her having been incread provided. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs. RD stated manager to identify within 48 hours of a recall the dietary m special needs.	collity of the SW to follow-up in the through the SW to follow-up in the through the SW to follow-up in the through through the through throug	F	745				

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	PROVIDER OR SUPPLIER			525	EET ADDRESS, CITY, STATE, ZIP CODE BLUFF AVENUE CHARLES, MN 55972	,		
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F 745	stated he relied or the RD to find out said he had not tal in "bad shape" whe his information fro confirmed he had had not used an ir been here that lon of that." DM stated determining reside not believe that mo one with the reside nurses or dietician DM said he tried to monitoring what shad he had been sen.  When interviewed nursing assistants the facility provide cares each resident refused, to reapproach the restated she had give the first time since to get a bed bath to be changed on basoiled. NA-B did not and was certain here was not refused any care, providing bed bath said, "some guy be other day" and LP interpreter had imposite the said in the property of the resident refused any care, providing bed bath said, "some guy be other day" and LP interpreter had imposite the said in th	athe nursing department and any dietary preferences. DM ked with R1 and she had been en she first arrived so he got in the SW and nurses. DM not called R1's family and he terpreter saying, "I haven't g, I just let the facility take care I he had received training about the had received training about the had received training about the had to meet "one on ent" but he could meet with the to find out those preferences. O determine what to give R1 by the had consumed off a plate to out.  on 12/6/21, at 1:10 p.m. a (NA)-A and NA-B both stated of them a care sheet listing what the was to receive daily. If a hey both felt it was important to sident and try again. NA-B en R1 a shower on 12/3/21 for admission. NA-B said R1 was before, and that sheets should the days or if they were wet or bot think R1 had refused cares er sheets were changed weekly.  on 12/6/21, at 1:28 p.m. LPN-A to aware that R1 had ever but knew the facility had been is instead of showers. LPN-A rought an interpreter in the N-A thought having the proved things and that R1 ince she was able to explain	F7	745				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	СОМ	E SURVEY PLETED	
		245270	B. WING			06/2021	
	PROVIDER OR SUPPLIER	ICES		STREET ADDRESS, CITY, STATE, ZIP CODE 525 BLUFF AVENUE ST CHARLES, MN 55972	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETION DATE	
F 745	LPN-C stated, R1 of bedding was changused Google Trans translation, but only happened to be on came in.  When interviewed of communicated through and indicated she had been said R1 explained as she wanted to be of did not bring her and wash cloth, but wood cleaning. R1 said the warm water she would her self. At the time showing how she sontinually showed washed, her upper also indicated she of cleansed. At the time clean in appearance stain was noted on but said if the facility interpreter services how she wanted he said she felt as tho the facility sometimal ways feel the staff needs. MI said R1 is felt sad. R1 also explaineds, and was but some nurses to service show she wanted he said she felt as tho the facility sometimal ways feel the staff needs. MI said R1 is felt sad. R1 also explaineds, and was but some nurses to	on 12/6/21, at 1:30 p.m.  Jid not refuse cares and ged weekly. LPN-C stated they late or R1's family for y used the family if they the phone with R1 when staff on 12/6/21, at 1:36 p.m. R1 used a medical interpreter (MI) and been unhappy with the receiving at the facility. MI she had a preference for how leaned up, and said the staff basin of water and towels and all provide a wet wipe for nat had anyone brought her ould have been happy to clean of the interview, R1 gestured, hould be cleaned, and wanting her peri-area torso, her face and hair. She wanted her incision area ne of the interview, R1 was e and had no odor. A small her sheet. R1 was hesitant, by had provided regular y, she would have expressed er cares to be provided. She ugh she did not want to stay at es because she did not fix fixed who was to care for her stated she felt upset, and she apressed frustration as she had wital how to care for her ostomy and the to do those cares herself, old her not to touch the bags. ostomy bags and drain bulb,	F 74				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245270	B. WING				C <b>06/2021</b>
	PROVIDER OR SUPPLIER		'	525	EET ADDRESS, CITY, STATE, ZIP CODE BLUFF AVENUE CHARLES, MN 55972		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 745	and showed where emptied. R1 also shedding was chan R1 explained she she was admitted, plenty of food, she provided. She said brought her food be appealed to her cryotein malnutrition supplement, but on R1 confirmed notinterpreter to ask ther CM had set up expressed concert and was unaware to those appointm wanting to go home but did not know how with the facility.  A policy Titled Contimited English Proportion and last revised On the facility. Policy is reasonable steps with LEP have me opportunity to part activities, health procost to the resistence and transfrequently encounterprovided free of change when reasonably recommunication." In the procommunication of the further indication and further indications and further indications.	age 9 e they would be opened to be stated that she wished her ged more often. The MI said had not been feeling well since and even though there was a could not eat what was a she liked when her husband because it was a comfort and avings. She knew she had an and was supposed to drink a ften preferred comfort foods. One at the facility had used an aner about her preferences until of a meeting on 12/3/21. R1 and also talked about the before the weather got bad, now to address her concerns and the content with Persons with conficiency (LEP) dated July 2015 ctober 2016 was provided by stated "center will take to ensure that each individual aningful access and equal inicipate in the Center's services, rograms and other benefits, at dentappropriate interpreter station of vital documents in tered languages will be marge to residents with LEP necessary to ensure effective. The policy provided a phone fied that the service was a per day and 7 days per week ed "resident representatives of the used as interpreters unless and a provided as interpreters unless and a sinterpreters unless and a	F 7	745			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		245270	B. WING			12/0	)6/2021
	PROVIDER OR SUPPLIER	ICES		STREET ADDRESS, CIT 525 BLUFF AVENUE ST CHARLES, MN		1 12/	,0,2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	( (EACH CORR	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD ENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 745	specifically requested an offer of an interpretation has been mindicated "the cented the availability of larcharge, by providing LEP persons will ur "all staff will be provided and procedure contact with resider	ed by that individual and after preter at no charge to the ade by the center." Policy er will inform LEP persons of inguage assistance, free of g written notice in languages inderstand." Policy continued: vided written notice of this re. Staff that may have direct ints with LEP will be trained in eation techniques, including the	F 7	45			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered December 9, 2021

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

Re: State Nursing Home Licensing Orders

Event ID: DPQF11

#### Dear Administrator:

The above facility was surveyed on December 6, 2021 through December 6, 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 <u>only a suggestion</u> 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. 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.

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:

Karen Aldinger, Unit Supervisor St. Cloud A District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 3333 Division Street, Suite 212 Saint Cloud, Minnesota 56301-4557

Email: karen.aldinger@state.mn.us

Office: (651) 201-3794 Mobile: (320) 249-2805

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

Missing

P.O. Box 64900

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

(X6) DATE

Minnesota Department of Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		00942	B. WING		1	6/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WHITEW	ATER HEALTH SERV	ICFS	F AVENUE LES, MN 55	972		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 000	Initial Comments		2 000			
	****ATTE	NTION*****				
	NH LICENSING	CORRECTION ORDER				
	144A.10, this correpursuant to a surve found that the deficient herein are not corrected shall	Minnesota Statute, section ction order has been issued by. If, upon reinspection, it is iency or deficiencies cited ected, a fine for each violation be assessed in accordance fines promulgated by rule of artment of Health.				
	corrected requires or requirements of the number and MN Ru When a rule contain comply with any of lack of compliance. re-inspection with a result in the assess	hether a violation has been compliance with all erule provided at the tagule number indicated below. In several items, failure to the items will be considered Lack of compliance upon any item of multi-part rule will sment of a fine even if the item uring the initial inspection was				
	that may result from orders provided that the Department wit	hearing on any assessments n non-compliance with these at a written request is made to hin 15 days of receipt of a ent for non-compliance.				
	conducted at your f Minnesota Departm facility was found N State Licensure. Plan of correction y	rs: complaint survey was facility by surveyors from the ment of Health (MDH). Your lOT in compliance with the MN ease indicate in your electronic ou have reviewed these orders e when they will be completed.				

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

**Electronically Signed** 12/15/21

TITLE

STATE FORM 6899 If continuation sheet 1 of 13 DPQF11

Minnesota Department of Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING:			
		00942	B. WING		12/0	C 06/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		525 BLUF	F AVENUE			
WHITEW	ATER HEALTH SERV	ICES	LES, MN 55	972		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	COMPLETE DATE
2 000	Continued From pa	ige 1	2 000			
	SUBSTANTIATED:	plaint was found to be H5270037C (MN78991 and icensing order issued at State				
	the State Licensing Federal software. The assigned to Minnes Nursing Homes. The appears in the far-licensing. The state stallisted in the "Summar column and replace the correction order the findings which a statute after the state as evidence by." For are the Suggested Time Period for Consumer You have agreed to receipt of State licenthe Minnesota Dep Informational Bulleth https://www.health.n/infobulletins/ib14 orders are delineated you electronically, is necessary for State licenthe Minnesota Department of Healing Completion be corrected prior to the Minnesota Department of the Minnesota Department of the Minnesota Department of the decorrected prior to the Minnesota Department of Minnesota Depa	participate in the electronic ensure orders consistent with				

Minnesota Department of Health

STATE FORM 6899 DPQF11 If continuation sheet 2 of 13

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING:			SURVEY PLETED	
		00942	B. WING		1	) ) )
		00942			12/0	06/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WHITEW	ATER HEALTH SERV	ICFS	FF AVENUE LES, MN 55	972		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 000	not required at the listate form.  PLEASE DISREGA FOURTH COLUMN "PROVIDER'S PLA APPLIES TO FEDE	oottom of the first page of RD THE HEADING OF THE	2 000			
21495	MN Rule 4658.1005 Subp. 5 Social Services; Providing Social Services  Subp. 5. Providing social services. Social services must be provided on the basis of identified social service needs of each resident, according to the comprehensive resident assessment and comprehensive plan of care described in parts 4658.0400 and 4658.0405.		21495			12/16/21
	by: Based on observati review, facility failed develop an alternati for 1 of 1 residents	ent is not met as evidenced ons, interviews and document d to utilize an interpreter or ive method of communication (R1) who did not speak erefore unable to express her e, hygiene, or food		See F745		
	9/7/21, included a p Vietnamese, and re communicate with f was cognitively inta including, colon car	imum Data Set (MDS) dated oreferred language as equired an interpreter to acility staff and physicians. R1 ct and had diagnoses ocer with an iliostomy bag for obstructive uropathy requiring				

Minnesota Department of Health

STATE FORM DPQF11 If continuation sheet 3 of 13

Minnesota Department of Health

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		00942	B. WING		12/0	6/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WHITEW	ATER HEALTH SERV	ICES 525 BLUF	F AVENUE			
*************	AIER HEAEIH OERV	ST CHAR	LES, MN 55	972		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
21495	Continued From pa	ge 3	21495			
	urostomy tubes into intravenous (I.V.) at secondary to sepsis requiring care, prob frequent moderate moderate protein-care R1 was discharge to discharge assessment was anticipated, an 9/23/21, showed R2 10/1/21 an MDS disagain showed dischon 10/11/21 an MD indicated R1 was as MDS discharge assecompleted 10/29/22 return to the facility record was recorded assessment dated have all the previous she was no longer in the secondary of the secondary to see the secondary to sepsis the secondary to see the secondary to secondary to see the secondary to secondary to see the secondary to secondar	rom the kidneys through a bag; she was receiving ntibiotic medications a, had a surgical wound elems with bleeding, anemia, pain, chronic hepatitis B and alorie malnutrition and anxiety.  To the hospital with MDS ent 9/20/21 indicating a return d an MDS entry tracking a return d an MDS entry tracking a return d arge with return anticipated. So entry tracking record gain back at the facility. An essment record was a again anticipating R1 would. The MDS entry tracking d 11/15/21. On an MDS 5 day 11/22/21, R1 continued to saly listed health issues except receiving antibiotics I.V. and agnosis of back pain and				
	9/01/21 included, "[ evidenced by limite language r/t [related language. May misi	d a Focus Problem dated Difficulty communicating as d command of the English d to]: speaks her native nterpret cares being provided v feel she has been mistreated				
	sexually if personal caregivers." Associ 9/1/21 included, "Exprovide prior to beg board or gestures v provide. Be sensitiv care/peri care tasks	cares provided by male ated interventions initiated kplain cares you are going to inning cares. Use picture when explaining care you will be to her fear with personal care [cleansing of genital region], e and patience when				

Minnesota Department of Health

STATE FORM 6899 DPQF11 If continuation sheet 4 of 13

Minnesota Department of Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
, , , , , , , , , , , , , , , , , , , ,	or contraction	is Entri (e) the trouse Entri	A. BUILDING:			
		00942	B. WING		12/0	6/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
\A/I !!TE\A	ATED HEALTH OFFW	525 BLUF	F AVENUE			
WHITEW	ATER HEALTH SERV	ST CHAR	LES, MN 55	972		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
21495	Continued From pa	ige 4	21495			
	communicating with as needed; teach to book/board/electron needed, when talking	n resident. Repeat information o use communication nic device; utilize interpreter as ng to resident, use gestures ses while maintaining eye				
	On 12/6/21, at 9:52 a.m. R1 was observed resting in her bed. She had a cell phone available and a television. No communication board, book or special device was observed in the room. A small folded, stained paper had some words written on it with some matching English words. This was pushed under a pile of personal belongings. When greeted, R1 raised her hand and smiled, she did not speak. A wash basin was sitting on the counter and was filled with medical supplies and a plastic container of wet wipes was sitting on the top of the pile.					
	external case mana working with R1 for concerns about car received reports frowith as an advocate when arriving at menursing home, and hair at those appointed him she was at concerns that she was returned from appoown sweat on the seed. CM said he was weight and was conattempted to provide or food of R1's indiving R1 told him her food did not eat it, and near received are selected.	on 12/6/21, at 10:44 a.m. an ager (CM) stated he had been a several months and had be provided to R1. CM had om the medical team he works a for R1 that R1 was not clean edical appointments from the clinic staff had to wash her attention. CM reported that R1 fraid to speak up about her was not clean, and when she intments, she could smell her heets that were left on the as aware that R1 had lost incerned that the facility had not be culturally appropriate meals, vidual preference. CM stated d would be taken away if she o alternative would be offered, as bringing in food. CM said				

Minnesota Department of Health

STATE FORM 6899 DPQF11 If continuation sheet 5 of 13

CATHERMATOR DEPICIENCIES   CATHERMATION NUMBER:   CATHERMATION   COMPLETED	Minneso	<u>ota Department of He</u>	alth				
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS. CITY, STATE Z.IP CODE  STREAT ADDRESS. CITY, STATE Z.IP CODE  STEMPLY STATE Z.IP CODE  STATE							
SUMMARY STATEMENT OF DEFICIENCIES   TO HARLES, NN 55972			00942	B. WING		1	
XA1 ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDERS PLAN OF CORRECTION (AS)   EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE AND PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE AND PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE AND PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE AND PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE AND PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE AND PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE AND PREFIX PROVIDERS PLAN OF COMPLETE AND PREFIX PROVIDERS PLAN OF COMPLETE AND PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETE AND PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO PLAN AND PREFIX PROVIDERS PLAN OF COMPLETE COMPLETE AND PREFIX PROVIDERS PLAN OF COMPLETE COMPLETE AND PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE COMPLETE COMPLETE AND PREFIX PROVIDED AND PROVIDED A	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PRÉFIX TAG  CONTINUED REQUIATORY OR ISC IDENTIFYING INFORMATION)  21495  21495  Continued From page 5 he spoke to R1's husband utilizing the interpreter and he also said he was bringing in food for R1 since she could not get food of her preference. R1 and husband told CM that they were afraid with winter coming, the husband would not be able to drive and they did not know what to do about food for R1. CM also said R1 was concerned about how the nurses cared for her ostomies and tubes. CM stated a concern that the facility was not utilizing an interpreter to communicate with R1. He said R1 told him they would call her daughter or utilize Google Translate, but R1 did not feel the translations were accurate. CM said he used an interpreter when he spoke with R1, and the interpreter explained that Google Translate used a different dialect which would result in inaccurate translation.  When interviewed on 12/6/21, at 10:51 a.m. the facility social worker (SW) stated, "We do have a number that we call that we can use for an interpreter. Last week we realized she has a North Vietnamese dialectic and sometimes we get a south Vietnamese dialectic and sometimes we get a south Vietnamese interpreter and things get lost in translation. [R1] will nod in agreement, as culturally she is very agreeable so it's hard. I don't believe our staff takes the time, or has the time, to get an interpreter for cares. Last week I ordered some flash cards and I even started making some small cards to show her and assist in communication between her and staff." SW stated, R1 had been getting bed baths because, "the aides don't know how to work with all the tubes." SW also said R1's hair was not getting	WHITEW	WHITEWATER HEALTH SERVICES			972		
he spoke to R1's husband utilizing the interpreter and he also said he was bringing in food for R1 since she could not get food of her preference. R1 and husband told CM that they were afraid with winter coming, the husband would not be able to drive and they did not know what to do about food for R1. CM also said R1 was concerned about how the nurses cared for her ostomies and tubes. CM stated a concern that the facility was not utilizing an interpreter to communicate with R1. He said R1 told him they would call her daughter or utilize Google Translate, but R1 did not feel the translations were accurate. CM said he used an interpreter when he spoke with R1, and the interpreter explained that Google Translate used a different dialect which would result in inaccurate translation.  When interviewed on 12/6/21, at 10:51 a.m. the facility social worker (SW) stated, "We do have a number that we call that we can use for an interpreter. Last week we realized she has a North Vietnamese dialectic and sometimes we get a south Vietnamese interpreter and things get lost in translation. [R1] will nod in agreement, as culturally she is very agreeable so it's hard. I don't believe our staff takes the time, to get an interpreter for cares. Last week I ordered some flash cards and I even starfed making some small cards to show her and assist in communication between her and staff." SW stated, R1 had been getting bed baths because, "the aides don't know how to work with all the tubes." SW also said R1's hair was not getting	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
said they had had a meeting about it, and there was not a reason that she could not receive a shower	21495	he spoke to R1's hu and he also said he since she could not R1 and husband tol with winter coming, able to drive and the about food for R1. Concerned about he ostomies and tubes the facility was not a communicate with I would call her daug Translate, but R1 di were accurate. CM when he spoke with explained that Good dialect which would translation.  When interviewed of facility social worke number that we call interpreter. Last we North Vietnamese of get a south Vietnam lost in translation. [If culturally she is very believe our staff take to get an interpreter ordered some flash making some small in communication be stated, R1 had been "the aides don't know the side of the was not a reason the side of the was not a reason the side of the side of the was not a reason the side of the side of the was not a reason the side of the side of the was not a reason the side of the side of the side of the was not a reason the side of the s	usband utilizing the interpreter was bringing in food for R1 get food of her preference. Id CM that they were afraid the husband would not be ey did not know what to do CM also said R1 was ow the nurses cared for her s. CM stated a concern that utilizing an interpreter to R1. He said R1 told him they ther or utilize Google id not feel the translations said he used an interpreter of R1, and the interpreter gle Translate used a different I result in inaccurate  on 12/6/21, at 10:51 a.m. the er (SW) stated, "We do have a I that we can use for an ek we realized she has a dialectic and sometimes we nese interpreter and things get R1] will nod in agreement, as y agreeable so it's hard. I don't set the time, or has the time, or for cares. Last week I cards and I even started I cards to show her and assist between her and staff." SW in getting bed baths because, ow how to work with all the id R1's hair was not getting was receiving bed baths, but a meeting about it, and there	21495			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			B. WING			
		00942	B. WING		12/0	6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WHITEW	ATER HEALTH SERV	ICFS	F AVENUE			
		ST CHARI	LES, MN 55	972		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF THE APPROPERTIES OF THE A	D BE	(X5) COMPLETE DATE
21495	Continued From pa	ge 6	21495			
	When interviewed of facility cook (CO)-A residents food that they had just receiv 12/3/21 and they eif for each meal. CO-R1's trays were retuleft on them, but sadid not eat much. Cadjust to special receded a little time to CO-A said it was the manager to find out diet. CO-A said R1 was unsure on how were to communicate maybe they used an didn't think they had same country, sayin Korea. CO-A stated education on provid When leaving the a in the kitchen saying	on 12/6/21, at 11:20 a.m. Istated it was important to give they liked or wanted, but said ed a list of items for R1 on ther gave her rice or oatmeal A was aware that many of urned to the kitchen with food id staff would simply say R1:00-A said they were able to quests, although they might prepare something special. The resident preferences for their could not speak English and the dietary manager or others atte with R1. CO-A stated nother resident to help, but another resident from the ng she believed R1 was from the had never received any ling culturally specific diets. The real of the real of the rice of the resident, and the was heard grown as the with resident to help, but the another resident from the ng she believed R1 was from the had never received any ling culturally specific diets. The real of the received heard grown as the rice of the				
	licensed practical n thought R1 underst spoke, and said R1 call-light for assista gestures to "show" said she had never services for R1 or fo difficulty speaking E how the facility dete thought perhaps on dietician to find out. well, but thought pe brought to her. LPN	on 12/6/21, at 11:32 a.m. a urse (LPN)-A stated she ood more English than she was able to turn on her nce, but that she had to utilize staff what she wanted. LPN-A utilized the interpreter or any resident who had english. LPN-A was unsure of ermined R1's preferences, but e of the managers called the LPN-A said R1 did not eat rhaps she ate what the family l-A said R1 had difficulty, and would gag on things. If				

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Minneso	<u>ita Department of He</u>	ealth					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
						:	
		00942	B. WING		1	12/06/2021	
NAME OF I		etdeet ad		CTATE ZID CODE	<u>,                                      </u>		
NAIVIE OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
WHITEW	ATER HEALTH SERV	ICES	F AVENUE	072			
			LES, MN 55				
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE	
				DEFICIENCY)			
21495	Continued From pa	ige 7	21495				
		, LPN-A said they could always ream or a frozen supplement.					
	LPN-A said that R1 was wanting to do some of her own cares, such as change her ostomy bag,						
	and, "that was okay						
	,						
	When interviewed of	on 12/6/2021, at 11:39 a.m.					
		rim director of nursing (DON)					
		mportant to keep the dietician					
		sident has special dietary					
		she would notify the dietary					
		assessed needs and that					
		notify the registered dietician I it was the dietary manager's					
		'go between" nursing and the					
		id they had a weekly meeting					
		and dietary concerns were					
	9	DM did not attend even though					
		to." LPN-B said the RD would					
		e. DON stated an expectation					
	for any staff noting	a resident was not eating their					
		se or the DON. The DON said					
		bility of the SW to follow-up in					
		ent who did not speak English.					
		at R1's care plan indicated an					
		be used, but was unable to					
		rpreter had actually been					
		icate with R1. DON confirmed used Google Translate but					
		correct. DON stated an					
		f to either call the translator or					
		some sort of communication					
		ave R1's native words and the					
		DON said the translator					
		any time staff did not know					
		nunicating. DON said she was					
		meeting 12/8/21 with staff to					
		the translator. DON also said					
	the facility should h	ave provided R1 with a book					
		poard upon admission, but had					

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STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:		C	
		00942	B. WING		1	6/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WHITEV	ATER HEALTH SERV	ICFS	F AVENUE LES, MN 559	972		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
21495	not done so.  When interviewed of stated R1 had a his cancer, as well as a was aware of R1's related to her nume and the problem was supplements to her having been incread provided. RD stated manager to identify within 48 hours of a recall the dietary manager to identify within 48 hours of a recall the dietary manager to identify within 48 hours of a recall the dietary manager to identify within 48 hours of a recall the dietary manager to identify within 48 hours of a recall the dietary manager to identify within 48 hours of a recall the dietary manager to identify within 48 hours of a recall the dietary manager to identify within 48 hours of a recall the dietary manager to identify within 48 hours of a recall the dietary manager to identify within 19 had not talk in "bad shape" when his information from confirmed he had not used an intitude to had not used an intitude determining resider not believe that me one with the resi	on 12/6/21, at 12:30 p.m. RD story of malnutrition and of specific nutritional needs. RD weight loss, and stated it was erous physiological problems, as being addressed by adding diet, supplements recently sed in the amount to be dit is the job of the dietary resident dietary preferences admission, but RD did not anager contacting her about stated she had not spoken to aware she did not speak at aware that R1's husband in food to meet her  on 12/6/21, at 1:01 p.m. DM the nursing department and any dietary preferences. DM ted with R1 and she had been in she first arrived so he got in the SW and nurses. DM not called R1's family and he erpreter saying, "I haven't it, I just let the facility take care he had received training about ant preferences, but said he did ant he had to meet "one on int" but he could meet with the to find out those preferences. determine what to give R1 by the had consumed off a plate	21495			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		00942	B. WING		I	C <b>06/2021</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WHITEW	ATER HEALTH SERV	ICFS	F AVENUE LES, MN 559	972		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
21495	the facility provided cares each resident refused, the reapproach the resistated she had give the first time since at to get a bed bath be be changed on bath soiled. NA-B did no and was certain her When interviewed of stated, she was not refused any care, be providing bed baths said, "some guy broother day" and LPN interpreter had impreseemed happier sir what she needed a When interviewed of LPN-C stated, R1 of bedding was changused Google Transtranslation, but only happened to be on came in.  When interviewed of communicated through and indicated she had been said R1 explained she wanted to be of did not bring her all wash cloth, but wood cleaning. R1 said the warm water she wood stated she warm water she wood stated she warm water she wood cleaning. R1 said the warm water she wood stated she warm water she was she was she warm water she was stated she warm water she was she was she was she warm water she was she wa	them a care sheet listing what t was to receive daily. If a ey both felt it was important to dent and try again. NA-B in R1 a shower on 12/3/21 for admission. NA-B said R1 was efore, and that sheets should in days or if they were wet or think R1 had refused cares sheets were changed weekly.  In 12/6/21, at 1:28 p.m. LPN-A is aware that R1 had ever ut knew the facility had been instead of showers. LPN-A bught an interpreter in the -A thought having the roved things and that R1 ince she was able to explain	21495			

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STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		00942	B. WING		13/0	6/2021
		00942			12/0	6/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WHITEW	ATER HEALTH SERV	ICES	F AVENUE LES, MN 55	972		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
21495	Continued From pa	ige 10	21495			
	continually showed washed, her upper also indicated she washed. At the time clean in appearance stain was noted on but said if the facility interpreter services how she wanted he said she felt as thou the facility sometime always feel the staff needs. MI said R1 stell felt sad. R1 also explained at the hosp appliances, and was but some nurses to R1 gestured at her and showed where emptied. R1 also stopped bedding was changed R1 explained she hashe was admitted, applently of food, she provided. She said brought her food be appealed to her craprotein malnutrition supplement, but oft R1 confirmed no-or interpreter to ask her cM had set up expressed concern and was unaware of to those appointme wanting to go home	hould be cleaned, and wanting her peri-area torso, her face and hair. She wanted her incision area ne of the interview, R1 was e and had no odor. A small her sheet. R1 was hesitant, by had provided regular is, she would have expressed er cares to be provided. She ugh she did not want to stay at the sheet she felt upset, and she expressed frustration as she had oital how to care for her estated she felt upset, and she expressed frustration as she had oital how to care for her ostomy anted to do those cares herself, old her not to touch the bags. To ostomy bags and drain bulb, they would be opened to be tated that she wished her ged more often. The MI said had not been feeling well since and even though there was could not eat what was she liked when her husband excause it was a comfort and avings. She knew she had and was supposed to drink a ten preferred comfort foods. The at the facility had used an er about her preferences until a meeting on 12/3/21. R1 as about missing appointments of why a ride was not available ents, and also talked about the before the weather got bad, ow to address her concerns				

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STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMPI	SURVEY LETED
		00942	B. WING		12/0	6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WHITEW	ATER HEALTH SERV	ICFS	F AVENUE LES, MN 55	972		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETE DATE
21495	Continued From pa	ıge 11	21495			
	Limited English Proand last revised Oo the facility. Policy streasonable steps to with LEP have mea opportunity to particulativities, health prono cost to the residulativities and translativities and translativities and translativities and identificated available 24 hours and further indicated the person will not a specifically request an offer of an interperson has been mindicated "the center the availability of lacharge, by providing LEP persons will ur "all staff will be propolicy and procedul contact with resider effective communication and procedulative use of interperson that the surface on the use of interperson that the surface of the	imunication with Persons with oficiency (LEP) dated July 2015 betober 2016 was provided by tated "center will take of ensure that each individual eningful access and equal cipate in the Center's services, ograms and other benefits, at lentappropriate interpreter ation of vital documents in ered languages will be arge to residents with LEP eccessary to ensure effective the policy provided a phone ied that the service was per day and 7 days per week and "resident representatives of be used as interpreters unless ted by that individual and after preter at no charge to the made by the center." Policy er will inform LEP persons of inguage assistance, free of ing written notice in languages inderstand." Policy continued: vided written notice of this re. Staff that may have direct ints with LEP will be trained in cation techniques, including the expreters."  THOD OF CORRECTION:  sing (DON) or social worker could review the facility policy oreters and train all staff in how is an interpreter for a person k or understand standard or SW could ensure that all ces for care and diets are				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		00942	B. WING			C <b>06/2021</b>
	PROVIDER OR SUPPLIER	ICES 525 BLUF	DRESS, CITY, S F AVENUE LES, MN 55	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
21495	assessed upon adnutilizing an interpret SW could conduct anew residents have change in condition who have a language	nission and as needed, ter as needed. DON and/or audits for compliance after been admitted or there is a , especially those individuals	21495			

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