DEPARTMENT OF HEALTH

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
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

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DEPARTMENT OF HEALTH

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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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245270	A. BUILDING _____ B. WING _____	C 12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITEWATER HEALTH SERVICES	**525 BLUFF AVENUE ST CHARLES, MN 55972**

(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	INITIAL COMMENTS On 12/06/2021, 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. The following complaint was found to be SUBSTANTIATED: H5270037C (MN78991 and MN78957), with a deficiency cited at (F745). The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 745 SS=D	Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and document review, facility failed to utilize an interpreter or develop an alternative method of communication for 1 of 1 residents (R1) who did not speak	F 745	Provision of Medically Related Social Services Facility residents have the potential to be	12/16/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Continued From page 1 English and was therefore unable to express her wishes for daily care, hygiene, or food preferences. Findings include: R1's admission Minimum Data Set (MDS) dated 9/7/21, included a preferred language as Vietnamese, and required an interpreter to communicate with facility staff and physicians. R1 was cognitively intact and had diagnoses including, colon cancer with an iliostomy bag for bowel elimination, obstructive uropathy requiring urine to be routed from the kidneys through urostomy tubes into a bag; she was receiving intravenous (I.V.) antibiotic medications secondary to sepsis, had a surgical wound requiring care, problems with bleeding, anemia, frequent moderate pain, chronic hepatitis B and moderate protein-calorie malnutrition and anxiety. R1 was discharge to the hospital with MDS discharge assessment 9/20/21 indicating a return was anticipated, and an MDS entry tracking 9/23/21, showed R1 returned to the facility, but on 10/1/21 an MDS discharge assessment record again showed discharge with return anticipated. On 10/11/21 an MDS entry tracking record indicated R1 was again back at the facility. An MDS discharge assessment record was completed 10/29/21 again anticipating R1 would return to the facility. The MDS entry tracking record was recorded 11/15/21. On an MDS 5 day assessment dated 11/22/21, R1 continued to have all the previously listed health issues except she was no longer receiving antibiotics I.V. and had an additional diagnosis of back pain and weakness.	F 745	affected. R1, Care conference with interpreter, case worker, social worker, Executive Director, resident, and Director of Clinical Services held on 12/2/21 to address concerns brought forward. Resident food preferences obtained and updated and plan in place, care plan updated, shower schedule updated, PT/OT referral for med administration and ostomy care complete on 12/2/21. 1-800 number for interpreter placed on wall in resident room in understandable, simplified terms. Social services provided communication cards for resident. Staff educated by the Director of Nursing starting on 12/2/21. Mandatory meetings held on 12/07/21 & 12/16/21 regarding: using a basin with soap, water and a washcloth for daily cares versus the wet wipes, refusal of meals and updating the nurse, Interpreter services, changing of sheets, shower schedules, meal refusals and alternates, and the policy for Residents with Limited English Proficiency. Dietary Manger educated by Executive Director, on 12/15/21 regarding the requirement to complete the resident Nutritional Assessment within 48 hours of admission to the facility. Dietary staff educated to ensure nursing is notified if a resident refuses a meal and the alternate. Social Services Director educated by Executive Director, on 12/15/21 regarding	

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F 745	Continued From page 2 R1's care plan listed a Focus Problem dated 9/01/21 included, "Difficulty communicating as evidenced by limited command of the English language r/t [related to]: speaks her native language. May misinterpret cares being provided as a result and may feel she has been mistreated sexually if personal cares provided by male caregivers." Associated interventions initiated 9/1/21 included, "Explain cares you are going to provide prior to beginning cares. Use picture board or gestures when explaining care you will provide. Be sensitive to her fear with personal care/peri care tasks [cleansing of genital region], provide reassurance and patience when communicating with resident. Repeat information as needed; teach to use communication book/board/electronic device; utilize interpreter as needed, when talking to resident, use gestures and simple sentences while maintaining eye contact." 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. When interviewed on 12/6/21, at 10:44 a.m. an external case manager (CM) stated he had been working with R1 for several months and had concerns about care provided to R1. CM had received reports from the medical team he works	F 745	the requirements and services for non-English speaking residents. Social Services Director/Designee will audit resident showers, meal intakes and Point of Care charting 3x weekly for 6 weeks or until QAPI Committee has deemed compliance. The results of the audits will be reviewed by the QAPI committee for trends and any needs for adjustment of audit schedules or content, as well as any further educational needs. The Executive Director is responsible to ensure this action occurs.	

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F 745	Continued From page 3	F 745		

with as an advocate for R1 that R1 was not clean when arriving at medical appointments from the nursing home, and clinic staff had to wash her hair at those appointments. CM reported that R1 told him she was afraid to speak up about her concerns that she was not clean, and when she returned from appointments, she could smell her own sweat on the sheets that were left on the bed. CM said he was aware that R1 had lost weight and was concerned that the facility had not attempted to provide culturally appropriate meals, or food of R1's individual preference. CM stated R1 told him her food would be taken away if she did not eat it, and no alternative would be offered, and her husband was bringing in food. CM said 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

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F 745	Continued From page 4	F 745		

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 washed since she was receiving bed baths, but said they had had a meeting about it, and there was not a reason that she could not receive a shower

When interviewed on 12/6/21, at 11:20 a.m. facility cook (CO)-A stated it was important to give residents food that they liked or wanted, but said they had just received a list of items for R1 on 12/3/21 and they either gave her rice or oatmeal for each meal. CO-A was aware that many of R1's trays were returned to the kitchen with food left on them, but said staff would simply say R1 did not eat much. CO-A said they were able to adjust to special requests, although they might need a little time to prepare something special. CO-A said it was the responsibility of the dietary manager to find out resident preferences for their diet. CO-A said R1 could not speak English and was unsure on how the dietary manager or others were to communicate with R1. CO-A stated maybe they used another resident to help, but didn't think they had another resident from the same country, saying she believed R1 was from Korea. CO-A stated she had never received any education on providing culturally specific diets. When leaving the area, a male voice was heard in the kitchen saying, "we can't just give her rice

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F 745	Continued From page 5	F 745		

all the time," and CO-A replied, "no, we can't."

When interviewed on 12/6/21, at 11:32 a.m. a licensed practical nurse (LPN)-A stated she thought R1 understood more English than she spoke, and said R1 was able to turn on her call-light for assistance, but that she had to utilize gestures to "show" staff what she wanted. LPN-A said she had never utilized the interpreter services for R1 or for any resident who had difficulty speaking English. LPN-A was unsure of how the facility determined R1's preferences, but thought perhaps one of the managers called the dietician to find out. LPN-A said R1 did not eat well, but thought perhaps she ate what the family brought to her. LPN-A said R1 had difficulty swallowing at times, and would gag on things. If she was not eating, LPN-A said they could always offer pudding, ice-cream 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 on 12/6/2021, at 11:39 a.m. LPN-B and the interim director of nursing (DON) both stated it was important to keep the dietician involved when a resident has special dietary needs. LPN-B said she would notify the dietary department of any assessed needs and that department would notify the registered dietician (RD). LPN-B stated it was the dietary manager's (DM) job to be the "go between" nursing and the dietician. LPN-B said they had a weekly meeting where weight loss and dietary concerns were discussed, but the DM did not attend even though he was, "supposed to." LPN-B said the RD would attend on the phone. DON stated an expectation for any staff noting a resident was not eating their food to notify a nurse or the DON. The DON said

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F 745	Continued From page 6	F 745		

it was the responsibility of the SW to follow-up in the case of a resident who did not speak English. DON confirmed that R1's care plan indicated an interpreter should be used, but was unable to confirm that an interpreter had actually been utilized to communicate with R1. DON confirmed that some staff had used Google Translate but the dialect was not correct. DON stated an expectation for staff to either call the translator or to utilize a book or some sort of communication device that would have R1's native words and the English translation. DON said the translator should be used at any time staff did not know what R1 was communicating. DON said she was planning to have a meeting 12/8/21 with staff to go over how to call the translator. DON also said the facility should have provided R1 with a book or communication board upon admission, but had not done so.

When interviewed on 12/6/21, at 12:30 p.m. RD stated R1 had a history of malnutrition and of cancer, as well as specific nutritional needs. RD was aware of R1's weight loss , and stated it was related to her numerous physiological problems, and the problem was being addressed by adding supplements to her diet, supplements recently having been increased in the amount to be provided. RD stated it is the job of the dietary manager to identify resident dietary preferences within 48 hours of admission, but RD did not recall the dietary manager contacting her about special needs. RD stated she had not spoken to R1 herself, but was aware she did not speak English. RD was not aware that R1's husband had been bringing in food to meet her preferences.

When interviewed on 12/6/21, at 1:01 p.m. DM

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F 745	Continued From page 7	F 745		

stated he relied on the nursing department and the RD to find out any dietary preferences. DM said he had not talked with R1 and she had been in "bad shape" when she first arrived so he got his information from the SW and nurses. DM confirmed he had not called R1's family and he had not used an interpreter saying, "I haven't been here that long, I just let the facility take care of that." DM stated he had received training about determining resident preferences, but said he did not believe that meant he had to meet "one on one with the resident" but he could meet with the nurses or dietician to find out those preferences. DM said he tried to determine what to give R1 by monitoring what she had consumed off a plate that had been sent out.

When interviewed on 12/6/21, at 1:10 p.m. a nursing assistants (NA)-A and NA-B both stated the facility provided them a care sheet listing what cares each resident was to receive daily. If a resident refused, they both felt it was important to reapproach the resident and try again. NA-B stated she had given R1 a shower on 12/3/21 for the first time since admission. NA-B said R1 was to get a bed bath before, and that sheets should be changed on bath days or if they were wet or soiled. NA-B did not think R1 had refused cares and was certain her sheets were changed weekly.

When interviewed on 12/6/21, at 1:28 p.m. LPN-A stated, she was not aware that R1 had ever refused any care, but knew the facility had been providing bed baths instead of showers. LPN-A said, "some guy brought an interpreter in the other day" and LPN-A thought having the interpreter had improved things and that R1 seemed happier since she was able to explain what she needed and wanted.

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	245270	A. BUILDING _____ B. WING _____	C 12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITEWATER HEALTH SERVICES	**525 BLUFF AVENUE ST CHARLES, MN 55972**

(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 745	Continued From page 8	F 745		

When interviewed on 12/6/21, at 1:30 p.m. LPN-C stated, R1 did not refuse cares and bedding was changed weekly. LPN-C stated they used Google Translate or R1's family for translation, but only used the family if they happened to be on the phone with R1 when staff came in.

When interviewed on 12/6/21, at 1:36 p.m. R1 communicated through a medical interpreter (MI) and indicated she had been unhappy with the care she had been receiving at the facility. MI said R1 explained she had a preference for how she wanted to be cleaned up, and said the staff did not bring her a basin of water and towels and wash cloth, but would provide a wet wipe for cleaning. R1 said that had anyone brought her warm water she would have been happy to clean herself. At the time of the interview, R1 gestured, showing how she should be cleaned, and continually showed wanting her peri-area washed, her upper torso, her face and hair. She also indicated she wanted her incision area cleansed. At the time of the interview, R1 was clean in appearance and had no odor. A small stain was noted on her sheet. R1 was hesitant, but said if the facility had provided regular interpreter services, she would have expressed how she wanted her cares to be provided. She said she felt as though she did not want to stay at the facility sometimes because she did not always feel the staff knew how to care for her needs. MI said R1 stated she felt upset, and she felt sad. R1 also expressed frustration as she had learned at the hospital how to care for her ostomy appliances, and wanted to do those cares herself, but some nurses told her not to touch the bags. R1 gestured at her ostomy bags and drain bulb,

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F 745	Continued From page 9	F 745		

and showed where they would be opened to be emptied. R1 also stated that she wished her bedding was changed more often. The MI said R1 explained she had not been feeling well since she was admitted, and even though there was plenty of food, she could not eat what was provided. She said she liked when her husband brought her food because it was a comfort and appealed to her cravings. She knew she had protein malnutrition and was supposed to drink a supplement, but often preferred comfort foods. R1 confirmed no-one at the facility had used an interpreter to ask her about her preferences until her CM had set up a meeting on 12/3/21. R1 expressed concerns about missing appointments and was unaware of why a ride was not available to those appointments, and also talked about wanting to go home before the weather got bad, but did not know how to address her concerns with the facility.

A policy Titled Communication with Persons with Limited English Proficiency (LEP) dated July 2015 and last revised October 2016 was provided by the facility. Policy stated "center will take reasonable steps to ensure that each individual with LEP have meaningful access and equal opportunity to participate in the Center's services, activities, health programs and other benefits, at no cost to the resident ...appropriate interpreter services and translation of vital documents in frequently encountered languages will be provided free of charge to residents with LEP when reasonably necessary to ensure effective communication." The policy provided a phone number and identified that the service was available 24 hours per day and 7 days per week and further indicated "resident representatives of the person will not be used as interpreters unless

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F 745	Continued From page 10 specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the center." Policy indicated "the center will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand." Policy continued: "all staff will be provided written notice of this policy and procedure. Staff that may have direct contact with residents with LEP will be trained in effective communication techniques, including the effective use of interpreters."	F 745		

DEPARTMENT OF HEALTH

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 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. 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
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00942	A. BUILDING: _____ B. WING _____	C 12/06/2021

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On 12/06/2021, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found 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 be completed.	2 000		

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5270037C (MN78991 and MN78957) with a licensing order issued at State tag 1495. 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. 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/ib14_1.html 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 signature is	2 000		

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2 000	Continued From page 2 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		
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. This MN Requirement is not met as evidenced by: Based on observations, interviews and document review, facility failed to utilize an interpreter or develop an alternative method of communication for 1 of 1 residents (R1) who did not speak English and was therefore unable to express her wishes for daily care, hygiene, or food preferences. Findings include: R1's admission Minimum Data Set (MDS) dated 9/7/21, included a preferred language as Vietnamese, and required an interpreter to communicate with facility staff and physicians. R1 was cognitively intact and had diagnoses including, colon cancer with an iliostomy bag for bowel elimination, obstructive uropathy requiring	21495	See F745	12/16/21

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21495	Continued From page 3	21495		

urine to be routed from the kidneys through urostomy tubes into a bag; she was receiving intravenous (I.V.) antibiotic medications secondary to sepsis, had a surgical wound requiring care, problems with bleeding, anemia, frequent moderate pain, chronic hepatitis B and moderate protein-calorie malnutrition and anxiety.

R1 was discharge to the hospital with MDS discharge assessment 9/20/21 indicating a return was anticipated, and an MDS entry tracking 9/23/21, showed R1 returned to the facility, but on 10/1/21 an MDS discharge assessment record again showed discharge with return anticipated. On 10/11/21 an MDS entry tracking record indicated R1 was again back at the facility. An MDS discharge assessment record was completed 10/29/21 again anticipating R1 would return to the facility. The MDS entry tracking record was recorded 11/15/21. On an MDS 5 day assessment dated 11/22/21, R1 continued to have all the previously listed health issues except she was no longer receiving antibiotics I.V. and had an additional diagnosis of back pain and weakness.

R1's care plan listed a Focus Problem dated 9/01/21 included, "Difficulty communicating as evidenced by limited command of the English language r/t [related to]: speaks her native language. May misinterpret cares being provided as a result and may feel she has been mistreated sexually if personal cares provided by male caregivers." Associated interventions initiated 9/1/21 included, "Explain cares you are going to provide prior to beginning cares. Use picture board or gestures when explaining care you will provide. Be sensitive to her fear with personal care/peri care tasks [cleansing of genital region], provide reassurance and patience when

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21495	Continued From page 4 communicating with resident. Repeat information as needed; teach to use communication book/board/electronic device; utilize interpreter as needed, when talking to resident, use gestures and simple sentences while maintaining eye contact." 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. When interviewed on 12/6/21, at 10:44 a.m. an external case manager (CM) stated he had been working with R1 for several months and had concerns about care provided to R1. CM had received reports from the medical team he works with as an advocate for R1 that R1 was not clean when arriving at medical appointments from the nursing home, and clinic staff had to wash her hair at those appointments. CM reported that R1 told him she was afraid to speak up about her concerns that she was not clean, and when she returned from appointments, she could smell her own sweat on the sheets that were left on the bed. CM said he was aware that R1 had lost weight and was concerned that the facility had not attempted to provide culturally appropriate meals, or food of R1's individual preference. CM stated R1 told him her food would be taken away if she did not eat it, and no alternative would be offered, and her husband was bringing in food. CM said	21495		

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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 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 washed since she was receiving bed baths, but said they had had a meeting about it, and there was not a reason that she could not receive a shower	21495		

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21495	Continued From page 6 When interviewed on 12/6/21, at 11:20 a.m. facility cook (CO)-A stated it was important to give residents food that they liked or wanted, but said they had just received a list of items for R1 on 12/3/21 and they either gave her rice or oatmeal for each meal. CO-A was aware that many of R1's trays were returned to the kitchen with food left on them, but said staff would simply say R1 did not eat much. CO-A said they were able to adjust to special requests, although they might need a little time to prepare something special. CO-A said it was the responsibility of the dietary manager to find out resident preferences for their diet. CO-A said R1 could not speak English and was unsure on how the dietary manager or others were to communicate with R1. CO-A stated maybe they used another resident to help, but didn't think they had another resident from the same country, saying she believed R1 was from Korea. CO-A stated she had never received any education on providing culturally specific diets. When leaving the area, a male voice was heard in the kitchen saying, "we can't just give her rice all the time," and CO-A replied, "no, we can't." When interviewed on 12/6/21, at 11:32 a.m. a licensed practical nurse (LPN)-A stated she thought R1 understood more English than she spoke, and said R1 was able to turn on her call-light for assistance, but that she had to utilize gestures to "show" staff what she wanted. LPN-A said she had never utilized the interpreter services for R1 or for any resident who had difficulty speaking English. LPN-A was unsure of how the facility determined R1's preferences, but thought perhaps one of the managers called the dietician to find out. LPN-A said R1 did not eat well, but thought perhaps she ate what the family brought to her. LPN-A said R1 had difficulty swallowing at times, and would gag on things. If	21495		

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21495	Continued From page 7	21495		

she was not eating, LPN-A said they could always offer pudding, ice-cream 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 on 12/6/2021, at 11:39 a.m. LPN-B and the interim director of nursing (DON) both stated it was important to keep the dietician involved when a resident has special dietary needs. LPN-B said she would notify the dietary department of any assessed needs and that department would notify the registered dietician (RD). LPN-B stated it was the dietary manager's (DM) job to be the "go between" nursing and the dietician. LPN-B said they had a weekly meeting where weight loss and dietary concerns were discussed, but the DM did not attend even though he was, "supposed to." LPN-B said the RD would attend on the phone. DON stated an expectation for any staff noting a resident was not eating their food to notify a nurse or the DON. The DON said it was the responsibility of the SW to follow-up in the case of a resident who did not speak English. DON confirmed that R1's care plan indicated an interpreter should be used, but was unable to confirm that an interpreter had actually been utilized to communicate with R1. DON confirmed that some staff had used Google Translate but the dialect was not correct. DON stated an expectation for staff to either call the translator or to utilize a book or some sort of communication device that would have R1's native words and the English translation. DON said the translator should be used at any time staff did not know what R1 was communicating. DON said she was planning to have a meeting 12/8/21 with staff to go over how to call the translator. DON also said the facility should have provided R1 with a book or communication board upon admission, but had

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITEWATER HEALTH SERVICES	525 BLUFF AVENUE ST CHARLES, MN 55972

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21495	Continued From page 8 not done so. When interviewed on 12/6/21, at 12:30 p.m. RD stated R1 had a history of malnutrition and of cancer, as well as specific nutritional needs. RD was aware of R1's weight loss , and stated it was related to her numerous physiological problems, and the problem was being addressed by adding supplements to her diet, supplements recently having been increased in the amount to be provided. RD stated it is the job of the dietary manager to identify resident dietary preferences within 48 hours of admission, but RD did not recall the dietary manager contacting her about special needs. RD stated she had not spoken to R1 herself, but was aware she did not speak English. RD was not aware that R1's husband had been bringing in food to meet her preferences. When interviewed on 12/6/21, at 1:01 p.m. DM stated he relied on the nursing department and the RD to find out any dietary preferences. DM said he had not talked with R1 and she had been in "bad shape" when she first arrived so he got his information from the SW and nurses. DM confirmed he had not called R1's family and he had not used an interpreter saying, "I haven't been here that long, I just let the facility take care of that." DM stated he had received training about determining resident preferences, but said he did not believe that meant he had to meet "one on one with the resident" but he could meet with the nurses or dietician to find out those preferences. DM said he tried to determine what to give R1 by monitoring what she had consumed off a plate that had been sent out. When interviewed on 12/6/21, at 1:10 p.m. a nursing assistants (NA)-A and NA-B both stated	21495		

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21495	Continued From page 9	21495		

the facility provided them a care sheet listing what cares each resident was to receive daily. If a resident refused, they both felt it was important to reapproach the resident and try again. NA-B stated she had given R1 a shower on 12/3/21 for the first time since admission. NA-B said R1 was to get a bed bath before, and that sheets should be changed on bath days or if they were wet or soiled. NA-B did not think R1 had refused cares and was certain her sheets were changed weekly.

When interviewed on 12/6/21, at 1:28 p.m. LPN-A stated, she was not aware that R1 had ever refused any care, but knew the facility had been providing bed baths instead of showers. LPN-A said, "some guy brought an interpreter in the other day" and LPN-A thought having the interpreter had improved things and that R1 seemed happier since she was able to explain what she needed and wanted.

When interviewed on 12/6/21, at 1:30 p.m. LPN-C stated, R1 did not refuse cares and bedding was changed weekly. LPN-C stated they used Google Translate or R1's family for translation, but only used the family if they happened to be on the phone with R1 when staff came in.

When interviewed on 12/6/21, at 1:36 p.m. R1 communicated through a medical interpreter (MI) and indicated she had been unhappy with the care she had been receiving at the facility. MI said R1 explained she had a preference for how she wanted to be cleaned up, and said the staff did not bring her a basin of water and towels and wash cloth, but would provide a wet wipe for cleaning. R1 said that had anyone brought her warm water she would have been happy to clean herself. At the time of the interview, R1 gestured,

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21495	Continued From page 10 showing how she should be cleaned, and continually showed wanting her peri-area washed, her upper torso, her face and hair. She also indicated she wanted her incision area cleansed. At the time of the interview, R1 was clean in appearance and had no odor. A small stain was noted on her sheet. R1 was hesitant, but said if the facility had provided regular interpreter services, she would have expressed how she wanted her cares to be provided. She said she felt as though she did not want to stay at the facility sometimes because she did not always feel the staff knew how to care for her needs. MI said R1 stated she felt upset, and she felt sad. R1 also expressed frustration as she had learned at the hospital how to care for her ostomy appliances, and wanted to do those cares herself, but some nurses told her not to touch the bags. R1 gestured at her ostomy bags and drain bulb, and showed where they would be opened to be emptied. R1 also stated that she wished her bedding was changed more often. The MI said R1 explained she had not been feeling well since she was admitted, and even though there was plenty of food, she could not eat what was provided. She said she liked when her husband brought her food because it was a comfort and appealed to her cravings. She knew she had protein malnutrition and was supposed to drink a supplement, but often preferred comfort foods. R1 confirmed no-one at the facility had used an interpreter to ask her about her preferences until her CM had set up a meeting on 12/3/21. R1 expressed concerns about missing appointments and was unaware of why a ride was not available to those appointments, and also talked about wanting to go home before the weather got bad, but did not know how to address her concerns with the facility.	21495		

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21495	Continued From page 11 A policy Titled Communication with Persons with Limited English Proficiency (LEP) dated July 2015 and last revised October 2016 was provided by the facility. Policy stated "center will take reasonable steps to ensure that each individual with LEP have meaningful access and equal opportunity to participate in the Center's services, activities, health programs and other benefits, at no cost to the resident ...appropriate interpreter services and translation of vital documents in frequently encountered languages will be provided free of charge to residents with LEP when reasonably necessary to ensure effective communication." The policy provided a phone number and identified that the service was available 24 hours per day and 7 days per week and further indicated "resident representatives of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the center." Policy indicated "the center will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand." Policy continued: "all staff will be provided written notice of this policy and procedure. Staff that may have direct contact with residents with LEP will be trained in effective communication techniques, including the effective use of interpreters." SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or social worker (SW) or designee could review the facility policy on the use of interpreters and train all staff in how and when to access an interpreter for a person who does not speak or understand standard English. DON and/or SW could ensure that all residents' preferences for care and diets are	21495		

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21495	Continued From page 12 assessed upon admission and as needed, utilizing an interpreter as needed. DON and/or SW could conduct audits for compliance after new residents have been admitted or there is a change in condition, especially those individuals who have a language barrier. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	21495		