



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

Electronically Submitted  
September 9, 2020

Administrator  
The Waterview Woods Llc  
601 Grant Avenue  
Eveleth, MN 55734

RE: CCN: 245277  
Cycle Start Date: August 18, 2020

Dear Administrator:

On August 18, 2020, survey was completed at your facility by the Minnesota Department of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

Your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted **both substandard quality of care and immediate jeopardy** to resident health or safety. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J) whereby corrections were required. The Statement of Deficiencies (CMS-2567) is being electronically delivered.

#### **REMOVAL OF IMMEDIATE JEOPARDY**

On August 18, 2020, the situation of immediate jeopardy to potential health and safety cited at F 684 was removed. However, continued non-compliance remains at the lower scope and severity of G.

#### **REMEDIES**

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS Region V Office for imposition: The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 24, 2020.

This Department is also recommending 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 September 24, 2020, (42 CFR 488.417 (b)), (42 CFR 488.417 (b)). They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 24, 2020, (42 CFR 488.417 (b)).

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.

### **NURSE AIDE TRAINING PROHIBITION**

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,160; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective August 18, 2020. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

### **SUBSTANDARD QUALITY OF CARE**

Your facility's deficiencies with with one or more of the following: §483.10, Residents Rights, §483.12, Freedom from Abuse, Neglect, and Exploitation, §483.15, Quality of Life and §483.25, Quality of Care, 483.40 Behavioral Health Services, §483.45 Pharmacy Services, §483.70 Administration, or §483.80 Infection control has been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at Sections 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, The Waterview Woods Llc is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective August 18, 2020. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

### **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.

### **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:

**Teresa Ament, Unit Supervisor**  
**Email: [teresa.ament@state.mn.us](mailto:teresa.ament@state.mn.us)**  
**Phone: (218) 302-6151**  
**Fax: (218) 723-2359**

## **PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE**

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for 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 February 18, 2021 (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 DENIAL OF PAYMENT**

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](mailto:Tamika.Brown@cms.hhs.gov)**

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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](mailto:Tamika.Brown@cms.hhs.gov).

#### **APPEAL RIGHTS NURSE AIDE TRAINING PROHIBITION**

Pursuant to the Federal regulations at 42 CFR Sections 498.3(b)(13)(2) and 498.3(b)(15), a finding of substandard quality of care that leads to the loss of approval by a Skilled Nursing Facility (SNF) of its NATCEP is an initial determination. In accordance with 42 CFR part 489 a provider dissatisfied with an initial determination is entitled to an appeal. If you disagree with the findings of substandard quality of care which resulted in the conduct of an extended survey and the subsequent loss of approval to conduct or be a site for a NATCEP, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40, et. Seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) at 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

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

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conclusions are incorrect. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

### **INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)**

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [https://mdhprovidercontent.web.health.state.mn.us/lrc\\_idr.cfm](https://mdhprovidercontent.web.health.state.mn.us/lrc_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](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



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

cc: Licensing and Certification File

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

PRINTED: 10/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/18/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WATERVIEW WOODS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 GRANT AVENUE</b> <b>EVELETH, MN 55734</b>
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(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 8/17/20, through 8/18/20, a standard survey was completed at your facility by the Minnesota Department of Health. Your facility was found not in compliance with the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The survey resulted in an Immediate Jeopardy (IJ) at F684 related to the facility's failure to ensure assessment and monitoring for surgical wounds had been completed for 1 of 1 residents (R1) resulting in actual harm to resident health and safety. The IJ began on 7/24/20. The administrator and director of nursing (DON) were notified of the IJ on 8/17/20, at 2:46 p.m. The IJ was removed on 8/18/20, at 1:01 p.m. but non-compliance remained at the lower scope and severity of a G, (actual harm that is not immediate jeopardy).</p> <p>The above findings constituted substandard quality of care, and an extended survey was conducted on 8/18/20.</p> <p>The following complaint was found to be substantiated: H5277046C.</p> <p>In addition, an extended survey was completed on 8/18/20, related to the substandard quality of care findings.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's 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</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>09/19/2020</b>
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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 000	Continued From page 1 be used as verification of compliance.	F 000			
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected the current status and needs for 1 of 1 residents (R1) reviewed for accuracy of the MDS assessment.</p> <p>Findings include:</p> <p>R1's Face Sheet printed 8/18/20, indicated R1 diagnosis included displaced fracture of left lower leg with surgical repair.</p> <p>On 7/24/20, at 7:11 p.m. a progress note indicated R1 was admitted to facility on 7/24/20, from the hospital due to a left ankle fracture which required surgical repair.</p> <p>R1's admission Minimum Data Set (MDS) dated 7/31/20, lacked indication R1 had a skin condition which included surgical wounds.</p> <p>On 8/17/20, at 2:25 p.m. registered nurse (RN)-A stated R1 had required surgical wound monitoring</p>	F 641	<p>F 641 Accuracy of Assessments Immediate Corrective Action: Resident #1's MDS from 7/31/20 was modified to accurately code his surgical wounds. Corrective Action as it applies to others: The Policy for Resident Assessment was reviewed and remains current. The Nurse Managers/DON were educated on the need to perform a complete skin check on admission to facility and to note all areas including surgical wounds on admission collection tool. This education was completed on 8/18/2020. The MDS coordinator was educated on the need to accurately code wounds on assessments on 8/18/2020. All residents MDS's who have been admitted in last 30 days will be reviewed for accuracy of wounds. Date of Compliance: 8/18/2020 Recurrence will be prevented by: Audits of 5 residents' MDS will be</p>	8/28/20	



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F 641	Continued From page 2 at the time of admission on 7/24/20. RN-A stated R1's admission MDS assessment had not been accurately coded and lacked documentation of skin condition/surgical wound.  On 8//18/20, at 1:48 p.m. the director of nursing (DON) verified R1's MDS had been coded inaccurately, and should had indicated R1's surgical wound.  The facility policy Resident Assessment Instrument revised 9/10, directed, "The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity."	F 641	conducted weekly x 4 and then monthly x 2 months to ensure that wounds are coded accurately. The results will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audits.		
F 684 SS=J	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to monitor a surgical wound and provide treatment for the surgical incision for 1 of 1 residents (R1) reviewed for surgical wound care, who had surgical repair of the ankle which was not monitored by the facility and he developed a severe infection. R1 subsequently required hospitalization, surgical debridement of	F 684	F 684 Quality of Care Immediate Corrective Action: R1 will have a skin assessment completed and MD wound care orders will be entered into eMAR and update care plan upon return to facility. Corrective Action as it applies to others: The Policy for Admissions Criteria and	8/28/20	

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F 684	<p>Continued From page 3</p> <p>the ankle, and removal of the ankle hardware from the previous surgery, intravenous antibiotic treatment, and possible amputation. The deficient practice was identified as an immediate jeopardy (IJ) situation.</p> <p>The IJ began on 7/24/20, when R1 was admitted to the facility with physician orders which included left ankle surgical incision dressings to be change as needed. R1's surgical incision was not monitored nor was the dressing changed until 8/3/20. As a result, R1 was hospitalized and underwent surgery for a wash-out of the deep infection, and required surgical removal of all hardware from the previous surgery to repair the ankle. The administrator and director of nursing (DON) were informed of the IJ on 8/17/20, at 2:47 p.m. and corrective action was immediately implemented. The IJ was removed on 8/18/20, at 1:01 p.m., but non-compliance remained at the lower scope and severity of a G, (actual harm that is not immediate jeopardy).</p> <p>Findings include:</p> <p>R1's Admission Record printed 8/18/20, indicated R1's diagnoses included displaced bimalleolar (ankle) fracture of left lower leg.</p> <p>R1's admission paperwork to the facility from the hospital dated 7/24/20, indicated R1 had left ankle surgical wound dressings, and directed nursing staff were to change the dressings as needed. The orders also included R1's left leg boot/cast was to be in place at all times, and R1 was non-weight bearing. The paperwork indicated R1 was to have a follow-up appointment scheduled in 5 days.</p>	F 684	<p>Order Changes was reviewed and remains current.</p> <p>Skin assessments were completed on all residents on 8/17/20 to ensure that all skin concerns were identified and to verify that residents had MD orders for wounds on eTAR. These residents were also placed on daily wound monitoring for their wounds.</p> <p>Nurses responsible for order entry were re-educated on process including treatment orders and need to include monitoring of wound(s) for infection by 8/18/2020.</p> <p>All nurses will receive education on checking the nursing communication book for all new admissions to get an update on current wounds and locations. Education will include process on notifying MD and timely follow up. Education will be provided via phone or in person prior to the nurses' next scheduled floor shift by 8/18/2020.</p> <p>Date of Compliance: 8/18/2020</p> <p>Recurrence will be prevented by:</p> <p>Audits will begin on all residents with wounds 5x weekly x 4 weeks, 3x/week x 2 weeks, and 2x/week x 1 week to ensure that treatment orders are correct and in eMAR, wound is being monitored for infection daily, to ensure that MD was notified of any change, and that response was obtained. Audit results will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audits.</p>		

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F 684	<p>Continued From page 4</p> <p>R1's admission Minimum Data Set (MDS) dated 7/31/20, incorrectly indicated R1 had no surgical wounds. The MDS also indicated R1 required extensive assistance with activities of daily living (ADLs), and had intact cognition.</p> <p>R1's care plan initiated 7/24/20, lacked surgical /wound monitoring for R1's left ankle fracture.</p> <p>R1's treatment administration record (TAR) and medication administration record (MAR) dated 7/24/20-8/10/20, lacked indicated for staff to monitor the surgical wound for infection, change in condition of surgical wound, or as needed dressing changes for R1's left ankle repair/surgical wound had been implemented by facility nursing staff.</p> <p>On 7/24/20, at 7:11 p.m. a progress note indicated R1 had been admitted to the facility from hospital after left ankle fracture requiring surgery on 7/23/20. R1 was non-weight bearing in his left leg, and required assistance of two staff for all transfers. R1's right lower extremity had an abrasion from a fall resulting in the left ankle fracture. The left ankle had a boot.</p> <p>On 7/31/20, at 2:34 p.m. a progress note indicated R1 was seen by the rounding physician via video conference. The progress note indicated R1 complained of pain at the fracture site and at the surgical incision. The rounding physician made no changes to R1's orders or cares at that time.</p> <p>On 8/3/20, at 9:40 a.m. a progress note indicated nursing had seen R1. The note indicated R1's incision was observed, and there was no drainage at the surgical site. However, slight</p>	F 684			

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F 684	<p>Continued From page 5</p> <p>warmth was noted to the inner aspect of the left lower ankle. R1 had scratches on both lower legs that were noted to have been bleeding due to his scratching. R1 had requested his surgical incision be seen by his physician. The facility rounding physician was called, and the facility was instructed to take pictures of R1's surgical wound and his legs, and send them to her. The rounding physician ordered Benadryl (antihistamine) applied to R1's legs to help with the itching, and the rounding physician indicated she would show pictures to R1's surgeon. The pictures were taken and sent to the rounding physician. R1's boot was placed back on, and the facility waited for a reply from the physician. The notes lacked indication R1's dressing been changed, or that the physician had been notified.</p> <p>On 8/4/20, at 1:03 p.m. a progress note indicated on 8/3/20, nursing staff looked at R1's surgical wounds that were located on the inner and outer aspect of his ankle. Staples were noted to both surgical wounds. No drainage was noted. There was a scabbed area to the inner aspect of the ankle from the boot rubbing. An order had been received from the rounding physician allowing R1's left boot to be loosened some when in bed. The surgical incisions were noted to have slight warmth. No signs or symptoms of infection were noted. There were scratches on both of R1's legs. The notes lacked indication R1's dressing been changed, or that the physician had been notified.</p> <p>On 8/7/20, at 5:22 p.m. a progress note indicated R1's ankle surgical incision had two open areas measuring 3 inches by 2 inches. Slough (dead cells) was noted to the rest of the incision with drainage. The surgical incision area was cleansed with normal saline, and foam dressings</p>	F 684			

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F 684	<p>Continued From page 6</p> <p>were applied to incision. R1's surgeon (MD)-A was called, and a message was left. No additional attempts were made to contact MD-A.</p> <p>On 8/10/20, at 8:04 a.m. a progress note indicated MD-A had come to the facility to see R1's surgical wounds. MD-A ordered R1 to be transfer to hospital on 8/11/20, in the morning, for surgery scheduled for noon.</p> <p>On 8/17/20, at 10:25 a.m. nursing assistant (NA)-A was interviewed and stated it was the responsibility of licensed nursing staff to provide cares for surgical incisions. NA-A stated she would notify a licensed nurse if a dressing came off, or if a resident had concerns with their wound. NA-A stated she personally never looked at R1's actual surgical site due to his wearing of the boot when she provided cares.</p> <p>On 8/17/20, at 10:25 a.m. licensed practical nurse (LPN)-A stated if a resident had a surgical incision, and it was to be monitored, it would be scheduled on the TAR or MAR. LPN-A stated licensed staff should also document in the progress notes. LPN-A stated she would notify the registered nurse (RN) on duty if there was a change in a resident's condition. LPN-A stated R1 had removed his boot back in early August, said his surgical incision was infected, and stated he wanted to see a physician. LPN-A stated she had informed RN-A, who then contacted R1's physician. LPN-A stated that was the last time she had worked with R1. LPN-A stated the only time she recalled seeing R1's surgical incision was the day R1 had removed his boot, and she immediately reported it RN-A. LPN-A stated she did not do a dressing change at that time or inspect the incision.</p>	F 684			

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

PRINTED: 10/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/18/2020</b>
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F 684	Continued From page 7  On 8/17/20, at 11:08 a.m. MD-A was interviewed. MD-A stated on 8/7/20, he had received a note to call the facility. MD-A stated he did call the facility, but there was no answer. MD-A stated the note had no details related to changes in R1's surgical incision. MD-A stated he went to the facility on 8/9/20, to look at R1's surgical site and remove R1's staples. MD-A stated R1 appeared to have a change in cognition, and appeared somewhat delirious. MD-A stated R1 was lying in his bed picking at his surgical incision, which was uncovered. MD-A stated R1's boot was lying in the corner, and there was obvious drainage and infection to the incision site. MD-A stated additionally, there were a few flies around the incision, and he knew then R1 would require a surgical debridement, so that was arranged for the following day. MD-A stated R1 required the hardware from his previous surgery to be removed, and he had doubts this would ever heal properly. MD-A stated R1 could be looking at possible amputation of his left lower leg due to the infection. MD-A stated R1 would remain hospitalized, and would continue to receive intravenous (IV) antibiotics for the next several days.  On 8/17/20, at 2:47 p.m. RN-A was interviewed and stated nursing staff should be inspecting surgical incisions at a minimum of once a day, to check for signs and symptoms of infection, and to monitor for any changes to the incision. RN-A stated monitoring directions for nursing staff are generally located on the TAR. RN-A stated treatments and monitoring were to be put in place at the time of admission. RN-A stated nursing had not monitored R1's surgical incision daily for infection, and directions were not in place for	F 684			

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F 684	<p>Continued From page 8</p> <p>nursing to do so. RN-A also stated R1's orders for dressing changes were not transcribed and implemented as ordered. RN-A stated she was not the nurse who completed R1's admission, and stated she was not able to do it all herself. RN-A stated monitoring R1's surgical incision had been missed, and it should not have been. RN-A verified R1 was to have an appointment with MD-A within five days of admission, however, this was missed and had not been scheduled. RN-A stated R1 was seen by the rounding physician via videoconference on 7/31/20, however, the surgical incision site was not looked at during that visit. RN-A stated she was made aware of R1 taking his boot off sometime around 8/3/20, and the rounding physician was updated at that time. RN-A stated the rounding physician had ordered Benadryl, and to allow for the boot to be loosened at night. RN-A verified MD-A was not contacted and updated with changes on 8/3/20, when R1 had changes to surgical site and requested to see physician. RN-A verified MD-A was not contacted and updated with changes on 8/4/20, when R1's surgical incisions were noted to have slight warmth. RN-A stated it was not until 8/7/20, when she looked at R1's surgical incision, she noted the incision appeared infected. RN-A stated she had called the clinic and left a message for MD-A to call the facility back. RN-A verified MD-A had not called the facility back, nor had nursing tried to contact him or another surgeon that day regarding the change in R1's surgical incision.</p> <p>On 8/17/20, at 2:10 p.m. the director of nursing (DON) stated nursing staff should have been removing R1's boot each shift to inspect R1's surgical incision and to properly monitor for infection. The DON stated failure to properly monitor a surgical site or wound site could cause</p>	F 684			

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F 684	<p>Continued From page 9</p> <p>an infection to spread or worsen if not immediately identified through monitoring. The DON stated wound monitoring should have been on R1's TAR upon admission to ensure nursing staff was monitoring for infection. The DON verified monitoring the surgical incision and dressing changes were not in place for R1, and this prevented early detection of infection. The DON stated nursing staff should have contacted R1's surgeon numerous times if needed, to properly update him with R1's change in condition on 8/7/20, to ensure proper treatment was provided.</p> <p>The facility implemented corrective action to prevent recurrence by 8/18/20. The facility revised all resident's Face Sheets to include if a resident had any areas with skin conditions. In addition, all licensed nursing staff were trained to include monitoring surgical incisions for signs and symptoms of infection, and the procedure for notifying the physician in the event of a change in condition. The corrective actions were verified by interviews with staff and document review.</p> <p>The facility policy Admission Criteria revised 3/19, directed admission to the facility included only those resident whose needs can be met. Examples of nursing/medical needs that can be met included post-operative care needs.</p> <p>The facility policy Resident Examination and Assessment revised 4/14, directed, "The purpose of this procedure is to examine and assess the resident for any abnormalities in health status, which provides a basis for the care plan."</p> <p>The facility policy Skin Assessment and Wound Management dated 7/18, directed, "Wound care</p>	F 684			



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F 684	Continued From page 10 will be provided per nursing or provider order. Procedure will be performed utilizing safe and sanitary methods in effort to prevent contamination or the spread of infection."  The facility policy Skin Assessment and Wound Management dated 7/18, directed, "Wound care will be provided per nursing or provider order. Procedure will be performed utilizing safe and sanitary methods in effort to prevent contamination or the spread of infection."	F 684			



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

Electronically delivered  
September 9, 2020

Administrator  
The Waterview Woods Llc  
601 Grant Avenue  
Eveleth, MN 55734

Re: State Nursing Home Licensing Orders  
Event ID: O3E411

Dear Administrator:

The above facility was surveyed on August 17, 2020 through August 18, 2020 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the

The Waterview Woods Llc

September 9, 2020

Page 2

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:

**Teresa Ament, Unit Supervisor**  
**Email: [teresa.ament@state.mn.us](mailto:teresa.ament@state.mn.us)**  
**Phone: (218) 302-6151**  
**Fax: (218) 723-2359**

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.

Sincerely,



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

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00583</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/18/2020</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 8/17/20, through 8/18/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be not in compliance with the MN State Licensure.</p> <p>The following complaint was found to be SUBSTANTIATED: H5277046C.</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/19/20

Minnesota Department of Health

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2 000	Continued From page 1  The following correction orders are issued. Please indicate your electronic plan of correction that you have reviewed these order, and identify the date when they will be corrected.  The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		
2 550	MN Rule 4658.0400 Subp. 4 Comprehensive Resident Assessment; Review  Subp. 4. Review of assessments. A nursing home must examine each resident at least quarterly and must revise the resident's comprehensive assessment to ensure the continued accuracy of the assessment.  This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected the current status and needs for 1 of 1 residents (R1) reviewed for accuracy of the MDS assessment.  Findings include:  R1's Face Sheet printed 8/18/20, indicated R1 diagnosis included displaced fracture of left lower leg with surgical repair.  On 7/24/20, at 7:11 p.m. a progress note indicated R1 was admitted to facility on 7/24/20, from the hospital due to a left ankle fracture which required surgical repair.	2 550	F 641 Accuracy of Assessments Immediate Corrective Action: Resident #1's MDS from 7/31/20 was modified to accurately code his surgical wounds. Corrective Action as it applies to others: The Policy for Resident Assessment was reviewed and remains current. The Nurse Managers/DON were educated on the need to perform a complete skin check on admission to facility and to note all areas including surgical wounds on admission collection tool. This education was completed on 8/18/2020. The MDS coordinator was educated on the need to accurately code wounds on assessments on 8/18/2020.	8/28/20

Minnesota Department of Health

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2 550	<p>Continued From page 2</p> <p>R1's admission Minimum Data Set (MDS) dated 7/31/20, lacked indication R1 had a skin condition which included surgical wounds.</p> <p>On 8/17/20, at 2:25 p.m. registered nurse (RN)-A stated R1 had required surgical wound monitoring at the time of admission on 7/24/20. RN-A stated R1's admission MDS assessment had not been accurately coded and lacked documentation of skin condition/surgical wound.</p> <p>On 8//18/20, at 1:48 p.m. the director of nursing (DON) verified R1's MDS had been coded inaccurately, and should had indicated R1's surgical wound.</p> <p>The facility policy Resident Assessment Instrument revised 9/10, directed, "The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity."</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing, or designee, could review policies, train staff, and monitor to assure Minimum Data Set (MDS) assessments are coded accurately.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 550	<p>All residents MDSs who have been admitted in last 30 days will be reviewed for accuracy of wounds. Date of Compliance: 8/18/2020 Recurrence will be prevented by: Audits of 5 residents MDS will be conducted weekly x 4 and then monthly x 2 months to ensure that wounds are coded accurately. The results will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audits.</p>	
2 830	<p>MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General</p> <p>Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in</p>	2 830		8/28/20

Minnesota Department of Health

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2 830	<p>Continued From page 3</p> <p>the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to monitor a surgical wound and provide treatment for the surgical incision for 1 of 1 residents (R1) reviewed for surgical wound care, who had surgical repair of the ankle which was not monitored by the facility and he developed a severe infection. R1 subsequently required hospitalization, surgical debridement of the ankle, and removal of the ankle hardware from the previous surgery, intravenous antibiotic treatment, and possible amputation. The deficient practice was identified as an immediate jeopardy (IJ) situation.</p> <p>The IJ began on 7/24/20, when R1 was admitted to the facility with physician orders which included left ankle surgical incision dressings to be change as needed. R1's surgical incision was not monitored nor was the dressing changed until 8/3/20. As a result, R1 was hospitalized and underwent surgery for a wash-out of the deep infection, and required surgical removal of all hardware from the previous surgery to repair the ankle. The administrator and director of nursing (DON) were informed of the IJ on 8/17/20, at 2:47 p.m. and corrective action was immediately implemented. The IJ was removed on 8/18/20, at</p>	2 830	<p>F 684 Quality of Care Immediate Corrective Action: R1 will have a skin assessment completed and MD wound care orders will be entered into eMAR and update care plan upon return to facility. Corrective Action as it applies to others: The Policy for Admissions Criteria and Order Changes was reviewed and remains current. Skin assessments were completed on all residents on 8/17/20 to ensure that all skin concerns were identified and to verify that residents had MD orders for wounds on eTAR. These residents were also placed on daily wound monitoring for their wounds. Nurses responsible for order entry were re-educated on process including treatment orders and need to include monitoring of wound(s) for infection by 8/18/2020. All nurses will receive education on checking the nursing communication book for all new admissions to get an update on current wounds and locations. Education will include process on notifying MD and</p>	

Minnesota Department of Health

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2 830	<p>Continued From page 4</p> <p>1:01 p.m., but non-compliance remained at the lower scope and severity of a G, (actual harm that is not immediate jeopardy).</p> <p>Findings include:</p> <p>R1's Admission Record printed 8/18/20, indicated R1's diagnoses included displaced bimalleolar (ankle) fracture of left lower leg.</p> <p>R1's admission paperwork to the facility from the hospital dated 7/24/20, indicated R1 had left ankle surgical wound dressings, and directed nursing staff were to change the dressings as needed. The orders also included R1's left leg boot/cast was to be in place at all times, and R1 was non-weight bearing. The paperwork indicated R1 was to have a follow-up appointment scheduled in 5 days.</p> <p>R1's admission Minimum Data Set (MDS) dated 7/31/20, incorrectly indicated R1 had no surgical wounds. The MDS also indicated R1 required extensive assistance with activities of daily living (ADLs), and had intact cognition.</p> <p>R1's care plan initiated 7/24/20, lacked surgical /wound monitoring for R1's left ankle fracture.</p> <p>R1's treatment administration record (TAR) and medication administration record (MAR) dated 7/24/20-8/10/20, lacked indicated for staff to monitor the surgical wound for infection, change in condition of surgical wound, or as needed dressing changes for R1's left ankle repair/surgical wound had been implemented by facility nursing staff.</p> <p>On 7/24/20, at 7:11 p.m. a progress note indicated R1 had been admitted to the facility</p>	2 830	<p>timely follow up. Education will be provided via phone or in person prior to the nurses' next scheduled floor shift by 8/18/2020.</p> <p>Date of Compliance: 8/18/2020</p> <p>Recurrence will be prevented by: Audits will begin on all residents with wounds 5x weekly x 4 weeks, 3x/week x 2 weeks, and 2x/week x 1 week to ensure that treatment orders are correct and in eMAR, wound is being monitored for infection daily, to ensure that MD was notified of any change, and that response was obtained. Audit results will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audits.</p>	



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2 830	<p>Continued From page 5</p> <p>from hospital after left ankle fracture requiring surgery on 7/23/20. R1 was non-weight bearing in his left leg, and required assistance of two staff for all transfers. R1's right lower extremity had an abrasion from a fall resulting in the left ankle fracture. The left ankle had a boot.</p> <p>On 7/31/20, at 2:34 p.m. a progress note indicated R1 was seen by the rounding physician via video conference. The progress note indicated R1 complained of pain at the fracture site and at the surgical incision. The rounding physician made no changes to R1's orders or cares at that time.</p> <p>On 8/3/20, at 9:40 a.m. a progress note indicated nursing had seen R1. The note indicated R1's incision was observed, and there was no drainage at the surgical site. However, slight warmth was noted to the inner aspect of the left lower ankle. R1 had scratches on both lower legs that were noted to have been bleeding due to his scratching. R1 had requested his surgical incision be seen by his physician. The facility rounding physician was called, and the facility was instructed to take pictures of R1's surgical wound and his legs, and send them to her. The rounding physician ordered Benadryl (antihistamine) applied to R1's legs to help with the itching, and the rounding physician indicated she would show pictures to R1's surgeon. The pictures were taken and sent to the rounding physician. R1's boot was placed back on, and the facility waited for a reply from the physician. The notes lacked indication R1's dressing been changed, or that the physician had been notified.</p> <p>On 8/4/20, at 1:03 p.m. a progress note indicated on 8/3/20, nursing staff looked at R1's surgical wounds that were located on the inner and outer</p>	2 830		

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2 830	<p>Continued From page 6</p> <p>aspect of his ankle. Staples were noted to both surgical wounds. No drainage was noted. There was a scabbed area to the inner aspect of the ankle from the boot rubbing. An order had been received from the rounding physician allowing R1's left boot to be loosened some when in bed. The surgical incisions were noted to have slight warmth. No signs or symptoms of infection were noted. There were scratches on both of R1's legs. The notes lacked indication R1's dressing been changed, or that the physician had been notified.</p> <p>On 8/7/20, at 5:22 p.m. a progress note indicated R1's ankle surgical incision had two open areas measuring 3 inches by 2 inches. Slough (dead cells) was noted to the rest of the incision with drainage. The surgical incision area was cleansed with normal saline, and foam dressings were applied to incision. R1's surgeon (MD)-A was called, and a message was left. No additional attempts were made to contact MD-A.</p> <p>On 8/10/20, at 8:04 a.m. a progress note indicated MD-A had come to the facility to see R1's surgical wounds. MD-A ordered R1 to be transfer to hospital on 8/11/20, in the morning, for surgery scheduled for noon.</p> <p>On 8/17/20, at 10:25 a.m. nursing assistant (NA)-A was interviewed and stated it was the responsibility of licensed nursing staff to provide cares for surgical incisions. NA-A stated she would notify a licensed nurse if a dressing came off, or if a resident had concerns with their wound. NA-A stated she personally never looked at R1's actual surgical site due to his wearing of the boot when she provided cares.</p> <p>On 8/17/20, at 10:25 a.m. licensed practical nurse (LPN)-A stated if a resident had a surgical</p>	2 830		

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2 830	<p>Continued From page 7</p> <p>incision, and it was to be monitored, it would be scheduled on the TAR or MAR. LPN-A stated licensed staff should also document in the progress notes. LPN-A stated she would notify the registered nurse (RN) on duty if there was a change in a resident's condition. LPN-A stated R1 had removed his boot back in early August, said his surgical incision was infected, and stated he wanted to see a physician. LPN-A stated she had informed RN-A, who then contacted R1's physician. LPN-A stated that was the last time she had worked with R1. LPN-A stated the only time she recalled seeing R1's surgical incision was the day R1 had removed his boot, and she immediately reported it RN-A. LPN-A stated she did not do a dressing change at that time or inspect the incision.</p> <p>On 8/17/20, at 11:08 a.m. MD-A was interviewed. MD-A stated on 8/7/20, he had received a note to call the facility. MD-A stated he did call the facility, but there was no answer. MD-A stated the note had no details related to changes in R1's surgical incision. MD-A stated he went to the facility on 8/9/20, to look at R1's surgical site and remove R1's staples. MD-A stated R1 appeared to have a change in cognition, and appeared somewhat delirious. MD-A stated R1 was lying in his bed picking at his surgical incision, which was uncovered. MD-A stated R1's boot was lying in the corner, and there was obvious drainage and infection to the incision site. MD-A stated additionally, there were a few flies around the incision, and he knew then R1 would require a surgical debridement, so that was arranged for the following day. MD-A stated R1 required the hardware from his previous surgery to be removed, and he had doubts this would ever heal properly. MD-A stated R1 could be looking at possible amputation of his left lower leg due to</p>	2 830		

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2 830	<p>Continued From page 8</p> <p>the infection. MD-A stated R1 would remain hospitalized, and would continue to receive intravenous (IV) antibiotics for the next several days.</p> <p>On 8/17/20, at 2:47 p.m. RN-A was interviewed and stated nursing staff should be inspecting surgical incisions at a minimum of once a day, to check for signs and symptoms of infection, and to monitor for any changes to the incision. RN-A stated monitoring directions for nursing staff are generally located on the TAR. RN-A stated treatments and monitoring were to be put in place at the time of admission. RN-A stated nursing had not monitored R1's surgical incision daily for infection, and directions were not in place for nursing to do so. RN-A also stated R1's orders for dressing changes were not transcribed and implemented as ordered. RN-A stated she was not the nurse who completed R1's admission, and stated she was not able to do it all herself. RN-A stated monitoring R1's surgical incision had been missed, and it should not have been. RN-A verified R1 was to have an appointment with MD-A within five days of admission, however, this was missed and had not been scheduled. RN-A stated R1 was seen by the rounding physician via videoconference on 7/31/20, however, the surgical incision site was not looked at during that visit. RN-A stated she was made aware of R1 taking his boot off sometime around 8/3/20, and the rounding physician was updated at that time. RN-A stated the rounding physician had ordered Benadryl, and to allow for the boot to be loosened at night. RN-A verified MD-A was not contacted and updated with changes on 8/3/20, when R1 had changes to surgical site and requested to see physician. RN-A verified MD-A was not contacted and updated with changes on 8/4/20, when R1's surgical incisions were noted to have slight</p>	2 830		

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2 830	<p>Continued From page 9</p> <p>warmth. RN-A stated it was not until 8/7/20, when she looked at R1's surgical incision, she noted the incision appeared infected. RN-A stated she had called the clinic and left a message for MD-A to call the facility back. RN-A verified MD-A had not called the facility back, nor had nursing tried to contact him or another surgeon that day regarding the change in R1's surgical incision.</p> <p>On 8/17/20, at 2:10 p.m. the director of nursing (DON) stated nursing staff should have been removing R1's boot each shift to inspect R1's surgical incision and to properly monitor for infection. The DON stated failure to properly monitor a surgical site or wound site could cause an infection to spread or worsen if not immediately identified through monitoring. The DON stated wound monitoring should have been on R1's TAR upon admission to ensure nursing staff was monitoring for infection. The DON verified monitoring the surgical incision and dressing changes were not in place for R1, and this prevented early detection of infection. The DON stated nursing staff should have contacted R1's surgeon numerous times if needed, to properly update him with R1's change in condition on 8/7/20, to ensure proper treatment was provided.</p> <p>The facility implemented corrective action to prevent recurrence by 8/18/20. The facility revised all resident's Face Sheets to include if a resident had any areas with skin conditions. In addition, all licensed nursing staff were trained to include monitoring surgical incisions for signs and symptoms of infection, and the procedure for notifying the physician in the event of a change in condition. The corrective actions were verified by interviews with staff and document review.</p>	2 830		

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2 830	<p>Continued From page 10</p> <p>The facility policy Admission Criteria revised 3/19, directed admission to the facility included only those resident whose needs can be met. Examples of nursing/medical needs that can be met included post-operative care needs.</p> <p>The facility policy Resident Examination and Assessment revised 4/14, directed, "The purpose of this procedure is to examine and assess the resident for any abnormalities in health status, which provides a basis for the care plan."</p> <p>The facility policy Skin Assessment and Wound Management dated 7/18, directed, "Wound care will be provided per nursing or provider order. Procedure will be performed utilizing safe and sanitary methods in effort to prevent contamination or the spread of infection."</p> <p>The facility policy Skin Assessment and Wound Management dated 7/18, directed, "Wound care will be provided per nursing or provider order. Procedure will be performed utilizing safe and sanitary methods in effort to prevent contamination or the spread of infection."</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The administrator or the director of nursing (DON) or designee could develop, review, and/or revise policies and procedures to ensure accurate skin assessment and monitoring or surgical wounds for all residents is in place. In addition, the administrator or the director of nursing (DON) or designee could develop, review and/or revise policies and procedures to ensure physicians are notified with changes in a resident's condition or treatments. The administrator or the DON or designee could educate all appropriate staff on the policies and procedures. The administrator or DON or designee could develop monitoring</p>	2 830		

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2 830	Continued From page 11 systems to ensure ongoing compliance.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	2 830		