DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 18, 2021

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

RE: CCN: 245277
Cycle Start Date: January 12, 2021

Dear Administrator:

On January 22, 2021, we notified you a remedy was imposed. On March 17, 2021 the Minnesota Departments of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of March 9, 2021.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective February 6, 2021 be discontinued as of March 9, 2021. (42 CFR 488.417 (b))

However, as we notified you in our letter of January 22, 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 February 6, 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,

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

Electronically delivered
February 22, 2021

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

Re: State Nursing Home Licensing Orders
Event ID: V0L411

Dear Administrator:

The above facility was surveyed on February 3, 2021 through February 4, 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:

Terri Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245277	A. BUILDING _____ B. WING _____	C 02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WATERVIEW WOODS LLC	601 GRANT AVENUE EVELETH, MN 55734

(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 2/2/21, through 2/4/21, an abbreviated survey was completed at your facility to conduct complaint investigations. Your facility was found NOT to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5277053C, with a deficiency cited at F677, and F686. 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 be used as verification of compliance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure toileting cares were provided as care planned for 2 of 2	F 677	F677 ADL assistance Immediate Corrective Action: Resident #2 and #3 were	3/9/21

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

Electronically Signed | 03/04/2021

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F 677	Continued From page 1 residents (R2, R3) reviewed for toileting cares. Findings include: R2's Admission Record printed 2/4/21, indicated R2's diagnoses included chronic obstructive pulmonary disease (COPD), polymyalgia rheumatica (inflammatory disorder that causes muscle pain and stiffness), lumbosacral disc degeneration (low back spinal degeneration), and physical debility. R2's annual Minimum Data Set (MDS) dated 12/18/20, indicated R2 was cognitively intact, had no rejection of care behaviors, required extensive assistance of two staff for bed mobility, transfers and toilet use. R2's MDS further indicated R2 was always incontinent of bladder, and was frequently incontinent of bowel. R2's Care Area Assessment (CAA) for urinary incontinence dated 12/31/20, indicated R2 received assistance with toileting and was aware of the need to void, though was frequently incontinent. R2's CAA indicated R2 did not always alert staff of incontinence, required assistance to the toilet, and required assistance with management of clothing, incontinent brief, and hygiene. R2's care plan initiated 8/25/19, indicated R2 was incontinent of bladder, with a goal to be continent of bladder at least once daily. R2's care plan directed staff to provide assistance of one staff for toileting cares, and encourage R2 to use the toilet every two hours while awake. R2's care guide sheet dated 1/18/21, indicated R2 was frequently incontinent, required	F 677	toileted/repositioned as soon as issue was identified. NARs assigned to these residents were re-educated on the need to provide these services timely. Corrective Action as it applies to others: The Policy and Procedure on ADL assistance was reviewed and remains current. All nurses, TMAs, and NARs were re-educated on 3/4/21 on the ADL assistance Policy which includes providing assistance with toileting/repositioning per resident individualized care pan. All residents needing assistance with toileting/repositioning will be provided this assistance per care plan/care sheet details. Date of Compliance: 3/9/21 Recurrence will be prevented by: Audits of 5 random residents will be completed weekly x 4 then monthly x 2 months to assure timely assistance is provided for toileting and repositioning. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audits. Corrections will be monitored by: DON/Nurse Managers/Designee	

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F 677	Continued From page 2	F 677		

assistance with toileting, and directed staff to encourage repositioning every two hours.

R2's nursing assistant (NA) Kardex and toileting/repositioning documentation sheet dated 2/3/21, indicated R2 required assistance of one staff for repositioning and toileting, but lacked a directive for frequency of repositioning and toileting. R2's NA toileting/repositioning documentation sheet for the day shift on 2/3/21, indicated R2 had last been toileted and repositioned at 11:40 a.m. R2's toileting/repositioning documentation sheet for the afternoon/evening shift indicated R2 had last been toileted and repositioned at 11:40 a.m.

R2's Tissue Tolerance Observation tool (a tool used to assist in determining an individual's tissue tolerance to persistent pressure without signs of skin breakdown), dated 12/17/20, lacked an analysis or assessment of R2's tissue tolerance while sitting..

On 2/3/21, at 1:13 p.m. R2 was observed sitting in her room when another resident entered her room, as staff brought her meal tray out of her room. Continuous observations were initiated. At 2:07 p.m. R2's guest exited her room. At 2:18 p.m. R2 was eating an ice cream cone that had been delivered to her by staff who were going room to room, delivering ice cream. At 2:22 p.m. staff talked to R2 from the doorway and asked her if she needed anything, but did not ask her about the need to use the toilet. The staff stated she was going home.

On 2/3/21, at 3:10 p.m. during continuous observations, R2 turned on her call light, and at 3:11 p.m. licensed practical nurse (LPN)-A

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answered her call light and R2 requested her nebulizer. LPN-A responded to R2's requests and asked her if she wanted to be changed before or after the nebulizer. LPN-A then said she thought she should have her nebulizer first. R2 had remained in the same position in her wheelchair throughout continuous observations. At 3:13 p.m. staff from therapy entered R2's room with a walker, and LPN-A told her R2 wanted her incontinent pad change after her nebulizer.

The staff toileting and repositioning documentation form at the nurse's station indicated R2 had last been repositioned and toileting cares completed at 11:40 a.m. LPN-A showed a nursing assistant (NA) the toileting time recorded on the toileting and repositioning documentation form.

On 2/3/21, at 3:19 p.m. LPN-A was interviewed and stated she guessed R2 should be toileted and repositioned every two hours, and then said R2 was able to shift her weight and move around enough on her own. LPN-A verified shifting her weight was not off-loading for relief from pressure.

On 2/3/21, at 3:26 p.m. registered nurse (RN)-A entered R2's room. RN-A verified R2's incontinent brief was very wet with urine, but not saturated.

On 2/3/21, at 3:32 p.m. RN-A verified R2's repositioning and toileting time was recorded at 11:40 am. RN-A stated she was not aware of when R2 should be repositioned.

On 2/4/21, at 9:44 a.m. the director of nursing (DON) stated R2's care plan should be followed for repositioning and toileting.

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On 2/4/21, at 2:42 p.m. RN-A stated R2 should be encouraged to reposition and use the bathroom every two hours. RN-A verified R2 was not repositioned and toileted timely on 2/3/21. RN-A stated R2 should be encouraged every two hours. RN-A stated R2 often let staff know when she needed to use the toilet or be changed.

On 2/4/21, at 2:58 p.m. the DON stated her expectation was for residents to be repositioned and toileted timely, and for staff to get help if they were unable to complete it timely. The DON verified R2 should have been encouraged to reposition and use the toilet every two hours, and the afternoon shift should look at the last toileting/repositioning times and attend first to the residents who had been repositioned and toileted the earliest.

R3's admission record dated 2/4/21, indicted R3's diagnoses included Alzheimer's disease, dementia, and a displaced fracture of first cervical vertebra.

R3's quarterly MDS dated 10/6/20, indicated R3 had severe cognitive impairment, had no rejection of care, and was totally dependent on staff for bed mobility, transfer, and toileting. R3's MDS further indicated R3 was always incontinent of bowel and bladder, and was at risk for pressure ulcers.

R3's CAA for urinary incontinence dated 1/5/21, indicated R3 received assistance with toileting,

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was non-verbal, had severe cognitive impairment, and was unable to alert staff the need to void.

R3's care plan initiated 1/18/21, indicted R3 had an activities of daily living (ADL) self-care deficit, was totally dependent on staff for toileting, and was checked and changed every two hours and as needed.

R3's care guide sheet dated 2/2/21, indicated R3 was incontinent of bowel and bladder, and required assistance with toileting, and repositioning.

R3's nursing assistant Kardex and toileting/repositioning documentation sheet dated 2/3/21, indicted R3 required assistance of one staff for bed mobility, repositioning, two staff assist with toileting, and transferred with a Hoyer lift (mechanical lift). R3's toileting/repositioning documentation sheet for the day 2/3/21, indicated R3 was toileted and repositioned at 11:20 a.m. and then not again until 3:15 p.m.

R3's Braden Scale assessmenst (a tool used assess a patient's risk of developing a pressure ulcer) dated 1/5/21, and 2/3/21, indicated R3 was unable to make needs known, was incontinent of bowel and bladder, and R3 needs were anticipated by staff by checking and changing every two hours and as needed. Assessment further indicated R3 was chair fast, transferred using a Hoyer lift, and was at mild risk for skin breakdown.

On 2/3/21, at 12:20 p.m. during continous observations, R3 was sitting in her room in her wheelchair facing the window, back toward the door while staff was assisting R3 with breakfast.

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At 12:26 p.m., staff excited R3's room with breakfast tray. R3 continued to be positioned facing the window, with back toward the door. At 1:23 p.m. R3 remained sitting in her w/c in same position, no staff had entered resident's room. No staff entered R3's room until 3:00 p.m. when NA-A and NA-B were about to enter R3's room. NA-A stated they were going check on R3, and R3 was to be turned/repositioned, and toileted every two hours. NA-B stated R3 was toileted last around 11:00 a.m. and verified R3 was last toileted at 11:40 a.m. NA-A stated R3 was unable to use her call light, and was dependent on staff for toileting and repositioning needs. RN-A, NA-A, and NA-B entered R3's room and assisted in changing R3's incontinent brief, and repositioned her. NA-B verified R3's brief was incontinent of urine, but not saturated. RN-A assessed R3's skin for potential pressure related skin impairments, and verified R3's had self-inflicted escorted areas to hips and buttocks, blanchable redness to buttock, and no open areas.

On 2/3/21, at 3:15 p.m. RN-A verified R3's toileting and repositioning documentation sheet at the nurse's desk, indicated R3 was toileted last at 11:20 a.m. on the day shift, and R3 was over the two-hour toileting and repositioning schedule.

On 2/4/21, at 9:44 a.m. the DON verified R3's repositioning and toileting documentation sheet on 2/3/21, indicated R3 was toileted and repositioned at 11:40 a.m. and 3:15 p.m. and R3's care plan was not being followed.

The facility policy Monarch HealthCare ADL Assistance Per Care Plan revised date 5/18, directed incontinent residents will be checked and toileting according to care plan.

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F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure repositioning and off-loading was timely completed as directed in the plan of care to prevent development of pressure ulcers for 2 of 3 residents (R2, R3), reviewed for pressure ulcers. Findings include: Pressure injury stages defined by the National Pressure Ulcer Advisory Panel (NPUAP): Pressure Injury: A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear.	F 686	F686 Treatment to Prevent/Treat Pressure Ulcers Immediate Corrective Action: Resident #2 and #3 were toileted/repositioned as soon as issue was identified. Skin check was completed with no new concerns noted. NARs assigned to these residents were re-educated on the need to provide these services timely. Corrective Action as it applies to others: The Policy and Procedure on Skin Assessment and Wound Management was reviewed and remains current. All nurses, TMAs, and NARs were re-educated on 3/5/21 on the Skin Assessment and Wound Management Policy specifically providing assistance with toileting/repositioning per resident individualized care pan. All residents needing assistance with	3/9/21

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F 686	Continued From page 8 Stage 1 Pressure Injury: Non-blanchable erythema of intact skin Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury. Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions). R2's admission record dated 2/4/21, indicated R2's diagnoses included chronic obstructive pulmonary disease (COPD), muscle weakness, polymyalgia rheumatica (inflammatory disorder that causes muscle pain and stiffness), lumbosacral disc degeneration (low back spinal degeneration), and physical debility. R2's annual Minimum Data Set (MDS) dated 12/18/20, indicated R2 was cognitively intact, had	F 686	toileting/repositioning will be provided this assistance per care plan/care sheet details. Date of Compliance: 3/9/21 Recurrence will be prevented by: Audits of 5 random residents will be completed weekly x 4 then monthly x 2 months to assure timely assistance is provided for toileting and repositioning. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audits. Corrections will be monitored by: DON/Nurse Managers/Designee	

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F 686	Continued From page 9	F 686		

no rejection of care behaviors, required extensive assistance of two staff for bed mobility, transfers and toilet use. R2's MDS further indicated R2 was always incontinent of bladder, frequently incontinent of bowel, was at risk for pressure ulcers, and had no unhealed pressure ulcers.

R2's Care Area Assessment (CAA) for pressure ulcers dated 12/31/20, indicated R2 was at low risk for pressure ulcers according the Braden Scale (a tool used to assist with determination of the risk for pressure ulcer development), had no pressure ulcers.

R2's care plan initiated 7/1/19, identified R2 as being at risk for skin breakdown related to limited mobility, being chairfast, and indicated R2 had a blister on her right heel. R2's care plan lacked direction for frequency of repositioning, but was edited on 2/3/21, to direct to "encourage every 2 hours." R2's care plan intervention initiated 9/30/19, directed staff to encourage R2 to use the toilet every two hours while awake, and assess elimination needs and check every two hours.

R2's care guide sheet dated 1/18/21, indicated R2 was frequently incontinent and required assistance with toileting, and directed staff to encourage repositioning every two hours.

R2's nursing assistant (NA) Kardex and toileting/repositioning documentation sheet dated 2/3/21, indicated R2 required assistance of one staff for repositioning and toileting, but lacked a directive for frequency of repositioning and toileting. R2's NA toileting/repositioning documentation sheet for the day shift on 2/3/21, indicated R2 had last been toileted and repositioned at 11:40 a.m. R2's A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245277	A. BUILDING _____ B. WING _____	C 02/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WATERVIEW WOODS LLC	601 GRANT AVENUE EVELETH, MN 55734

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 10	F 686		

toileting/repositioning documentation sheet for the afternoon/evening shift indicated R2 had last been toileted and repositioned at 11:40 a.m.

R2's Tissue Tolerance Observation tool (a tool used to assist in determining an individual's tissue tolerance to persistent pressure without signs of skin breakdown), dated 12/17/20, lacked an analysis or assessment of R2's tissue tolerance while sitting.

R2's Weekly Skin Inspection dated 12/28/20, indicated R2 had no pressure ulcers.

R2's Weekly Skin Inspection dated 1/4/21, indicated R2 had a small open area on the upper thigh near the groin area where the brief was rubbing, and redness on thighs and around her navel, though had no other skin issues or concerns at that time.

R2's Progress notes dated 1/13/21, indicated R2 had new orders to be seen by a wound care nurse.

R2's initial wound care nurse practitioner (NP) progress note dated 1/14/21, indicated R2 had a fluid-filled right heel Stage 2 pressure ulcer that presented as a fluid-filled blister and measured 2.5 centimeters (cm) by 1 cm. R2's treatment recommendations included a heel boot protectant, the facility pressure ulcer protocol and heel off-loading protocol.

R2's progress notes dated 1/26/21, indicated R2 had a dressing change to her left heel.

R2's Braden Scale assessments dated 1/25/21 and 2/3/21, indicated R2 was at low risk for

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pressure ulcers.

R2's wound care NP progress notes dated 1/28/21, indicated R2 was seen for evaluation of a pressure ulcer, presenting as a dry firm callus to the right heel measuring 2.5 x 1 cm. R2's wound care NP progress note recommended implementation of the pressure ulcer prevention protocol and heel off-loading per the facility protocol.

On 2/3/21, at 1:13 p.m. R2 was observed sitting in her room when another resident entered her room, as staff brought her meal tray out of her room. Continuous observations were initiated. At 2:07 p.m. R2's guest exited her room. At 2:18 p.m. R2 was eating an ice cream cone that had been delivered to her by staff who were going room to room, delivering ice cream. At 2:22 p.m. staff talked to her from the doorway and asked her if she needed anything, but did not ask her about the need to use the toilet or encourage her to reposition or off-load. The staff stated she was going home.

On 2/3/21, at 3:10 p.m. during continuous observations, R2 turned on her call light, and at 3:11 p.m. licensed practical nurse (LPN)-A answered her call light and R2 requested her nebulizer. LPN-A responded to R2's requests and asked her if she wanted to be changed before or after the nebulizer. LPN-A then said she thought she should have her nebulizer first. R2 had remained in the same position in her wheelchair throughout continuous observations.
At 3:13 p.m. staff from therapy entered R2's room with a walker, and LPN-A told her R2 wanted an incontinent pad change after her nebulizer.

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The staff toileting and repositioning documentation form at the nurse's station indicated R2 had last been repositioned and toileting cares completed at 11:40 a.m. LPN-A showed a nursing assistant (NA) the toileting time recorded on the toileting and repositioning documentation form.

On 2/3/21, at 3:19 p.m. LPN-A stated she guessed R2 should be toileted and repositioned every two hours, and then said R2 was able to shift her weight and move around enough on her own. LPN-A verified shifting her weight was not off-loading for relief from pressure.

On 2/3/21, at 3:26 p.m. registered nurse (RN)-A entered R2's room to look at R2's skin to inspect for potential pressure-related skin impairments. R2 stated she was wet. R2 was assisted to stand, incontinent brief was removed and RN-A viewed R2's bottom for pressure areas. RN-A verified R2 had blanchable (skin color returned after relief of pressure) redness, and no open areas. RN-A verified R2's incontinent brief was very wet, but not saturated.

On 2/3/21, at 3:32 p.m. RN-A verified R2's repositioning and toileting time was recorded at 11:40 am. RN-A stated she was not aware of what R2's repositioning time was.

On 2/4/21, at 9:44 a.m. the director of nursing (DON) verified shifting weight was not off-loading and stated off-loading should be at least 60 seconds to relieve effects of pressure. The DON stated R2's care plan should be followed for repositioning and toileting.

On 2/4/21, at 12:14 p.m. wound care NP stated

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she sees R2 weekly to do wound care on R2's heel.

On 2/4/21, at 2:42 p.m. RN-A stated R2 was seen by wound care nurse for a blister on her heel. RN-A reviewed R2's interventions to prevent pressure ulcers, and stated R2 should be encouraged to reposition and to use the bathroom every two hours. RN-A verified R2 was not repositioned and toileted timely on 2/3/21. RN-A stated R2 should be repositioned every two hours. RN-A stated R2 often let staff know when she needed to use the toilet or be changed.

On 2/4/21, at 2:58 p.m. the DON stated her expectation was for residents to be repositioned and toileted timely, and for staff to get help if they were unable to complete it timely. The DON verified R2 should have been encouraged to reposition every two hours, and the afternoon shift should look at the last toileting/repositioning times and attend first to the residents who had been repositioned and toileted the earliest.

R3's admission record dated 2/4/21, indicted R3's diagnoses included Alzheimer's disease, dementia, and a displaced fracture of first cervical vertebra.

R3's quarterly MDS dated 10/6/20, indicated R3 had severe cognitive impairment, no rejection of care, was total dependent on staff for bed mobility, transfers, and toileting. R3's MDS

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further indicated R3 was always incontinent of bowel and bladder, and was at risk for pressure ulcers.

R3's CAA for pressure ulcers dated 1/5/21, indicated R3 was at risk for development of pressure ulcers according the Braden Scale, and had no pressure ulcers.

R3's care plan initiated 9/26/19, indicted R3 was at risk for skin breakdown related to impaired mobility, and directed staff to turn and reposition R3 every two hours and as needed.

R3's care guide sheet dated 2/2/21, indicated R3 was incontinent of bowel and bladder, required assistance with toileting, and repositioning.

R3's nursing assistant Kardex and toileting/repositioning documentation sheet dated 2/3/21, indicted R3 required assistance of one staff for bed mobility, repositioning, two staff assist with toileting, and transferred with a Hoyer lift (mechanical lift). R3's toileting/repositioning documentation sheet for the day 2/3/21, indicated R3 was toileted and repositioned at 11:20 a.m. and then not again until 3:15 p.m.

R3's Braden Scale assessments dated 1/5/21, and 2/3/21, indicated R3 was unable to make needs known, was incontinent of bowel and bladder, and R3 needs were anticipated by staff by checking and changing every two hours and as needed. Assessment further indicated R3 was chair fast, transferred using a Hoyer lift, and was at mild risk for skin breakdown.

R3's Weekly Skin Infection dated 1/26/21, indicated R3 had scratches to upper thighs and

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calves from resident scratching. No other skin issues noted.

On 2/3/21, at 12:20 p.m. R3 was continuously observed. R3 was sitting in a wheelchair in her room facing the window, back toward the door while, staff was assisting R3 with breakfast. At 12:26 p.m. staff excited R3's room with her breakfast tray. R3 continued to be positioned facing the window, with back toward the door. No staff entered R3's room until 3:00 p.m. when NA-A and NA-B were about to enter R3's room. NA-A stated they were going check on R3, and R3 was to be turned/repositioned, and toileted every two hours. NA-B stated R3 was toileted last around 11:00 a.m. and verified R3's was last repositioned at 11:40 a.m. NA-A stated R3 was unable to use her call light, and was dependent on staff for toileting and repositioning needs.

On 2/3/21, at 3:07 p.m. RN-A, NA-A, and NA-B entered R3's room and assisted with repositioning and in changing R3's incontinent brief. NA-B verified R3's brief was incontinent of urine, but not saturated. RN-A assessed R3's skin for potential pressure related skin impairments, and verified R3's had self-inflicted escorted areas to hips and buttocks, blanchable redness to buttock, and no open areas.

On 2/3/21, at 3:15 p.m. RN-A verified R3's toileting and repositioning documentation sheet at the nurse's desk, indicated R3 was toileted last at 11:20 a.m. on the day shift, and R3 was over the two-hour toileting and repositioning schedule.

On 2/4/21, at 9:44 a.m. the DON verified R3's toileting and repositioning documentation sheet on 2/3/21, indicated R3 was toileted and

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F 686	Continued From page 16 repositioned at 11:40 a.m. and 3:15 p.m. and R3's care plan was not being followed. The facility policy Skin Assessment and Wound Management date 7/18, directed Braden Scales will be reviewed and completed quarterly, annually and upon significant change in condition. Tissue tolerance observation and evaluation was completed on admission/re-admission, annually, upon significant change and with development of pressure related skin impairment. Staff will perform routine skin inspections with daily cares, nurses will be notified of skin changes and weekly skin inspection will be competed by licensed staff.	F 686		

Electronically delivered
February 22, 2021

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

Re: State Nursing Home Licensing Orders
Event ID: V0L411

Dear Administrator:

The above facility was surveyed on February 3, 2021 through February 4, 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:

Terri Ament, Unit Supervisor
Duluth District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00583	A. BUILDING: _____ B. WING _____	C 02/04/2021

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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 2/2/21, through 2/4/21, 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. Please indicate in your electronic plan of correction that 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: H5277053C with a licensing order issued at S0840, and S0900. 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 surveyors 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 http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm. 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 not required at the bottom of the first page of state form.	2 000		

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2 000	Continued From page 2 PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 840	MN Rule 4658.0520 Subp. 2 B Adequate and Proper Nursing Care; Clean skin Subp. 2. Criteria for determining adequate and proper care. The criteria for determining adequate and proper care include: B. Clean skin and freedom from offensive odors. A bathing plan must be part of each resident's plan of care. A resident whose condition requires that the resident remain in bed must be given a complete bath at least every other day and more often as indicated. An incontinent resident must be checked at least every two hours, and must receive perineal care following each episode of incontinence. [144A.04 Subd. 11. Incontinent residents. Notwithstanding Minnesota Rules, part 4658.0520, an incontinent resident must be checked according to a specific time interval written in the resident's care plan. The resident's attending physician must authorize in writing any interval longer than two hours unless the resident, if competent, or a family member or legally appointed conservator, guardian, or health care agent of a resident who is not competent, agrees in writing to waive physician involvement in determining this interval, and this waiver is documented in the resident's care plan.] Clean linens or clothing must be provided promptly each time the bed or clothing is soiled.	2 840		3/9/21

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2 840	Continued From page 3 Perineal care includes the washing and drying of the perineal area. Pads or diapers must be used to keep the bed dry and for the resident's comfort. Special attention must be given to the skin to prevent irritation. Rubber, plastic, or other types of protectors must be kept clean, be completely covered, and not come in direct contact with the resident. Soiled linen and clothing must be removed immediately from resident areas to prevent odors. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure toileting cares were provided as care planned for 2 of 2 residents (R2, R3) reviewed for toileting cares. Findings include: R2's Admission Record printed 2/4/21, indicated R2's diagnoses included chronic obstructive pulmonary disease (COPD), polymyalgia rheumatica (inflammatory disorder that causes muscle pain and stiffness), lumbosacral disc degeneration (low back spinal degeneration), and physical debility. R2's annual Minimum Data Set (MDS) dated 12/18/20, indicated R2 was cognitively intact, had no rejection of care behaviors, required extensive assistance of two staff for bed mobility, transfers and toilet use. R2's MDS further indicated R2 was always incontinent of bladder, and was frequently incontinent of bowel. R2's Care Area Assessment (CAA) for urinary incontinence dated 12/31/20, indicated R2	2 840	F677 ADL assistance Immediate Corrective Action: Resident #2 and #3 were toileted/repositioned as soon as issue was identified. NARs assigned to these residents were re-educated on the need to provide these services timely. Corrective Action as it applies to others: The Policy and Procedure on ADL assistance was reviewed and remains current. All nurses, TMAs, and NARs were re-educated on 3/5/21 on the ADL assistance Policy which includes providing assistance with toileting/repositioning per resident individualized care pan. All residents needing assistance with toileting/repositioning will be provided this assistance per care plan/care sheet details. Date of Compliance: 3/9/21 Recurrence will be prevented by: Audits of 5 random residents will be completed weekly x 4 then monthly x 2 months to assure timely assistance is	

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2 840	Continued From page 4 received assistance with toileting and was aware of the need to void, though was frequently incontinent. R2's CAA indicated R2 did not always alert staff of incontinence, required assistance to the toilet, and required assistance with management of clothing, incontinent brief, and hygiene. R2's care plan initiated 8/25/19, indicated R2 was incontinent of bladder, with a goal to be continent of bladder at least once daily. R2's care plan directed staff to provide assistance of one staff for toileting cares, and encourage R2 to use the toilet every two hours while awake. R2's care guide sheet dated 1/18/21, indicated R2 was frequently incontinent, required assistance with toileting, and directed staff to encourage repositioning every two hours. R2's nursing assistant (NA) Kardex and toileting/repositioning documentation sheet dated 2/3/21, indicated R2 required assistance of one staff for repositioning and toileting, but lacked a directive for frequency of repositioning and toileting. R2's NA toileting/repositioning documentation sheet for the day shift on 2/3/21, indicated R2 had last been toileted and repositioned at 11:40 a.m. R2's toileting/repositioning documentation sheet for the afternoon/evening shift indicated R2 had last been toileted and repositioned at 11:40 a.m. R2's Tissue Tolerance Observation tool (a tool used to assist in determining an individual's tissue tolerance to persistent pressure without signs of skin breakdown), dated 12/17/20, lacked an analysis or assessment of R2's tissue tolerance while sitting..	2 840	provided for toileting and repositioning. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audits. Corrections will be monitored by: DON/Nurse Managers/Designee	

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2 840	Continued From page 5 On 2/3/21, at 1:13 p.m. R2 was observed sitting in her room when another resident entered her room, as staff brought her meal tray out of her room. Continuous observations were initiated. At 2:07 p.m. R2's guest exited her room. At 2:18 p.m. R2 was eating an ice cream cone that had been delivered to her by staff who were going room to room, delivering ice cream. At 2:22 p.m. staff talked to R2 from the doorway and asked her if she needed anything, but did not ask her about the need to use the toilet. The staff stated she was going home. On 2/3/21, at 3:10 p.m. during continuous observations, R2 turned on her call light, and at 3:11 p.m. licensed practical nurse (LPN)-A answered her call light and R2 requested her nebulizer. LPN-A responded to R2's requests and asked her if she wanted to be changed before or after the nebulizer. LPN-A then said she thought she should have her nebulizer first. R2 had remained in the same position in her wheelchair throughout continuous observations. At 3:13 p.m. staff from therapy entered R2's room with a walker, and LPN-A told her R2 wanted her incontinent pad change after her nebulizer. The staff toileting and repositioning documentation form at the nurse's station indicated R2 had last been repositioned and toileting cares completed at 11:40 a.m. LPN-A showed a nursing assistant (NA) the toileting time recorded on the toileting and repositioning documentation form. On 2/3/21, at 3:19 p.m. LPN-A was interviewed and stated she guessed R2 should be toileted and repositioned every two hours, and then said R2 was able to shift her weight and move around enough on her own. LPN-A verified shifting her	2 840		

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2 840	Continued From page 6 weight was not off-loading for relief from pressure. On 2/3/21, at 3:26 p.m. registered nurse (RN)-A entered R2's room. RN-A verified R2's incontinent brief was very wet with urine, but not saturated. On 2/3/21, at 3:32 p.m. RN-A verified R2's repositioning and toileting time was recorded at 11:40 am. RN-A stated she was not aware of when R2 should be repositioned. On 2/4/21, at 9:44 a.m. the director of nursing (DON) stated R2's care plan should be followed for repositioning and toileting. On 2/4/21, at 2:42 p.m. RN-A stated R2 should be encouraged to reposition and use the bathroom every two hours. RN-A verified R2 was not repositioned and toileted timely on 2/3/21. RN-A stated R2 should be encouraged every two hours. RN-A stated R2 often let staff know when she needed to use the toilet or be changed. On 2/4/21, at 2:58 p.m. the DON stated her expectation was for residents to be repositioned and toileted timely, and for staff to get help if they were unable to complete it timely. The DON verified R2 should have been encouraged to reposition and use the toilet every two hours, and the afternoon shift should look at the last toileting/repositioning times and attend first to the residents who had been repositioned and toileted the earliest. R3's admission record dated 2/4/21, indicted R3's diagnoses included Alzheimer's disease, dementia, and a displaced fracture of first cervical vertebra.	2 840		

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2 840	Continued From page 7	2 840		

R3's quarterly MDS dated 10/6/20, indicated R3 had severe cognitive impairment, had no rejection of care, and was totally dependent on staff for bed mobility, transfer, and toileting. R3's MDS further indicated R3 was always incontinent of bowel and bladder, and was at risk for pressure ulcers.

R3's CAA for urinary incontinence dated 1/5/21, indicated R3 received assistance with toileting, was non-verbal, had severe cognitive impairment, and was unable to alert staff the need to void.

R3's care plan initiated 1/18/21, indicted R3 had an activities of daily living (ADL) self-care deficit, was totally dependent on staff for toileting, and was checked and changed every two hours and as needed.

R3's care guide sheet dated 2/2/21, indicated R3 was incontinent of bowel and bladder, and required assistance with toileting, and repositioning.

R3's nursing assistant Kardex and toileting/repositioning documentation sheet dated 2/3/21, indicted R3 required assistance of one staff for bed mobility, repositioning, two staff assist with toileting, and transferred with a Hoyer lift (mechanical lift). R3's toileting/repositioning documentation sheet for the day 2/3/21, indicated R3 was toileted and repositioned at 11:20 a.m. and then not again until 3:15 p.m.

R3's Braden Scale assessmenst (a tool used assess a patient's risk of developing a pressure ulcer) dated 1/5/21, and 2/3/21, indicated R3 was unable to make needs known, was incontinent of bowel and bladder, and R3 needs were anticipated by staff by checking and changing

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2 840	Continued From page 8	2 840		

every two hours and as needed. Assessment further indicated R3 was chair fast, transferred using a Hoyer lift, and was at mild risk for skin breakdown.

On 2/3/21, at 12:20 p.m. during continous observations, R3 was sitting in her room in her wheelchair facing the window, back toward the door while staff was assisting R3 with breakfast. At 12:26 p.m., staff excited R3's room with breakfast tray. R3 continued to be positioned facing the window, with back toward the door. At 1:23 p.m. R3 remained sitting in her w/c in same position, no staff had entered resident's room. No staff entered R3's room until 3:00 p.m. when NA-A and NA-B were about to enter R3's room. NA-A stated they were going check on R3, and R3 was to be turned/repositioned, and toileted every two hours. NA-B stated R3 was toileted last around 11:00 a.m. and verified R3 was last toileted at 11:40 a.m. NA-A stated R3 was unable to use her call light, and was dependent on staff for toileting and repositioning needs. RN-A, NA-A, and NA-B entered R3's room and assisted in changing R3's incontinent brief, and repositioned her. NA-B verified R3's brief was incontinent of urine, but not saturated. RN-A assessed R3's skin for potential pressure related skin impairments, and verified R3's had self-inflicted escorted areas to hips and buttocks, blanchable redness to buttock, and no open areas.

On 2/3/21, at 3:15 p.m. RN-A verified R3's toileting and repositioning documentation sheet at the nurse's desk, indicated R3 was toileted last at 11:20 a.m. on the day shift, and R3 was over the two-hour toileting and repositioning schedule.

On 2/4/21, at 9:44 a.m. the DON verified R3's repositioning and toileting documentation sheet

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2 840	Continued From page 9 on 2/3/21, indicated R3 was toileted and repositioned at 11:40 a.m. and 3:15 p.m. and R3's care plan was not being followed. The facility policy Monarch HealthCare ADL Assistance Per Care Plan revised date 5/18, directed incontinent residents will be checked and toileting according to care plan. SUGGESTED METHOD OF CORRECTION: The Director of Nursing (DON) or designee could develop, review, and/or revise policies and procedures to ensure residents receive appropriate toileting cares to prevent skin breakdown and infections and maintain dignity. The DON or designee could educate all appropriate staff on the policies and procedures. The DON or designee could develop monitoring systems to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 840		
2 900	MN Rule 4658.0525 Subp. 3 Rehab - Pressure Ulcers Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that: A. a resident who enters the nursing home without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and B. a resident who has pressure sores	2 900		3/9/21

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2 900	Continued From page 10 receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing. This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure repositioning and off-loading was timely completed as directed in the plan of care to prevent development of pressure ulcers for 2 of 3 residents (R2, R3), reviewed for pressure ulcers. Findings include: Pressure injury stages defined by the National Pressure Ulcer Advisory Panel (NPUAP): Pressure Injury: A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. Stage 1 Pressure Injury: Non-blanchable erythema of intact skin Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury. Stage 2 Pressure Injury: Partial-thickness skin	2 900	F686 Treatment to Prevent/Treat Pressure Ulcers Immediate Corrective Action: Resident #2 and #3 were toileted/repositioned as soon as issue was identified. Skin check was completed with no new concerns noted. NARs assigned to these residents were re-educated on the need to provide these services timely. Corrective Action as it applies to others: The Policy and Procedure on Skin Assessment and Wound Management was reviewed and remains current. All nurses, TMAs, and NARs were re-educated on 3/5/21 on the Skin Assessment and Wound Management Policy specifically providing assistance with toileting/repositioning per resident individualized care pan. All residents needing assistance with toileting/repositioning will be provided this assistance per care plan/care sheet details. Date of Compliance: 3/9/21 Recurrence will be prevented by: Audits of 5 random residents will be completed weekly x 4 then monthly x 2 months to assure timely assistance is provided for toileting and repositioning. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease or	

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2 900	Continued From page 11 loss with exposed dermis Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions). R2's admission record dated 2/4/21, indicated R2's diagnoses included chronic obstructive pulmonary disease (COPD), muscle weakness, polymyalgia rheumatica (inflammatory disorder that causes muscle pain and stiffness), lumbosacral disc degeneration (low back spinal degeneration), and physical debility. R2's annual Minimum Data Set (MDS) dated 12/18/20, indicated R2 was cognitively intact, had no rejection of care behaviors, required extensive assistance of two staff for bed mobility, transfers and toilet use. R2's MDS further indicated R2 was always incontinent of bladder, frequently incontinent of bowel, was at risk for pressure ulcers, and had no unhealed pressure ulcers. R2's Care Area Assessment (CAA) for pressure ulcers dated 12/31/20, indicated R2 was at low risk for pressure ulcers according the Braden Scale (a tool used to assist with determination of the risk for pressure ulcer development), had no pressure ulcers.	2 900	discontinue the audits. Corrections will be monitored by: DON/Nurse Managers/Designee	

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2 900	Continued From page 12 R2's care plan initiated 7/1/19, identified R2 as being at risk for skin breakdown related to limited mobility, being chairfast, and indicated R2 had a blister on her right heel. R2's care plan lacked direction for frequency of repositioning, but was edited on 2/3/21, to direct to "encourage every 2 hours." R2's care plan intervention initiated 9/30/19, directed staff to encourage R2 to use the toilet every two hours while awake, and assess elimination needs and check every two hours. R2's care guide sheet dated 1/18/21, indicated R2 was frequently incontinent and required assistance with toileting, and directed staff to encourage repositioning every two hours. R2's nursing assistant (NA) Kardex and toileting/repositioning documentation sheet dated 2/3/21, indicated R2 required assistance of one staff for repositioning and toileting, but lacked a directive for frequency of repositioning and toileting. R2's NA toileting/repositioning documentation sheet for the day shift on 2/3/21, indicated R2 had last been toileted and repositioned at 11:40 a.m. R2's A toileting/repositioning documentation sheet for the afternoon/evening shift indicated R2 had last been toileted and repositioned at 11:40 a.m. R2's Tissue Tolerance Observation tool (a tool used to assist in determining an individual's tissue tolerance to persistent pressure without signs of skin breakdown), dated 12/17/20, lacked an analysis or assessment of R2's tissue tolerance while sitting. R2's Weekly Skin Inspection dated 12/28/20, indicated R2 had no pressure ulcers.	2 900		

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2 900	Continued From page 13	2 900		

R2's Weekly Skin Inspection dated 1/4/21, indicated R2 had a small open area on the upper thigh near the groin area where the brief was rubbing, and redness on thighs and around her navel, though had no other skin issues or concerns at that time.

R2's Progress notes dated 1/13/21, indicated R2 had new orders to be seen by a wound care nurse.

R2's initial wound care nurse practitioner (NP) progress note dated 1/14/21, indicated R2 had a fluid-filled right heel Stage 2 pressure ulcer that presented as a fluid-filled blister and measured 2.5 centimeters (cm) by 1 cm. R2's treatment recommendations included a heel boot protectant, the facility pressure ulcer protocol and heel off-loading protocol.

R2's progress notes dated 1/26/21, indicated R2 had a dressing change to her left heel.

R2's Braden Scale assessments dated 1/25/21 and 2/3/21, indicated R2 was at low risk for pressure ulcers.

R2's wound care NP progress notes dated 1/28/21, indicated R2 was seen for evaluation of a pressure ulcer, presenting as a dry firm callus to the right heel measuring 2.5 x 1 cm. R2's wound care NP progress note recommended implementation of the pressure ulcer prevention protocol and heel off-loading per the facility protocol.

On 2/3/21, at 1:13 p.m. R2 was observed sitting in her room when another resident entered her room, as staff brought her meal tray out of her room. Continuous observations were initiated. At

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2 900	Continued From page 14	2 900		

2:07 p.m. R2's guest exited her room. At 2:18 p.m. R2 was eating an ice cream cone that had been delivered to her by staff who were going room to room, delivering ice cream. At 2:22 p.m. staff talked to her from the doorway and asked her if she needed anything, but did not ask her about the need to use the toilet or encourage her to reposition or off-load. The staff stated she was going home.

On 2/3/21, at 3:10 p.m. during continuous observations, R2 turned on her call light, and at 3:11 p.m. licensed practical nurse (LPN)-A answered her call light and R2 requested her nebulizer. LPN-A responded to R2's requests and asked her if she wanted to be changed before or after the nebulizer. LPN-A then said she thought she should have her nebulizer first. R2 had remained in the same position in her wheelchair throughout continuous observations.
At 3:13 p.m. staff from therapy entered R2's room with a walker, and LPN-A told her R2 wanted an incontinent pad change after her nebulizer.

The staff toileting and repositioning documentation form at the nurse's station indicated R2 had last been repositioned and toileting cares completed at 11:40 a.m. LPN-A showed a nursing assistant (NA) the toileting time recorded on the toileting and repositioning documentation form.

On 2/3/21, at 3:19 p.m. LPN-A stated she guessed R2 should be toileted and repositioned every two hours, and then said R2 was able to shift her weight and move around enough on her own. LPN-A verified shifting her weight was not off-loading for relief from pressure.

On 2/3/21, at 3:26 p.m. registered nurse (RN)-A

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2 900	Continued From page 15	2 900		

entered R2's room to look at R2's skin to inspect for potential pressure-related skin impairments. R2 stated she was wet. R2 was assisted to stand, incontinent brief was removed and RN-A viewed R2's bottom for pressure areas. RN-A verified R2 had blanchable (skin color returned after relief of pressure) redness, and no open areas. RN-A verified R2's incontinent brief was very wet, but not saturated.

On 2/3/21, at 3:32 p.m. RN-A verified R2's repositioning and toileting time was recorded at 11:40 am. RN-A stated she was not aware of what R2's repositioning time was.

On 2/4/21, at 9:44 a.m. the director of nursing (DON) verified shifting weight was not off-loading and stated off-loading should be at least 60 seconds to relieve effects of pressure. The DON stated R2's care plan should be followed for repositioning and toileting.

On 2/4/21, at 12:14 p.m. wound care NP stated she sees R2 weekly to do wound care on R2's heel.

On 2/4/21, at 2:42 p.m. RN-A stated R2 was seen by wound care nurse for a blister on her heel. RN-A reviewed R2's interventions to prevent pressure ulcers, and stated R2 should be encouraged to reposition and to use the bathroom every two hours. RN-A verified R2 was not repositioned and toileted timely on 2/3/21. RN-A stated R2 should be repositioned every two hours. RN-A stated R2 often let staff know when she needed to use the toilet or be changed.

On 2/4/21, at 2:58 p.m. the DON stated her expectation was for residents to be repositioned and toileted timely, and for staff to get help if they

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	00583	A. BUILDING: _____ B. WING _____	C 02/04/2021

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were unable to complete it timely. The DON verified R2 should have been encouraged to reposition every two hours, and the afternoon shift should look at the last toileting/repositioning times and attend first to the residents who had been repositioned and toileted the earliest.

R3's admission record dated 2/4/21, indicted R3's diagnoses included Alzheimer's disease, dementia, and a displaced fracture of first cervical vertebra.

R3's quarterly MDS dated 10/6/20, indicated R3 had severe cognitive impairment, no rejection of care, was total dependent on staff for bed mobility, transfers, and toileting. R3's MDS further indicated R3 was always incontinent of bowel and bladder, and was at risk for pressure ulcers.

R3's CAA for pressure ulcers dated 1/5/21, indicated R3 was at risk for development of pressure ulcers according the Braden Scale, and had no pressure ulcers.

R3's care plan initiated 9/26/19, indicted R3 was at risk for skin breakdown related to impaired mobility, and directed staff to turn and reposition R3 every two hours and as needed.

R3's care guide sheet dated 2/2/21, indicated R3 was incontinent of bowel and bladder, required assistance with toileting, and repositioning.

R3's nursing assistant Kardex and toileting/repositioning documentation sheet dated 2/3/21, indicted R3 required assistance of one staff for bed mobility, repositioning, two staff assist with toileting, and transferred with a Hoyer lift (mechanical lift). R3's toileting/repositioning

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documentation sheet for the day 2/3/21, indicated R3 was toileted and repositioned at 11:20 a.m. and then not again until 3:15 p.m.

R3's Braden Scale assessments dated 1/5/21, and 2/3/21, indicated R3 was unable to make needs known, was incontinent of bowel and bladder, and R3 needs were anticipated by staff by checking and changing every two hours and as needed. Assessment further indicated R3 was chair fast, transferred using a Hoyer lift, and was at mild risk for skin breakdown.

R3's Weekly Skin Infection dated 1/26/21, indicated R3 had scratches to upper thighs and calves from resident scratching. No other skin issues noted.

On 2/3/21, at 12:20 p.m. R3 was continuously observed. R3 was sitting in a wheelchair in her room facing the window, back toward the door while, staff was assisting R3 with breakfast. At 12:26 p.m. staff excited R3's room with her breakfast tray. R3 continued to be positioned facing the window, with back toward the door. No staff entered R3's room until 3:00 p.m. when NA-A and NA-B were about to enter R3's room. NA-A stated they were going check on R3, and R3 was to be turned/repositioned, and toileted every two hours. NA-B stated R3 was toileted last around 11:00 a.m. and verified R3's was last repositioned at 11:40 a.m. NA-A stated R3 was unable to use her call light, and was dependent on staff for toileting and repositioning needs.

On 2/3/21, at 3:07 p.m. RN-A, NA-A, and NA-B entered R3's room and assisted with repositioning and in changing R3's incontinent brief. NA-B verified R3's brief was incontinent of urine, but not saturated. RN-A assessed R3's

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2 900	Continued From page 18 skin for potential pressure related skin impairments, and verified R3's had self-inflicted escorted areas to hips and buttocks, blanchable redness to buttock, and no open areas. On 2/3/21, at 3:15 p.m. RN-A verified R3's toileting and repositioning documentation sheet at the nurse's desk, indicated R3 was toileted last at 11:20 a.m. on the day shift, and R3 was over the two-hour toileting and repositioning schedule. On 2/4/21, at 9:44 a.m. the DON verified R3's toileting and repositioning documentation sheet on 2/3/21, indicated R3 was toileted and repositioned at 11:40 a.m. and 3:15 p.m. and R3's care plan was not being followed. The facility policy Skin Assessment and Wound Management date 7/18, directed Braden Scales will be reviewed and completed quarterly, annually and upon significant change in condition. Tissue tolerance observation and evaluation was completed on admission/re-admission, annually, upon significant change and with development of pressure related skin impairment. Staff will perform routine skin inspections with daily cares, nurses will be notified of skin changes and weekly skin inspection will be competed by licensed staff. SUGGESTED METHOD OF CORRECTION: The Director of Nursing (DON) or designee could develop, review, and/or revise policies and procedures to ensure residents do not develop a pressure ulcer unless it is clinically unavoidable, and residents who do have pressure ulcers are receiving the proper care and services needed to promote healing, prevent infection and promote new pressure ulcers from developing. The DON or designee could educate all appropriate staff on the policies and procedures.	2 900		

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2 900	Continued From page 19 The DON or designee could develop monitoring systems to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 900		