



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 26, 2021

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

RE: CCN: 245277
Cycle Start Date: October 14, 2021

Dear Administrator:

On December 7, 2021, we notified you a remedy was imposed. On December 23, 2021 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of December 15, 2021.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective January 6, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of November 1, 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 was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from January 6, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on December 15, 2021, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 1, 2021

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

RE: CCN: 245277
Cycle Start Date: October 14, 2021

Dear Administrator:

On October 14, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The Waterview Woods Llc

November 1, 2021

Page 2

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

Terri Ament, Rapid Response
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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually

The Waterview Woods Llc

November 1, 2021

Page 3

occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by January 14, 2022 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by April 14, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

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

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: <https://mdhprovidercontent.web.health.state.mn.us/ltr/idr.cfm>

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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.

The Waterview Woods Llc

November 1, 2021

Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a long horizontal line extending to the right.

Joanne Simon, Enforcement Specialist

Minnesota Department of Health

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: 11/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER THE WATERVIEW WOODS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>On 10/14/21, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be NOT in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>The following complaint was found to be SUBSTANTIATED: H5277078C (MN77319) with a deficiency sited at F755.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000			
F 755 SS=F	<p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide</p>	F 755		11/17/21	

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

TITLE

(X6) DATE

Electronically Signed

11/10/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 755	<p>Continued From page 1</p> <p>pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure medications were available to be administered as prescribed by the physician for 1 of 1 residents (R1) who was prescribed pain medication. In addition, the facility failed to ensure emergency medications (E-Kit) were properly documented and re-ordered after administration, resulting in medications not being available for administration in an emergency situation. This deficient practice had the potential to affect all 52 residents at the facility.</p> <p>Findings Include:</p> <p>R1's Admission Record printed 10/14/21,</p>	F 755	<p>F755 Pharmacy Services/Procedures</p> <p>Immediate Corrective Action:</p> <p>Resident #1 is no longer at facility.</p> <p>Corrective Action as it applies to others:</p> <p>The Emergency Medications and Administering Medications Policy remain current.</p> <p>All Licensed nurses and TMA's will be re-educated on the process involved with utilizing medications from ekit including notification of the pharmacy when</p>		

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F 755	<p>Continued From page 2</p> <p>identified R1 had diagnoses of atrial fibrillation (rapid heartbeat) and anxiety.</p> <p>R1's care plan initiated 10/1/21, indicated R1 had pain, with staff interventions to include administer pain medication as ordered by MD.</p> <p>R1's admitting Physician Orders dated 10/1/2021, included Oxycodone (narcotic pain medication) 5 milligrams (mg) for moderate pain dose of 5-10 mg every 4 hours as needed. Discharge orders indicated Oxycodone had last been administered to R1 on 10/1/21, at 9:59 a.m. prior to discharge from the hospital.</p> <p>On 10/14/21, at 11:49 a.m. R1 was interviewed and stated she had been admitted to the facility on 10/1/21. R1 stated when she arrived at the facility, she had requested Oxycodone to be administered at 2:00 p.m. to manage her pain. R1 stated the staff indicated her medications had not arrived and there had not been any Oxycodone available in the E-Kit to administer. R1 stated only Oxycodone had been effective for pain relief at the time of her admission.</p> <p>On 10/14/21, at 12:22 p.m. registered nurse (RN)-A was interviewed and stated she had completed R1's admission to the facility on 10/1/21. RN-A stated her role for admissions included admission assessment, creating the medication administration record (MAR) and treatment administration record (TAR). RN-A stated R1 had not been in pain during the admission process, however, a family member present for the admission had requested R1 received her Oxycodone at the next available time which would have been 2:00 p.m. RN-A stated she had relayed this information to</p>	F 755	<p>medications were used.</p> <p>Date of Compliance: 11/17/21</p> <p>Recurrence will be prevented by:</p> <p>An audit of ekit use will be completed 3x weekly x 4 weeks then monthly x 2 months to assure the proper procedure is being followed. The results of the audits will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audit.</p> <p>Corrections will be monitored by:</p> <p>DON/Nurse Manager/Designee</p>		

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F 755	<p>Continued From page 3</p> <p>licensed practical nurse (LPN)-A who was working on the medication cart that day. RN-A stated she told LPN-A that R1's medications from the pharmacy would not be delivered by 2:00 p.m. so she would need to take the medication from the E-Kit. RN-A stated the LPN-A came to her about 5 minutes later and stated there was no Oxycodone available in the E-Kit to administer. RN-A stated LPN-A also told the director of nursing (DON) who was assisting her with obtaining the medication.</p> <p>On 10/14/21, at 1:08 p.m. LPN-A stated she had been working the day R1 had been admitted to the facility. LPN-A stated RN-A had informed her R1 had requested a Oxycodone to be administered at 2:00 p.m. LPN-A stated when she went to the E-Kit there was only 1 Oxycodone left, and two residents had requested this particular medication. LPN-A stated there had been another resident who had been using multiple doses of the pain medication which resulted in only one tablet of the Oxycodone available in the E-Kit. LPN-A stated the DON instructed her to call the pharmacy and request R1's medication to be delivered as soon as possible, and ask them to refill the E-lit medications. LPN-A stated at 2:00 p.m. she went to R1's room and observed R1 sleeping in her recliner. LPN-A stated R1's Oxycodone had been prescribed by the MD as an as needed (PRN) medication, and since R1 was sleeping she did not wake her up to give her the medication. LPN-A stated her shift ended at 2:30 p.m. and she relayed this information to the nurse coming on for the afternoon shift.</p> <p>On 10/14/21, at 1:44 the DON stated she had instructed LPN-A to call the pharmacy to get R1's</p>	F 755			

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F 755	<p>Continued From page 4</p> <p>medications and the E-Kit medications delivered as soon as possible. The DON stated the pharmacy routinely delivered medications at around 7:00 p.m. The Don verified there had not been enough Oxycodone available for nursing staff to administer to R1 for pain management. The DON verified there had not been R1's prescribed medication Oxycodone available in the E-Kit available for nursing staff to administer per the family and residents request upon admission. The DON stated the facility had not been accurately documenting E-Kit medication usage, nor had the staff informed the pharmacy of each time a medication had been administered. The DON stated failure to accurately track and report E-Kit usage contributed to R1's pain medication not being available for administration.</p> <p>On 10/14/21, at 2:30 p.m. the facility pharmacist (P)-A was interviewed. P-A stated accountability, usage and reordering of the E-Kit medications had been an ongoing issue. P-A stated she had offered various forms to better assist the facility with their E-Kit, however, it remained an ongoing concern. P-A further stated an E-Kit should be used for after hours and emergent needs such as pain management and antibiotic treatment, and not for routine PRN use.</p> <p>The facility policy Emergency Medications dated 6/15, directed, " The facility shall maintain a supply of medications typically used in emergencies." The policy implementation guidance for staff directed any medication that is removed from the emergency kit must be documented on the emergency medication administration log and medications and supplies used from the emergency medication kit must be replaced upon the next routine drug order.</p>	F 755			

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F 755	Continued From page 5 The facility policy Administering Medications dated 4/19, directed, "Medications are administered in a safe and timely manner, and as prescribed." The policy implementation guidance for staff directed if a resident uses PRN medications frequently, the Attending Physician and Interdisciplinary Care Team, with support from the Consultant Pharmacist as needed, shall reevaluate the situation, examine the individual as needed, determine if there is a clinical reason for the frequent PRN use, and consider whether a standing dose of medication is clinically indicated.	F 755			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 1, 2021

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

Re: State Nursing Home Licensing Orders
Event ID: OKUM11

Dear Administrator:

The above facility was surveyed on October 14, 2021 through October 14, 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.

The Waterview Woods Llc

November 1, 2021

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.

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, Rapid Response
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
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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
--------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER THE WATERVIEW WOODS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 601 GRANT AVENUE EVELETH, MN 55734
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</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 10/14/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT IN compliance with the MN State Licensure.</p> <p>The following complaint was found to be</p>	2 000		

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

Electronically Signed

TITLE

(X6) DATE
11/10/21

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
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NAME OF PROVIDER OR SUPPLIER THE WATERVIEW WOODS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 601 GRANT AVENUE EVELETH, MN 55734
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2 000	Continued From page 1 SUBSTANTIATED: H5277078C (MN77319) with a deficiency sited at 4658.1325 Subp4. The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents	2 000		
21550	MN Rule 4658.1325 Subp. 1 Adminiatration of Medications; Pharmacy Serv. Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure medications were available to be administered as prescribed by the physician for 1 of 1 residents (R1) who was prescribed pain medication. In addition, the facility failed to ensure emergency medications (E-Kit) where properly documented and re-ordered after administration, resulting in medications not being available for administration in an emergency situation. This deficient practice had the potential to affect all 52 residents at the facility. Findings Include:	21550	F755 Pharmacy Services/Procedures Immediate Corrective Action: Resident #1 is no longer at facility. Corrective Action as it applies to others: The Emergency Medications and Administering Medications Policy remain current. All Licensed nurses and TMA's will be re-educated on the process involved with utilizing medications from ekit including	11/17/21

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21550	<p>Continued From page 2</p> <p>R1's Admission Record printed 10/14/21, identified R1 had diagnoses of atrial fibrillation (rapid heartbeat) and anxiety.</p> <p>R1's care plan initiated 10/1/21, indicated R1 had pain, with staff interventions to include administer pain medication as ordered by MD.</p> <p>R1's admitting Physician Orders dated 10/1/2021, included Oxycodone (narcotic pain medication) 5 milligrams (mg) for moderate pain dose of 5-10 mg every 4 hours as needed. Discharge orders indicated Oxycodone had last been administered to R1 on 10/1/21, at 9:59 a.m. prior to discharge from the hospital.</p> <p>On 10/14/21, at 11:49 a.m. R1 was interviewed and stated she had been admitted to the facility on 10/1/21. R1 stated when she arrived at the facility, she had requested Oxycodone to be administered at 2:00 p.m. to manage her pain. R1 stated the staff indicated her medications had not arrived and there had not been any Oxycodone available in the E-Kit to administer. R1 stated only Oxycodone had been effective for pain relief at the time of her admission.</p> <p>On 10/14/21, at 12:22 p.m. registered nurse (RN)-A was interviewed and stated she had completed R1's admission to the facility on 10/1/21. RN-A stated her role for admissions included admission assessment, creating the medication administration record (MAR) and treatment administration record (TAR). RN-A stated R1 had not been in pain during the admission process, however, a family member present for the admission had requested R1 received her Oxycodone at the next available time which would have been 2:00 p.m. RN-A stated she had relayed this information to</p>	21550	<p>notification of the pharmacy when medications were used.</p> <p>Date of Compliance: 11/17/21</p> <p>Recurrence will be prevented by:</p> <p>An audit of ekit use will be completed 3x weekly x 4 weeks then monthly x 2 months to assure the proper procedure is being followed. The results of the audits will be shared with the facility QAPI committee for input on the need to increase, decrease or discontinue the audit.</p> <p>Corrections will be monitored by:</p> <p>DON/Nurse Manager/Designee</p>	

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21550	<p>Continued From page 3</p> <p>licensed practical nurse (LPN)-A who was working on the medication cart that day. RN-A stated she told LPN-A that R1's medications from the pharmacy would not be delivered by 2:00 p.m. so she would need to take the medication from the E-Kit. RN-A stated the LPN-A came to her about 5 minutes later and stated there was no Oxycodone available in the E-Kit to administer. RN-A stated LPN-A also told the director of nursing (DON) who was assisting her with obtaining the medication.</p> <p>On 10/14/21, at 1:08 p.m. LPN-A stated she had been working the day R1 had been admitted to the facility. LPN-A stated RN-A had informed her R1 had requested a Oxycodone to be administered at 2:00 p.m. LPN-A stated when she went to the E-Kit there was only 1 Oxycodone left, and two residents had requested this particular medication. LPN-A stated there had been another resident who had been using multiple doses of the pain medication which resulted in only one tablet of the Oxycodone available in the E-Kit. LPN-A stated the DON instructed her to call the pharmacy and request R1's medication to be delivered as soon as possible, and ask them to refill the E-lit medications. LPN-A stated at 2:00 p.m. she went to R1's room and observed R1 sleeping in her recliner. LPN-A stated R1's Oxycodone had been prescribed by the MD as an as needed (PRN) medication, and since R1 was sleeping she did not wake her up to give her the medication. LPN-A stated her shift ended at 2:30 p.m. and she relayed this information to the nurse coming on for the afternoon shift.</p> <p>On 10/14/21, at 1:44 the DON stated she had instructed LPN-A to call the pharmacy to get R1's medications and the E-Kit medications delivered</p>	21550		

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21550	<p>Continued From page 4</p> <p>as soon as possible. The DON stated the pharmacy routinely delivered medications at around 7:00 p.m. The Don verified there had not been enough Oxycodone available for nursing staff to administer to R1 for pain management. The DON verified there had not been R1's prescribed medication Oxycodone available in the E-Kit available for nursing staff to administer per the family and residents request upon admission. The DON stated the facility had not been accurately documenting E-Kit medication usage, nor had the staff informed the pharmacy of each time a mediation had been administered. The DON stated failure to accurately track and report E-Kit usage contributed to R1's pain medication not being available for administration.</p> <p>On 10/14/21, at 2:30 p.m. the facility pharmacist (P)-A was interviewed. P-A stated accountability, usage and reordering of the E-Kit mediations had been an ongoing issue. P-A stated she had offered various forms to better assist the facility with their E-Kit, however, it remained an ongoing concern. P-A further stated an E-Kit should be used for after hours and emergent needs such as pain management and antibiotic treatment, and not for routine PRN use.</p> <p>The facility policy Emergency Medications dated 6/15, directed, " The facility shall maintain a supply of medications typically used in emergencies." The policy implementation guidance for staff directed any medication that is removed from the emergency kit must be documented on the emergency medication administration log and medications and supplies used from the emergency medication kit must be replaced upon the next routine drug order.</p> <p>The facility policy Administering Medications</p>	21550		

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21550	<p>Continued From page 5</p> <p>dated 4/19, directed, "Medications are administered in a safe and timely manner, and as prescribed." The policy implementation guidance for staff directed if a resident uses PRN medications frequently, the Attending Physician and Interdisciplinary Care Team, with support from the Consultant Pharmacist as needed, shall reevaluate the situation, examine the individual as needed, determine if there is a clinical reason for the frequent PRN use, and consider whether a standing dose of medication is clinically indicated.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing (DON) or designee could develop, review, and/or revise policies and procedures regarding the usage and ordering of medications located in the facilities emergency kit (E-Kit). A member of the nursing staff could randomly review E-Kit medication storage/lock box to ensure all medications have been documented, ordered, and received in a timely manner. 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.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21550		