



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 16, 2023

Administrator
The Waterview Pines LLC
1201 8th Street South
Virginia, MN 55792

RE: CCN: 245283
Cycle Start Date: September 20, 2023

Dear Administrator:

On October 17, 2023, we notified you a remedy was imposed. On November 2, 2023 the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of November 2, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective December 20, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of October 17, 2023, 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 December 20, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on November 2, 2023, 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 Therefore, the NATCEP prohibition is rescinded.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 that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 16, 2023

Administrator
The Waterview Pines LLC
1201 8th Street South
Virginia, MN 55792

Re: Reinspection Results
Event ID: LNLQ12

Dear Administrator:

On October 11, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on September 20, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 28, 2023

Administrator
The Waterview Pines LLC
1201 8th Street South
Virginia, MN 55792

Re: State Nursing Home Licensing Orders
Event ID: LNLQ11

Dear Administrator:

The above facility was surveyed on September 20, 2023 through September 20, 2023 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 Pines LLC

September 28, 2023

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 feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

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

PRINTED: 10/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/20/2023
NAME OF PROVIDER OR SUPPLIER THE WATERVIEW PINES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 8TH STREET SOUTH VIRGINIA, MN 55792		
(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 9/20/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H52835091C (MN00096413). An unrelated deficiency was cited at F558. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to accommodate resident	F 558	F558 – Reasonable Accommodations	10/5/23	

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

TITLE

(X6) DATE

Electronically Signed

10/03/2023

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.

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

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F 558	<p>Continued From page 1</p> <p>needs by ensuring the call light was within reach for 3 of 3 residents (R1, R2, R3) reviewed for call light usage.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 7/14/23 indicated R1 had severely impaired cognition with a diagnosis of stroke.</p> <p>R1's care plan dated 7/12/23 indicated R1 was at risk for falls with an intervention of "Keep call light within reach."</p> <p>On 9/20/23 at 12:37 p.m., R1 was observed sitting in a wheelchair. R1's call light was attached to the bed behind R1. R1 was able to answer questions with either yes/no or other one-word answers. R1 answered "no" when asked if he was able to reach the call light. R1 answered "holler" when asked what he would do if staff assistance was needed.</p> <p>R2's quarterly MDS dated 7/21/23 indicated R2 had intact cognition with a diagnosis of congestive heart disease.</p> <p>R2's care plan dated 7/19/23 indicated R2 was at risk for falls with interventions of "Call, don't fall" sign in room and 2-way call light (2 call light buttons that activated the residents call light).</p> <p>On 9/20/23 at 12:16 p.m., R2 was observed sitting in a wheelchair. R2's call light was attached to the wall side of the bed out of R2's reach. R2 was interviewed and stated the call light was out of reach. When questioned on how she would alert staff if assistance was needed, R2 responded, "I have to crawl on the bed to reach it."</p>	F 558	<p>Immediate Corrective Action: Resident 1, 2, and 3's call lights were placed within reach of the resident. Staff members responsible for those residents were re-educated on the need to place call light within reach of resident before leaving room.</p> <p>Corrective Action as it applies to others: The Call Light Policy was reviewed and remains current.</p> <p>All resident rooms were audited to ensure that call light was placed in an area that resident would be able to reach it.</p> <p>All staff were educated on need to ensure that call light was within reach of resident before leaving residents' rooms.</p> <p>Date of Compliance: 10/5/23</p> <p>Recurrence will be prevented by: Audits of 8 resident call lights will be completed weekly x4 weeks, then monthly x2 months to ensure they have call lights placed within reach of resident. 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.</p> <p>Corrections will be monitored by: Administrator/DON/Designee</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER THE WATERVIEW PINES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 8TH STREET SOUTH VIRGINIA, MN 55792		
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F 558	<p>Continued From page 2</p> <p>R3's Medicare 5-day MDS dated 8/29/23 indicated R3 had moderately impaired cognition with a diagnosis of acute cholecystitis.</p> <p>R3's care plan dated 5/30/23 indicated R3 was at risk for falls. R3's care plan lacked call light interventions.</p> <p>On 9/20/23 at 12:07 p.m., R3 was observed sitting in a wheelchair. R3's call light was attached to the nightstand with the over-the-bed table in front of the nightstand. R3 was interviewed and stated the call light was out of reach. When questioned on how she would alert staff if assistance was needed, R3 responded, "I would call out the door."</p> <p>On 9/20/23 at 12:27 p.m., nursing assistant (NA)-A stated before leaving a resident's room, staff should be sure the resident's call light was within reach.</p> <p>On 9/20/23 at 12:29 p.m., licensed practical nurse (LPN)-A confirmed R1 and R3's call lights were attached to their respective beds out of reach. LPN-A also confirmed R2's call light was attached to the nightstand out of reach. LPN-A stated a resident couldn't get help or could fall if they couldn't reach their call light button.</p> <p>On 9/20/23 at 2:29 p.m., registered nurse (RN)-A stated the expectation was resident's call lights were always within the resident's reach. If a resident could not reach the call light they couldn't get help, especially if they were immobile.</p> <p>On 9/20/23 at 2:50 p.m., the director of nursing (DON) stated resident call lights should always be within reach. Risks of call lights being out of</p>	F 558		

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F 558	Continued From page 3 reach included the inability to have their needs met, and could result in falls, and injuries. The facility Call Light policy dated 5/16/23 directed call cords, buttons, or other communication devices must be placed where they are within reach of each resident.	F 558		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 28, 2023

Administrator
The Waterview Pines LLC
1201 8th Street South
Virginia, MN 55792

RE: CCN: 245283
Cycle Start Date: September 20, 2023

Dear Administrator:

On September 20, 2023, a survey was completed at your facility by the Minnesota Department of Health 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 isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), 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 Pines LLC

September 28, 2023

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" and/or an "E" 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 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 December 20, 2023 (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 March 20, 2024 (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/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable 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 Pines LLC

September 28, 2023

Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive style with a loop at the end of the last name.

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112

Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2023
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NAME OF PROVIDER OR SUPPLIER THE WATERVIEW PINES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 8TH STREET SOUTH VIRGINIA, MN 55792
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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 9/20/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/03/23
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2023
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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaint was reviewed: H52835091C (MN00096413). An unrelated licensing order was issued at 144.651 Subd 6.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p>	2 000		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2023
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2 000	Continued From page 2	2 000		
21810	<p>MN St. Statute 144.651 Subd. 6 Patients & Residents of HC Fac.Bill of Rights</p> <p>Subd. 6. Appropriate health care. Patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not reimbursable by public or private resources.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to accommodate resident needs by ensuring the call light was within reach for 3 of 3 residents (R1, R2, R3) reviewed for call light usage.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 7/14/23 indicated R1 had severely impaired cognition with a diagnosis of stroke.</p> <p>R1's care plan dated 7/12/23 indicated R1 was at risk for falls with an intervention of "Keep call light within reach."</p> <p>On 9/20/23 at 12:37 p.m., R1 was observed sitting in a wheelchair. R1's call light was</p>	21810	Corrected	10/5/23

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2023
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NAME OF PROVIDER OR SUPPLIER THE WATERVIEW PINES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 8TH STREET SOUTH VIRGINIA, MN 55792
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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21810	<p>Continued From page 3</p> <p>attached to the bed behind R1. R1 was able to answer questions with either yes/no or other one-word answers. R1 answered "no" when asked if he was able to reach the call light. R1 answered "holler" when asked what he would do if staff assistance was needed.</p> <p>R2's quarterly MDS dated 7/21/23 indicated R2 had intact cognition with a diagnosis of congestive heart disease.</p> <p>R2's care plan dated 7/19/23 indicated R2 was at risk for falls with interventions of "Call, don't fall" sign in room and 2-way call light (2 call light buttons that activated the residents call light).</p> <p>On 9/20/23 at 12:16 p.m., R2 was observed sitting in a wheelchair. R2's call light was attached to the wall side of the bed out of R2's reach. R2 was interviewed and stated the call light was out of reach. When questioned on how she would alert staff if assistance was needed, R2 responded, "I have to crawl on the bed to reach it."</p> <p>R3's Medicare 5-day MDS dated 8/29/23 indicated R3 had moderately impaired cognition with a diagnosis of acute cholecystitis.</p> <p>R3's care plan dated 5/30/23 indicated R3 was at risk for falls. R3's care plan lacked call light interventions.</p> <p>On 9/20/23 at 12:07 p.m., R3 was observed sitting in a wheelchair. R3's call light was attached to the nightstand with the over-the-bed table in front of the nightstand. R3 was interviewed and stated the call light was out of reach. When questioned on how she would alert staff if assistance was needed, R3 responded, "I</p>	21810		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2023
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21810	<p>Continued From page 4</p> <p>would call out the door."</p> <p>On 9/20/23 at 12:27 p.m., nursing assistant (NA)-A stated before leaving a resident's room, staff should be sure the resident's call light was within reach.</p> <p>On 9/20/23 at 12:29 p.m., licensed practical nurse (LPN)-A confirmed R1 and R3's call lights were attached to their respective beds out of reach. LPN-A also confirmed R2's call light was attached to the nightstand out of reach. LPN-A stated a resident couldn't get help or could fall if they couldn't reach their call light button.</p> <p>On 9/20/23 at 2:29 p.m., registered nurse (RN)-A stated the expectation was resident's call lights were always within the resident's reach. If a resident could not reach the call light they couldn't get help, especially if they were immobile.</p> <p>On 9/20/23 at 2:50 p.m., the director of nursing (DON) stated resident call lights should always be within reach. Risks of call lights being out of reach included the inability to have their needs met, and could result in falls, and injuries.</p> <p>The facility Call Light policy dated 5/16/23 directed call cords, buttons, or other communication devices must be placed where they are within reach of each resident.</p> <p>SUGGESTED METHODS OF CORRECTION: The director of nursing (DON) or designee could develop, review, and /or revise policies and procedures to ensure all residents have their call lights within reach. The DON or designee could educate all appropriate staff. The DON or designee could develop monitoring systems to ensure ongoing compliance and report those</p>	21810		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2023
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21810	Continued From page 5 results to the quality assurance committee. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21810		