DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 29, 2020

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

RE: CCN: 245414
Cycle Start Date: August 13, 2020

Dear Administrator:

On September 3, 2020, we notified you a remedy was imposed. On October 16, 2020 the Minnesota Department(s) 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 October 7, 2020.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective September 18, 2020 be discontinued as of October 7, 2020. (42 CFR 488.417 (b))

However, as we notified you in our letter of September 3, 2020, 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 September 18, 2020. 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.

it Feel free to contact me if you have questions.

Sincerely,

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

cc: Licensing and Certification File

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 29, 2020

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

Re: Reinspection Results
Event ID: VBEV12

Dear Administrator:

On October 16, 2020 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 August 13, 2020. At this time these correction orders were found corrected.

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

Electronically delivered
September 30, 2020

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

RE: CCN: 245414
Cycle Start Date: August 13, 2020

Dear Administrator:

On September 3, 2020, we informed you of imposed enforcement remedies.

On September 11, 2020, the Minnesota Department of Health completed a survey and it has been determined that your facility continues to not to be in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

REMOVAL OF IMMEDIATE JEOPARDY

On September 11, 2020, the situation of immediate jeopardy to potential health and safety cited at F 803 was removed. However, continued non-compliance remains at the lower scope and severity of D.

As a result of the survey findings:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective September 18, 2020, will remain in effect.

This Department continues to recommend that CMS impose a civil money penalty. (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective September 18, 2020. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective September 18, 2020.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your

obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

As we notified you in our letter of September 3, 2020, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from September 18, 2020.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (ePOC) for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

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

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

- Per day civil money penalty (42 CFR 488.430 through 488.444).

DEPARTMENT CONTACT

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

Teresa Ament, Unit Supervisor
Duluth Survey Team
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
Phone: (218) 302-6151

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by November 13, 2020 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a

hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION/ INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

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

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

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

Feel free to contact me if you have questions.

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
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

(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 9/9/20, through 9/11/20, an abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found not to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F803 began on 9/1/20, at 11:10 a.m. when a resident (R1) was served the incorrect textured diet and had a choking episode. In addition, the facility failed to educate the nursing and dietary staff on how to identify the type of diet a resident is on based on their dietary ticket, and to serve residents what was identified on their dietary ticket. The administrator, DON, and ADON were notified of the IJ on 9/10/20, at 4:31 p.m. The IJ was removed on 9/11/20. The following complaint was found to be substantiated: H5414070C. 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 803 SS=J	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)	F 803		10/7/20

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

Electronically Signed | 10/07/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

(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 803	Continued From page 1 §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the correct diet texture was served to 1 of 4 residents (R1) reviewed for diet texture. This resulted in an immediate jeopardy for R1, who received the wrong diet texture, and had choking episode. R1 required medical intervention, the Heimlich manuever, to remove the food. The immediate jeopardy began 9/1/20, when R1	F 803	It is the policy of Viewcrest Health Care Center to ensure the nutritional needs of all residents are met. Resident R1 was assessed following the incident where the incorrect diet texture was served. R1 was provided medical care per orders from the nurse practitioner. R1 is noted to be in stable health with no lasting effects from the episode. A new policy on dining and nutrition services was developed and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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 803	Continued From page 2 was served the wrong textured diet, which resulted in R1 choking. Staff did not follow R1's dietary orders for a pureed diet, and R1 was served a mechanical soft diet (foods that are soft and easy to chew). R1 ate the food, and had a choking episode which lasted 10 minutes. The administrator, director of nursing (DON), assistant director of nursing (ADON), and the facility's quality assurance nurse were notified of the immediate jeopardy at 4:31 p.m. on 9/10/20. The immediate jeopardy was removed on 9/11/20, at 1:00 p.m. but noncompliance remained at the lower scope and severity level of D, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: R1's Face Sheet dated 9/1/20, indicated R1's diagnoses included dysphagia (difficulty swallowing), history of ischemic attacks (mini strokes), history of cerebral embolism (a sudden blockage of a brain vessel), and Parkinson's disease. R1's quarterly Minimum Data Set (MDS) dated 7/14/20, indicated R1 was cognitively intact, on a mechanically altered diet, and required supervision with eating. R1's Active Orders dated 9/10/20, indicated R1's diet was a pureed diet (texture of a pudding or mousse) and nectar liquids (consistency of apricot nectar) effective 4/30/20. R1's care plan dated 6/8/17, indicated R1 was on a pureed textured diet with nectar fluids.	F 803	approved by the interdisciplinary team on 9/11/2020. All staff have been trained on this policy as well as the procedure for serving food and fluids. Components of the training include; • Procedure for evaluation of diet and recommended changes to the diet order including the least restrictive diet possible. • Procedure for service of food and fluids; both in the dining room and room tray service, including service of snacks and nourishments. • Procedure for verifying the correct diet before service to a resident. • Differences in mechanically altered diets (Information posted on all nursing stations and in the kitchen). All new hire staff will also be trained on the policy as well as completing the Educare online training course titled “Dining, Nutrition and Food Safety”. Current diet orders for all residents have been placed on each nursing unit as well as in the kitchen to allow staff to have access to the diet orders at all times. These will be updated as any changes to diet orders occur. The facility Administrator provided re-education and training to the facility’s Certified Dietary Manager that included; the process for printing out meal tickets as well as updating diet orders. The facility Administrator and or designee will be responsible to audit diet orders a minimum of five times per week at alternating meal times for one month (per abatement letter), then weekly x 4 weeks, then monthly for three months. The Administrator or designee will report	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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 803	Continued From page 3 R1's pocket care guide (nursing assistant care guide) undated, lacked identification of R1's diet texture. On 8/20/20, the NP initiated the following order: SLP-A to evaluate, treat, and make recommendations. On 9/1/20, at 11:10 a.m. a progress note indicated R1 was brought to her room from the dining room by the activities director (AD)-A. R1 had aspirated on her food, turned a gray dusky color, and could barely inhale. R1 was encouraged to continue and try to cough up, spit up, or vomit anything she could. The ADON and the speech language pathologist (SLP)-A arrived to R1's room. After approximately 10 minutes of coughing, R1 coughed/vomited up a moderate amount of thick, frothy like phlegm, mixed with light brown food particles. R1's color returned, and R1 was able to breath more easily. R1's lung sounds presented crackles and wheezes. After R1 was administered an Albuterol (liquid medication that is inhaled to treat/prevent difficulty breathing) nebulizer treatment, R1's lungs had slight audible wheezes. The progress note further indicated R1 had a chest x-ray. On 9/1/20, at 1:49 p.m. the facility submitted a report to the State Agency (SA). The facility indicated R1 was served the incorrect diet consistency at lunch, which resulted in a choking episode and possible aspiration (a condition in which food, liquids, saliva, or vomit is breathed into the airways). On 9/1/20, a note from R1's nurse practitioner (NP) indicated R1 was requested to be seen by the NP due to a choking episode during lunch	F 803	results of all audits to the facility Quality Assurance and Performance Improvement Committee for their review and further recommendations Completion date: 10/7/2020.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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 803	Continued From page 4	F 803		

earlier that day. The note further indicated R1 was served a mechanical soft diet which was the wrong textured diet, and resulted in R2 choking and needing the Heimlich maneuver to provide relief. R1 was immediately in respiratory distress with low oxygen saturation, and had a raspy voice. The note further indicated R1 had possible aspiration pneumonia, was ordered DuoNebs (medication used to treat narrowing of the airway), and a chest X-ray. R1 was to continue on a pureed diet with supervision of meals. The note indicated R1 was tired and scared after her choking episode, and refused to eat the rest of her second portion of lunch.

On 9/2/20, R1's chest X-ray impression indicated R1 had no acute infiltration (filling of air spaces in the lungs) or pneumothorax (a collapsed lung).

R1's dietary ticket dated 9/9/20, indicated R1 was to receive a puree diet, no restrictions with small portions with nectar liquids.

On 9/9/20, the facility's Incident Details investigative report indicated on 9/1/20, at 11:10 a.m. R1 had aspirated on her food. R1 became a dusky gray color, sounded raspy and congested, and was barely able to breathe. The speech language pathologist (SLP)-A was summoned, and after approximately 10 minutes, R1 coughed/vomited up a moderate amount of phlegm mixed with light brown food particles. R1's color started to return, and she was able to breathe more easily. R1's lungs were documented to have crackles and wheezes in the bases of the lungs.

On 9/1/20, a speech therapy (ST) note indicated SLP-A saw R1 after the meal due to a choking

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

(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 803	Continued From page 5	F 803		

episode. R1's lungs presented crackles with wet vocal quality and breathing. The SLP-A educated R1 on diet level and risks of aspiration and pneumonia. The note indicated staff served R1 a mechanical soft diet for lunch despite R1 being on a puree textured diet unless with the SLP-A for trials. The note further indicated staff was to be re-educated on the importance of following diet orders.

On 9/9/20, at 11:09 a.m. the dining room was observed. Each resident's dietary ticket was setting at their table. Dietary staff went to each resident, took their food and beverage orders, and told the cook the resident's food choices. The cook plated the food, and the dietary staff delivered the meal to the residents. Some staff were observed taking the dietary tickets up with them when ordering the resident's lunch, and some staff left the dietary tickets at the resident's table when ordering the resident's meal.

On 9/10/20, observation of dietary staff plating and serving in the dining room started at 10:07 a.m.
-10:08 a.m. Cook (C)-A took the temperature of the meat, and began to make mashed potatoes.
-10:16 a.m. C-A prepared the dietary tickets, gathered plates and plate covers. The dietary aide (D)-A made coffee and was setting the tables with placemats, napkins and silverware. The D-A asked C-A the names of residents who required special utensils, and put in place. Surveyor noticed C-A had a scratch piece of paper hand written with a resident name, room number, and breakfast. C-A stated they ran out of dietary tickets that morning for breakfast, so some of the resident's dietary tickets had to be hand written on paper.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

(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 803	Continued From page 6	F 803		

-10:23 a.m. C-C set the dining tables with cups.
-10:29 a.m. C-A showed a blank dietary ticket with only the date, meal time, name, diet, and allergies printed. The dietary ticket was missing the food items and preferences. C-A stated blank dietary tickets were common and often times were not printed the night before.
-10:29 a.m. C-C and C-A were in the serving kitchen assisting with getting room trays ready. C-A took the diet tickets from the pile, dished up the food, handed the plate and dietary ticket to D-A. C-C put the cover on the plate and put the tray of food in the warming cart.
-A dietary ticket indicated "Extra gravy." C-A did not add extra gravy.
-11:07 a.m. a dietary ticket which indicated "No gravy" was observed. C-A viewed the dietary ticket, dished up meat, mashed potatoes, and poured gravy over the mashed potatoes and meat. D-A finished plating the food, put a cover on the plate, and the meal tray was placed into the warming cart. When asked for the residents name of the lunch that had just been plated, C-A looked at the dietary ticket and stated, "Oh, she doesn't like gravy," and dished up another plate of food without gravy.
-11:24 a.m. The last room tray was plated. C-C and D-A left the serving kitchen area, and C-A started plating food for residents eating in the dining room. DA-A went around to the residents in the dining room and asked residents what they would like for lunch, took their order, picked up the dietary ticket and verbally read the dietary ticket to C-A. C-A did not view the resident's dietary ticket before plating the food. The AD-A assisted serving in the dining room. The AD-A took the resident's food order, took the dietary slip to the serving counter, placed it on the meal tray and read the diet order to C-A. C-A did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

(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 803	Continued From page 7	F 803		

look at the dietary ticket prior to plating the food, but looked at the dietary ticket when the plated food was put on the serving tray.
Dining Observations completed at 11:34 a.m. after all residents were served.

On 9/9/20, at 1:18 p.m. the administrator was interviewed and stated she completed the investigation after R1 received the wrong textured diet. The administrator stated per her investigation, R1 told C-A her diet was changed to mechanical soft, and no longer needed the pureed diet. The DON further stated C-A did not see the dietary ticket and took R1's word, and served R1 a mechanical soft diet which consisted of ground meat and soft foods instead of pureed foods. The administrator stated the cooks should be looking and following the diets on the dietary tickets. The administrator confirmed R1's diet was never upgraded to mechanical soft from puree. The administrator stated she and the dietary manager (DM)-A talked to the cook who served the incorrect diet, and information about R1's incident was put in the weekly newsletter for the rest of the staff to read. The administrator verified no formal education or re-training was completed for the entire dietary, nursing or activity staff related to the importance of following the diets on the dietary tickets.

On 9/9/20, at 1:32 p.m. DM-A was interviewed and stated the dining room had been open for residents for about a week, with 10 residents eating in the dining room. DM-A stated the resident tables were set up prior to the resident arriving to the dining area with place settings, and the dietary tickets. Once the resident arrived at the table, the dietary staff verified the correct resident and dietary ticket, and took their food

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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 803	Continued From page 8	F 803		

and beverage order. DM-A stated the cooks did not see the dietary ticket prior to plating the food in the dining room. DM-A stated the cooks received the dietary order verbally from the staff taking the residents order. DM-A stated she was working the day R1 was served the wrong textured diet. DM-A stated R1 had been working with SLP-A on a trial of mechanical soft textured foods. DM-A verified she never received diet order changes for R1's diet and R1 was supposed to receive a pureed diet. DM-A stated after talking with dietary staff, C-C told C-A, R1 was on a mechanically soft diet and did not have the dietary slip to support the diet. DM-A stated there were only a few residents on special diets, and the cooks were familiar with those residents, and DM-A stated she did not understand how R1 received the wrong diet. DM-A stated she talked to the staff that were directly involved in the incident about the importance of following the resident's dietary tickets. DM-A stated she educated the dietary staff by putting up an updated list of resident diets in the kitchen, and gave an updated list to the DON. DM-A stated she did not have a formal meeting or training with the dietary staff, but talked amongst the kitchen staff that day of R1's choking incident. DM-A stated she thought about changing the serving process, and have the cooks look at the dietary tickets, and staff who pass room trays double check the dietary tickets before delivering the meal trays, but had not done that yet. DM-A further stated she also thought about having the dietary staff watch training videos, and develop a policy for the dietary staff to read and sign. DM-A stated she had not implemented those practices.

On 9/9/20, at 2:14 p.m. C-C was interviewed and stated she worked the day R1 was served the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

(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 803	Continued From page 9	F 803		

incorrect diet and choked. C-C stated during lunch on 9/1/20, R1 first was served a regular textured diet which C-C caught, the plate of food was removed, and R1 was given a mechanical soft diet. C-C stated she ordered R1 a mechanical soft diet instead of a pureed diet because R1 had been working with SLP-A, and she thought R1's diet had changed to mechanical soft. C-C stated she did not look at R1's dietary slip before ordering R1's mechanical soft diet. C-C stated R1 ate the entire meal and requested to have another plate of food. DA-A stated she ordered R1 another plate of mechanical soft food. C-C stated ideally, staff should bring the resident's dietary ticket to the cook, and the cook should read the dietary ticket before plating the food. C-C further stated the cooks were familiar the resident's diet, and could plate the food without looking at the dietary tickets. C-C stated because the cooks knew the resident's diets, they were not asking for the dietary tickets. C-C stated resident's dietary tickets were placed at each table, and when the residents arrived in the dining room, the staff were supposed to bring the dietary ticket to the cook to read before plating the food. C-C stated the dietary ticket should be checked again by the server before delivering the resident their food. C-C stated this was not being done. C-C stated she was not bringing the dietary ticket to the cooks when she worked in the dining room.

On 9/9/20, at 2:25 p.m. DA-A was interviewed and stated she was sitting with R1 the day R1 was served the incorrect diet and choked. DA-A stated R1 arrived at the dining table, which was already set up with place settings and R1's dietary ticket. DA-A stated no one never came and picked up R1's dietary ticket to bring to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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 803	Continued From page 10	F 803		

cook. DA-A stated R1's dietary ticket indicated puree diet with nectar liquids. DA-A stated R1 was served a mechanical soft diet, and DA-A did not question the diet because R1 had been working with SLP-A with mechanical soft foods. DA-A stated R1 ate the entire plate of food, and requested more food. DA-A stated she ordered another mechanical soft plate of food for R1. DA-A was eating fast and started to choke on her food, and started to change colors. DA-A stated the AD-A came into the dining room and rushed R1 to the nurse's station. DA-A stated she did not know what to do or how to help R1, and was scared. DA-A stated she was concerned there were no nursing staff present during meal times. DA-A stated it was the first week the dining opened for residents, and some staff were unaware dietary tickets needed to be brought to the cook. DA-A stated she had not received education or training after R1's incident of being served the incorrect diet. DA-A stated the DM-A was responsible for printing the dietary tickets the night before for the next day. DA-A stated often times the dietary tickets were not printed, or were printed but were blank, and staff had to remember each resident's food preferences.

On 9/10/20, at 8:55 a.m. C-A stated dietary tickets were printed the night before, and were reviewed and organized by the cooks before each meal. C-A stated the cooks should look at the dietary tickets for diet type, allergies, and preferences before plating the food, and a second check should be completed by the staff who delivered the meal. C-A stated she plated R1's food the day R1 choked. C-A stated DA-B requested a regular tray for R1, and C-A did not know who the regular meal tray was for. C-A found out DA-B delivered the regular meal tray to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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 803	Continued From page 11	F 803		

R1. C-C saw R1 had a regular diet, and before R1 ate any food, the plate was removed. C-C then ordered R1 a mechanical soft diet. C-A stated she knew R1's diet was supposed to be a pureed diet, but she continued to plate a mechanical soft diet for R1. C-A stated she should have asked to see R1's dietary ticket. C-A stated the only time R1 had a mechanical soft diet was when R1 was working directly with SLP-A. C-A stated R1 choked because she received a mechanical soft diet. C-A stated the administrator and the DM-A had spoken with her. C-A stated she did not receive any re-education, and was told by the DM-A to make sure dietary slips were being followed. C-A further stated it was the responsibility of the DM-A to update the dietary slips, and print them the night before to have ready for the next day. C-A stated sometimes the dietary slips were not printed, were blank, and it took weeks to get the dietary tickets updated with new information.

On 9/10/20, at 9:29 a.m. SLP-A was interviewed. SLP-A stated she worked with R1 a few different times to see if R1 would be able to progress from a pureed diet to a mechanical soft diet. SLP-A stated R1 started speech therapy (ST) on 8/24/20, and was being discharged from ST on 9/10/20. SLP-A stated R1 had unsafe feeding behaviors that consisted of shoveling food into her mouth, and taking too big of bites, putting her at a high risk of choking. SLP-A stated R1 was not appropriate to upgrade to a mechanical soft diet. SLP-A stated she did not make any dietary changes to R1's diet, and R1 was only to have a mechanical soft diet when SLP-A was sitting with her during ST sessions. SLP-A further stated dietary staff should be following the resident's dietary tickets, and never accept verbal orders

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

(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 803	Continued From page 12	F 803		

from other staff. SLP-A stated dietary changes were made on a dietary communication slip that was given to all department heads, and it was the responsibility of the dietary manager to make the changes on the dietary slips. SLP-A stated she was summoned to R1's room the day she choked. SLP-A stated she coached R1 to continue and try to cough up the foods. SLP-A stated R1 finally coughed up some ground meat and carrots, her color started to return to normal, but her lungs had audible gurgles. SLP-A stated if a resident received the wrong textured diet, the could choke, aspirate, or possible die.

On 9/10/20, at 2:01 p.m. the snack tray observed being passed on Green Valley unit by C-B and DA-B. C-B was interviewed and stated he had the resident's diets memorized. C-B stated there was a clipboard with the list of the resident diets, but had been unable to find it, so he went by memory. C-B stated he was aware R1 had a choking episode after being served the incorrect texture diet. C-B stated he did not receive any education or training after R1's choking incident.

On 9/10/20, at 2:13 p.m. DA-B was interviewed and stated he would ask the cook or look at the dietary ticket to know a resident's diet. DA-B stated he worked the day R1 had her choking episode. DA-B stated he asked R1 what she wanted for lunch, and ordered R1 a regular lunch tray from the cook. DA-B stated he brought R1 a regular textured diet, and immediately was told by C-C that R1 could not have regular textured foods, and needed a mechanical soft diet. DA-B stated a mechanical soft diet was requested from the cook, and although he had R1's dietary ticket, he did not read it, nor did he show C-A the dietary ticket. DA-B stated serving in the dining room was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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 803	Continued From page 13	F 803		

new, and there had not been any training on the process. DA-B stated there had been no training or education provided after R1 was served the incorrect texture diet.

On 9/10/20, at 3:21 p.m. the DON was interviewed. The DON stated if a resident's diet changed, a communication form was completed, and given to the DM-A to make the dietary changes. The DON stated verbal diet orders were not acceptable, and she would expect staff to follow the correct process. The DON stated she did not work the day R1 was served the wrong textured diet. The DON stated she was not involved in investigating the choking incident, and she was unaware if all staff were re-educated. The DON further stated the DM-A was responsible for the dietary staff, and the DON was responsible for the nursing staff, and the DON did not retrain nursing staff. The DON stated the nurse managers were told to check the dietary tickets before the meal trays were delivered to resident rooms. The DON stated all staff should check the resident's dietary ticket before delivering a meal tray. The DON confirmed R1 was supposed to receive a pureed diet, and R1's diet orders had not been changed to mechanical soft.

On 9/10/20, at 3:38 p.m. AD-A stated he was present the day of R1's choking episode. The AD-A further stated he noticed R1 was having a difficult time breathing, and brought R1 to the nurse's station right away. The AD stated he was directed by the nurse to get the SLP. The AD-A stated he assisted with passing lunch trays in the dining room, and did not hand the cooks the dietary tickets, and instead read the diet order to the cook. The AD-A stated he felt the cook

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

(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 803	Continued From page 14	F 803		

should not be touching the dietary tickets and dishing up the food. The AD-A stated he had not received any education or training after R1's choking episode.

On 9/10/20, at 3:45 p.m. C-D stated he was aware R1 was served a mechanical soft diet instead of a pureed diet, which resulted in R1's choking episode. C-D stated he did not receive any education or training after R1's incident. C-D stated the cooks were supposed to look at the resident's dietary ticket before plating the food, and stated not everyone followed the process. C-D stated it was concerning there were no nursing staff in the dining room during meals.

The facility policy Dining and Nutritional Services dated 9/11/20, directed direct care staff providing meal service will ensure the correct diet is provided to the resident by verifying the diet order on the meal ticket with the dietary server. The staff requesting a resident's tray will be responsible for communicating to the dietary server the resident's diet, adaptive equipment and any other considerations utilizing the resident's meal ticket. The policy further directed residents will be served diets per their order, and mechanically Altered Diets, such as mechanical soft diet and/or pureed, will be served to residents who require this texture due to problems with chewing or swallowing and may be at risk for choking. Diet orders may also include fluid consistency changes, including nectar, honey, or pudding consistency.

The immediate jeopardy that began on 9/10/10, at 11:10 a.m. was removed on 9/10/20, at 1:00 p.m. when it was verified by observation, interview, and document review, the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245414	A. BUILDING _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	**3111 CHURCH STREET DULUTH, MN 55811**

(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 803	Continued From page 15	F 803		

trained dietary aides, nursing staff, and activity staff on the need to ensure dietary tickets were checked prior to a resident being served food. The facility revised and implemented new dietary policies on Dining and Nutritional Services.

Implementations included:

All dietary, nursing, and activity staff working were immediately re-educated on meal textures, and to ensure meal tickets were checked prior serving food to residents. All other staff reporting to work were required to receive training prior to their next shift.

A list of residents diets were updated and placed on each nursing unit.

The interdisciplinary team (IDT) reviewed and revised dietary policies and procedures on serving food on Dining and Nutrition Services.

New hires that assisted with food service would be educated on the updated Dining and Nutritional Services policy and procedure upon hire, and would be required to complete the training course "Dining, Nutrition and Food Safety."

The administrator, DON, ADON, and DM-A provided training on the need to ensure meal tickets were checked prior to a resident being served food.

Auditing of the Dining and Nutritional Services policy and procedure would occur, and results will be reported to the facility Quality Assurance and Performance Improvement Committee.

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 30, 2020

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

Re: State Nursing Home Licensing Orders
Event ID: VBEV11

Dear Administrator:

The above facility was surveyed on September 9, 2020 through September 11, 2020 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. 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:

Teresa Ament, Unit Supervisor
Duluth Survey Team
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
Phone: (218) 302-6151

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
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
2 000	Initial Comments	2 000		

*****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 9/9/20, through 9/11/20, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be not in compliance with the MN State Licensure.

The survey resulted in an immediate jeopardy (IJ) to resident health and safety. An IJ at F803 began

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
2 000	Continued From page 1 on 9/1/20, at 11:10 a.m. when a resident (R1) was served the incorrect textured diet and had a choking episode. The facility failed ensure a resident with dysphagia and on a puree diet was served a mechanically soft diet and had a choking episode. In addition the facility failed to educate the entire nursing and dietary staff on how to identify the type of diet a resident is on based on their dietary ticket, and to serve residents what was identified on their dietary ticket. The administrator, DON, and ADON were notified of the IJ for R1 on 9/10/20, at 4:31 p.m. The IJ was removed on 9/11/20. The following complaint was found to be substantiated: H5414070C. The following complaint was found to be SUBSTANTIATED: H5414070C with licensing orders issued. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Please indicate your electronic plan of correction that you have reviewed these orders, and identify the date when they will be corrected.	2 000		
21050	MN Rule 4658.0625 Subp. 1 Menus; Meal Planning Subpart 1. Menu planning. All menus must be planned in advance, dated, and followed. Any changes in the meals actually served must be of equal nutritional value. The general menu for a seven-day period must be posted prior to the start of that seven-day period at a location readily accessible to residents, and any changes to the general menu must be noted on that posted	21050		10/7/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 2 menu. All menus and any changes for the current and following seven-day periods must be posted in the dietary area. Records of menus and of foods purchased must be filed for six months. A variety of foods must be provided. A file of tested recipes adjusted to a yield appropriate for the size of the home must be maintained. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the correct diet texture was served to 1 of 4 residents (R1) reviewed for diet texture. This resulted in an immediate jeopardy for R1, who received the wrong diet texture, and had choking episode. R1 required medical intervention, the Heimlich manuever, to remove the food. The immediate jeopardy began 9/1/20, when R1 was served the wrong textured diet, which resulted in R1 choking. Staff did not follow R1's dietary orders for a pureed diet, and R1 was served a mechanical soft diet (foods that are soft and easy to chew). R1 ate the food, and had a choking episode which lasted 10 minutes. The administrator, director of nursing (DON), assistant director of nursing (ADON), and the facility's quality assurance nurse were notified of the immediate jeopardy at 4:31 p.m. on 9/10/20. The immediate jeopardy was removed on 9/11/20, at 1:00 p.m. but noncompliance remained at the lower scope and severity level of D, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include:	21050	See POC for F803	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 3	21050		

R1's Face Sheet dated 9/1/20, indicated R1's diagnoses included dysphagia (difficulty swallowing), history of ischemic attacks (mini strokes), history of cerebral embolism (a sudden blockage of a brain vessel), and Parkinson's disease.

R1's quarterly Minimum Data Set (MDS) dated 7/14/20, indicated R1 was cognitively intact, on a mechanically altered diet, and required supervision with eating.

R1's Active Orders dated 9/10/20, indicated R1's diet was a pureed diet (texture of a pudding or mousse) and nectar liquids (consistency of apricot nectar) effective 4/30/20.

R1's care plan dated 6/8/17, indicated R1 was on a pureed textured diet with nectar fluids.

R1's pocket care guide (nursing assistant care guide) undated, lacked identification of R1's diet texture.

On 8/20/20, the NP initiated the following order: SLP-A to evaluate, treat, and make recommendations.

On 9/1/20, at 11:10 a.m. a progress note indicated R1 was brought to her room from the dining room by the activities director (AD)-A. R1 had aspirated on her food, turned a gray dusky color, and could barely inhale. R1 was encouraged to continue and try to cough up, spit up, or vomit anything she could. The ADON and the speech language pathologist (SLP)-A arrived to R1's room. After approximately 10 minutes of coughing, R1 coughed/vomited up a moderate amount of thick, frothy like phlegm, mixed with light brown food particles. R1's color returned,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 4	21050		

and R1 was able to breath more easily. R1's lung sounds presented crackles and wheezes. After R1 was administered an Albuterol (liquid medication that is inhaled to treat/prevent difficulty breathing) nebulizer treatment, R1's lungs had slight audible wheezes. The progress note further indicated R1 had a chest x-ray.

On 9/1/20, at 1:49 p.m. the facility submitted a report to the State Agency (SA). The facility indicated R1 was served the incorrect diet consistency at lunch, which resulted in a choking episode and possible aspiration (a condition in which food, liquids, saliva, or vomit is breathed into the airways).

On 9/1/20, a note from R1's nurse practitioner (NP) indicated R1 was requested to be seen by the NP due to a choking episode during lunch earlier that day. The note further indicated R1 was served a mechanical soft diet which was the wrong textured diet, and resulted in R2 choking and needing the Heimlich maneuver to provide relief. R1 was immediately in respiratory distress with low oxygen saturation, and had a raspy voice. The note further indicated R1 had possible aspiration pneumonia, was ordered DuoNebs (medication used to treat narrowing of the airway), and a chest X-ray. R1 was to continue on a pureed diet with supervision of meals. The note indicated R1 was tired and scared after her choking episode, and refused to eat the rest of her second portion of lunch.

On 9/2/20, R1's chest X-ray impression indicated R1 had no acute infiltration (filling of air spaces in the lungs) or pneumothorax (a collapsed lung).

R1's dietary ticket dated 9/9/20, indicated R1 was to receive a puree diet, no restrictions with small

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 5 portions with nectar liquids. On 9/9/20, the facility's Incident Details investigative report indicated on 9/1/20, at 11:10 a.m. R1 had aspirated on her food. R1 became a dusky gray color, sounded raspy and congested, and was barely able to breathe. The speech language pathologist (SLP)-A was summoned, and after approximately 10 minutes, R1 coughed/vomited up a moderate amount of phlegm mixed with light brown food particles. R1's color started to return, and she was able to breathe more easily. R1's lungs were documented to have crackles and wheezes in the bases of the lungs. On 9/1/20, a speech therapy (ST) note indicated SLP-A saw R1 after the meal due to a choking episode. R1's lungs presented crackles with wet vocal quality and breathing. The SLP-A educated R1 on diet level and risks of aspiration and pneumonia. The note indicated staff served R1 a mechanical soft diet for lunch despite R1 being on a puree textured diet unless with the SLP-A for trials. The note further indicated staff was to be re-educated on the importance of following diet orders. On 9/9/20, at 11:09 a.m. the dining room was observed. Each resident's dietary ticket was setting at their table. Dietary staff went to each resident, took their food and beverage orders, and told the cook the resident's food choices. The cook plated the food, and the dietary staff delivered the meal to the residents. Some staff were observed taking the dietary tickets up with them when ordering the resident's lunch, and some staff left the dietary tickets at the resident's table when ordering the resident's meal.	21050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 6 On 9/10/20, observation of dietary staff plating and serving in the dining room started at 10:07 a.m. -10:08 a.m. Cook (C)-A took the temperature of the meat, and began to make mashed potatoes. -10:16 a.m. C-A prepared the dietary tickets, gathered plates and plate covers. The dietary aide (D)-A made coffee and was setting the tables with placemats, napkins and silverware. The D-A asked C-A the names of residents who required special utensils, and put in place. Surveyor noticed C-A had a scratch piece of paper hand written with a resident name, room number, and breakfast. C-A stated they ran out of dietary tickets that morning for breakfast, so some of the resident's dietary tickets had to be hand written on paper. -10:23 a.m. C-C set the dining tables with cups. -10:29 a.m. C-A showed a blank dietary ticket with only the date, meal time, name, diet, and allergies printed. The dietary ticket was missing the food items and preferences. C-A stated blank dietary tickets were common and often times were not printed the night before. -10:29 a.m. C-C and C-A were in the serving kitchen assisting with getting room trays ready. C-A took the diet tickets from the pile, dished up the food, handed the plate and dietary ticket to D-A. C-C put the cover on the plate and put the tray of food in the warming cart. -A dietary ticket indicated "Extra gravy." C-A did not add extra gravy. -11:07 a.m. a dietary ticket which indicated "No gravy" was observed. C-A viewed the dietary ticket, dished up meat, mashed potatoes, and poured gravy over the mashed potatoes and meat. D-A finished plating the food, put a cover on the plate, and the meal tray was placed into the warming cart. When asked for the residents name of the lunch that had just been plated, C-A	21050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 7	21050		

looked at the dietary ticket and stated, "Oh, she doesn't like gravy," and dished up another plate of food without gravy.
-11:24 a.m. The last room tray was plated. C-C and D-A left the serving kitchen area, and C-A started plating food for residents eating in the dining room. DA-A went around to the residents in the dining room and asked residents what they would like for lunch, took their order, picked up the dietary ticket and verbally read the dietary ticket to C-A. C-A did not view the resident's dietary ticket before plating the food. The AD-A assisted serving in the dining room. The AD-A took the resident's food order, took the dietary slip to the serving counter, placed it on the meal tray and read the diet order to C-A. C-A did not look at the dietary ticket prior to plating the food, but looked at the dietary ticket when the plated food was put on the serving tray.
Dining Observations completed at 11:34 a.m. after all residents were served.

On 9/9/20, at 1:18 p.m. the administrator was interviewed and stated she completed the investigation after R1 received the wrong textured diet. The administrator stated per her investigation, R1 told C-A her diet was changed to mechanical soft, and no longer needed the pureed diet. The DON further stated C-A did not see the dietary ticket and took R1's word, and served R1 a mechanical soft diet which consisted of ground meat and soft foods instead of pureed foods. The administrator stated the cooks should be looking and following the diets on the dietary tickets. The administrator confirmed R1's diet was never upgraded to mechanical soft from puree. The administrator stated she and the dietary manager (DM)-A talked to the cook who served the incorrect diet, and information about R1's incident was put in the weekly newsletter for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 8	21050		

the rest of the staff to read. The administrator verified no formal education or re-training was completed for the entire dietary, nursing or activity staff related to the importance of following the diets on the dietary tickets.

On 9/9/20, at 1:32 p.m. DM-A was interviewed and stated the dining room had been open for residents for about a week, with 10 residents eating in the dining room. DM-A stated the resident tables were set up prior to the resident arriving to the dining area with place settings, and the dietary tickets. Once the resident arrived at the table, the dietary staff verified the correct resident and dietary ticket, and took their food and beverage order. DM-A stated the cooks did not see the dietary ticket prior to plating the food in the dining room. DM-A stated the cooks received the dietary order verbally from the staff taking the residents order. DM-A stated she was working the day R1 was served the wrong textured diet. DM-A stated R1 had been working with SLP-A on a trial of mechanical soft textured foods. DM-A verified she never received diet order changes for R1's diet and R1 was supposed to receive a pureed diet. DM-A stated after talking with dietary staff, C-C told C-A, R1 was on a mechanically soft diet and did not have the dietary slip to support the diet. DM-A stated there were only a few residents on special diets, and the cooks were familiar with those residents, and DM-A stated she did not understand how R1 received the wrong diet. DM-A stated she talked to the staff that were directly involved in the incident about the importance of following the resident's dietary tickets. DM-A stated she educated the dietary staff by putting up an updated list of resident diets in the kitchen, and gave an updated list to the DON. DM-A stated she did not have a formal meeting or training with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 9	21050		

the dietary staff, but talked amongst the kitchen staff that day of R1's choking incident. DM-A stated she thought about changing the serving process, and have the cooks look at the dietary tickets, and staff who pass room trays double check the dietary tickets before delivering the meal trays, but had not done that yet. DM-A further stated she also thought about having the dietary staff watch training videos, and develop a policy for the dietary staff to read and sign. DM-A stated she had not implemented those practices.

On 9/9/20, at 2:14 p.m. C-C was interviewed and stated she worked the day R1 was served the incorrect diet and choked. C-C stated during lunch on 9/1/20, R1 first was served a regular textured diet which C-C caught, the plate of food was removed, and R1 was given a mechanical soft diet. C-C stated she ordered R1 a mechanical soft diet instead of a pureed diet because R1 had been working with SLP-A, and she thought R1's diet had changed to mechanical soft. C-C stated she did not look at R1's dietary slip before ordering R1's mechanical soft diet. C-C stated R1 ate the entire meal and requested to have another plate of food. DA-A stated she ordered R1 another plate of mechanical soft food. C-C stated ideally, staff should bring the resident's dietary ticket to the cook, and the cook should read the dietary ticket before plating the food. C-C further stated the cooks were familiar the resident's diet, and could plate the food without looking at the dietary tickets. C-C stated because the cooks knew the resident's diets, they were not asking for the dietary tickets. C-C stated resident's dietary tickets were placed at each table, and when the residents arrived in the dining room, the staff were supposed to bring the dietary ticket to the cook to read before plating the food. C-C stated the dietary ticket should be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 10	21050		

checked again by the server before delivering the resident their food. C-C stated this was not being done. C-C stated she was not bringing the dietary ticket to the cooks when she worked in the dining room.

On 9/9/20, at 2:25 p.m. DA-A was interviewed and stated she was sitting with R1 the day R1 was served the incorrect diet and choked. DA-A stated R1 arrived at the dining table, which was already set up with place settings and R1's dietary ticket. DA-A stated no one never came and picked up R1's dietary ticket to bring to the cook. DA-A stated R1's dietary ticket indicated puree diet with nectar liquids. DA-A stated R1 was served a mechanical soft diet, and DA-A did not question the diet because R1 had been working with SLP-A with mechanical soft foods. DA-A stated R1 ate the entire plate of food, and requested more food. DA-A stated she ordered another mechanical soft plate of food for R1. DA-A was eating fast and started to choke on her food, and started to change colors. DA-A stated the AD-A came into the dining room and rushed R1 to the nurse's station. DA-A stated she did not know what to do or how to help R1, and was scared. DA-A stated she was concerned there were no nursing staff present during meal times. DA-A stated it was the first week the dining opened for residents, and some staff were unaware dietary tickets needed to be brought to the cook. DA-A stated she had not received education or training after R1's incident of being served the incorrect diet. DA-A stated the DM-A was responsible for printing the dietary tickets the night before for the next day. DA-A stated often times the dietary tickets were not printed, or were printed but were blank, and staff had to remember each resident's food preferences.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 11 On 9/10/20, at 8:55 a.m. C-A stated dietary tickets were printed the night before, and were reviewed and organized by the cooks before each meal. C-A stated the cooks should look at the dietary tickets for diet type, allergies, and preferences before plating the food, and a second check should be completed by the staff who delivered the meal. C-A stated she plated R1's food the day R1 choked. C-A stated DA-B requested a regular tray for R1, and C-A did not know who the regular meal tray was for. C-A found out DA-B delivered the regular meal tray to R1. C-C saw R1 had a regular diet, and before R1 ate any food, the plate was removed. C-C then ordered R1 a mechanical soft diet. C-A stated she knew R1's diet was supposed to be a pureed diet, but she continued to plate a mechanical soft diet for R1. C-A stated she should have asked to see R1's dietary ticket. C-A stated the only time R1 had a mechanical soft diet was when R1 was working directly with SLP-A. C-A stated R1 choked because she received a mechanical soft diet. C-A stated the administrator and the DM-A had spoken with her. C-A stated she did not receive any re-education, and was told by the DM-A to make sure dietary slips were being followed. C-A further stated it was the responsibility of the DM-A to update the dietary slips, and print them the night before to have ready for the next day. C-A stated sometimes the dietary slips were not printed, were blank, and it took weeks to get the dietary tickets updated with new information. On 9/10/20, at 9:29 a.m. SLP-A was interviewed. SLP-A stated she worked with R1 a few different times to see if R1 would be able to progress from a pureed diet to a mechanical soft diet. SLP-A stated R1 started speech therapy (ST) on 8/24/20, and was being discharged from ST on	21050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 12	21050		

9/10/20. SLP-A stated R1 had unsafe feeding behaviors that consisted of shoveling food into her mouth, and taking too big of bites, putting her at a high risk of choking. SLP-A stated R1 was not appropriate to upgrade to a mechanical soft diet. SLP-A stated she did not make any dietary changes to R1's diet, and R1 was only to have a mechanical soft diet when SLP-A was sitting with her during ST sessions. SLP-A further stated dietary staff should be following the resident's dietary tickets, and never accept verbal orders from other staff. SLP-A stated dietary changes were made on a dietary communication slip that was given to all department heads, and it was the responsibility of the dietary manager to make the changes on the dietary slips. SLP-A stated she was summoned to R1's room the day she choked. SLP-A stated she coached R1 to continue and try to cough up the foods. SLP-A stated R1 finally coughed up some ground meat and carrots, her color started to return to normal, but her lungs had audible gurgles. SLP-A stated if a resident received the wrong textured diet, the could choke, aspirate, or possible die.

On 9/10/20, at 2:01 p.m. the snack tray observed being passed on Green Valley unit by C-B and DA-B. C-B was interviewed and stated he had the resident's diets memorized. C-B stated there was a clipboard with the list of the resident diets, but had been unable to find it, so he went by memory. C-B stated he was aware R1 had a choking episode after being served the incorrect texture diet. C-B stated he did not receive any education or training after R1's choking incident.

On 9/10/20, at 2:13 p.m. DA-B was interviewed and stated he would ask the cook or look at the dietary ticket to know a resident's diet. DA-B stated he worked the day R1 had her choking

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 13	21050		

episode. DA-B stated he asked R1 what she wanted for lunch, and ordered R1 a regular lunch tray from the cook. DA-B stated he brought R1 a regular textured diet, and immediately was told by C-C that R1 could not have regular textured foods, and needed a mechanical soft diet. DA-B stated a mechanical soft diet was requested from the cook, and although he had R1's dietary ticket, he did not read it, nor did he show C-A the dietary ticket. DA-B stated serving in the dining room was new, and there had not been any training on the process. DA-B stated there had been no training or education provided after R1 was served the incorrect texture diet.

On 9/10/20, at 3:21 p.m. the DON was interviewed. The DON stated if a resident's diet changed, a communication form was completed, and given to the DM-A to make the dietary changes. The DON stated verbal diet orders were not acceptable, and she would expect staff to follow the correct process. The DON stated she did not work the day R1 was served the wrong textured diet. The DON stated she was not involved in investigating the choking incident, and she was unaware if all staff were re-educated. The DON further stated the DM-A was responsible for the dietary staff, and the DON was responsible for the nursing staff, and the DON did not retrain nursing staff. The DON stated the nurse managers were told to check the dietary tickets before the meal trays were delivered to resident rooms. The DON stated all staff should check the resident's dietary ticket before delivering a meal tray. The DON confirmed R1 was supposed to receive a pureed diet, and R1's diet orders had not been changed to mechanical soft.

On 9/10/20, at 3:38 p.m. AD-A stated he was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 14	21050		

present the day of R1's choking episode. The AD-A further stated he noticed R1 was having a difficult time breathing, and brought R1 to the nurse's station right away. The AD stated he was directed by the nurse to get the SLP. The AD-A stated he assisted with passing lunch trays in the dining room, and did not hand the cooks the dietary tickets, and instead read the diet order to the cook. The AD-A stated he felt the cook should not be touching the dietary tickets and dishing up the food. The AD-A stated he had not received any education or training after R1's choking episode.

On 9/10/20, at 3:45 p.m. C-D stated he was aware R1 was served a mechanical soft diet instead of a pureed diet, which resulted in R1's choking episode. C-D stated he did not receive any education or training after R1's incident. C-D stated the cooks were supposed to look at the resident's dietary ticket before plating the food, and stated not everyone followed the process. C-D stated it was concerning there were no nursing staff in the dining room during meals.

The facility policy Dining and Nutritional Services dated 9/11/20, directed direct care staff providing meal service will ensure the correct diet is provided to the resident by verifying the diet order on the meal ticket with the dietary server. The staff requesting a resident's tray will be responsible for communicating to the dietary server the resident's diet, adaptive equipment and any other considerations utilizing the resident's meal ticket. The policy further directed residents will be served diets per their order, and mechanically Altered Diets, such as mechanical soft diet and/or pureed, will be served to residents who require this texture due to problems with chewing or swallowing and may be at risk for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 15	21050		

choking. Diet orders may also include fluid consistency changes, including nectar, honey, or pudding consistency.

The immediate jeopardy that began on 9/10/10, at 11:10 a.m. was removed on 9/10/20, at 1:00 p.m. when it was verified by observation, interview, and document review, the facility trained dietary aides, nursing staff, and activity staff on the need to ensure dietary tickets were checked prior to a resident being served food. The facility revised and implemented new dietary policies on Dining and Nutritional Services.

Implementations included:

All dietary, nursing, and activity staff working were immediately re-educated on meal textures, and to ensure meal tickets were checked prior serving food to residents. All other staff reporting to work were required to receive training prior to their next shift.

A list of residents diets were updated and placed on each nursing unit.

The interdisciplinary team (IDT) reviewed and revised dietary policies and procedures on serving food on Dining and Nutrition Services.

New hires that assisted with food service would be educated on the updated Dining and Nutritional Services policy and procedure upon hire, and would be required to complete the training course "Dining, Nutrition and Food Safety."

The administrator, DON, ADON, and DM-A provided training on the need to ensure meal tickets were checked prior to a resident being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00602	A. BUILDING: _____ B. WING _____	C 09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEWCREST HEALTH CENTER	3111 CHURCH STREET DULUTH, MN 55811

(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
21050	Continued From page 16 served food. Auditing of the Dining and Nutritional Services policy and procedure would occur, and results will be reported to the facility Quality Assurance and Performance Improvement Committee. SUGGESTED METHOD FOR CORRECTION: The director of nursing (DON), dietary manager (DM) or designee could review and/or revise policies and procedures to ensure staff were checking dietary tickets and to ensure residents receive the correct diets. The DON or designee could educate the appropriate staff on the policies/procedures. The DON or designee could develop a monitoring system to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	21050		