



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

Electronically Delivered  
March 25, 2021

Administrator  
Viewcrest Health Center  
3111 Church Street  
Duluth, MN 55811

RE: CCN: 245414  
Cycle Start Date: February 18, 2021

Dear Administrator:

On March 25, 2021, the Minnesota Department(s) of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

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

Joanne Simon, Enforcement Specialist  
Minnesota Department of Health  
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



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

Electronically delivered  
March 5, 2021

Administrator  
Viewcrest Health Center  
3111 Church Street  
Duluth, MN 55811

RE: CCN: 245414  
Cycle Start Date: February 18, 2021

Dear Administrator:

On February 18, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

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

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

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

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

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

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

## DEPARTMENT CONTACT

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

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

## PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

## VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of

the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by May 18, 2021 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by August 18, 2021 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](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.

Viewcrest Health Center

March 5, 2021

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Feel free to contact me if you have questions.

Sincerely,

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

Joanne Simon, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 03/12/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245414</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/18/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>VIEWCREST HEALTH CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3111 CHURCH STREET</b> <b>DULUTH, MN 55811</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  On 2/16/21, through 2/18/21, an abbreviated survey was completed at your facility to conduct complaint investigations. Your facility was found NOT to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  The following complaint was found to be SUBSTANTIATED: H5414075C  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 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)  §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-  §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or			F 692			3/19/21

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

TITLE

(X6) DATE

Electronically Signed

03/11/2021

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

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F 692	<p>Continued From page 1</p> <p>desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and document review, the facility failed to complete accurate and ongoing weight monitoring and nutritional assessment for 1 of 4 residents (R1) reviewed for nutrition.</p> <p>Findings include:</p> <p>R1's Face Sheet printed 2/18/21, included diagnoses of vascular dementia, thyroid disorder, and history of other unspecified disease of circulatory system.</p> <p>R1's annual Minimum Data Set (MDS) dated 12/15/20, identified R1 had severe cognitive impairment, and required extensive assistance with bed mobility, transfers, dressing, toileting, personal hygiene and bathing. The MDS identified R1 required set up assist for meals, and was independent with eating tasks. The MDS identified R1 had no weight loss, and had no difficulty with swallowing liquids/solids.</p> <p>R1's care plan initiated 1/14/20, identified R1 had the potential for alteration in nutrition due to leaving 25% or more of food uneaten at times. The care plan indicated goals which included to</p>	F 692	<p>It is the policy of Viewcrest Health Care Center to ensure that all residents maintain adequate nutritional status including sufficient fluid intake. R1 was discharged from the facility on 1/18/2021. All residents in the facility have the potential to be impacted by this practice. All residents in the facility were weighed the week of 2/16/21 to ensure an accurate baseline weight was recorded. All nursing staff will be tested for competency on weighing a resident by 3/19/21. The policy and procedure for recording weights was reviewed and updated to include verification of weight by two staff members all nursing staff will be educated on this policy change. A new tracking tool was created for tracking of meal percentages. All nursing staff along with any staff involved in the service of meals will be educated on the new policy and procedure for recording intakes by 3/19/21. All residents will be weighed a minimum of weekly or per physician orders, any significant change in weight will be reported to the resident's physician</p>		

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F 692	<p>Continued From page 2</p> <p>keep R1's weight stable at 165-175 pounds (lbs), and R1 would consume at 75% of most meals. The care plan further instructed staff to perform weekly weights, and for the dietician to evaluate as needed for weight gain/loss or other problems noted.</p> <p>R1's Physician Orders initiated 4/2/20, included weekly weights 1 time per day every Monday at 8:00 a.m. Ensure nursing assistant (NA) obtains weight, and documents.</p> <p>R1's Annual Nutrition Assessment dated 12/15/20, identified R1's weight was noted to be 172 lbs. The assessment indicated R1's weight was stable, and was within desired healthy goal weight of 165-175 lbs. The assessment further indicated R1's nutritional needs for maintaining weight were assessed at 1900-2000 calories per day. The assessment also indicated R1's oral intake was down from last quarter, however, R1's weight was stable and within goal range.</p> <p>On 12/28/20, at 6:39 p.m. a progress note indicated registered nurse (RN)-A had spoken with R1's family member (FM)-B. FM-B was concerned about R1's decline and weight loss. FM-B had also inquired about R1's intake.</p> <p>R1's meal intake records from the electronic health record (EHR) from 9/1/20, to 12/31/20, and weekly total combined three daily meal (breakfast, lunch, and dinner) and three daily snack (morning, afternoon, and bedtime) averages included:</p> <p>9/1/20, through 9/7/20, 25% combined meal intake with no snack intake for all 7 days.</p>	F 692	<p>along with the facility dietary manager who will update the Registered Dietician as needed. The interdisciplinary team will continue to review residents with significant weight loss for appropriate interventions. The Director of Nursing (DON) or Designee will audit weights weekly to ensure completion as well as accuracy until compliance as achieved. In addition the DON or designee will audit meal percentages three times per week for a minimum of a month or until substantial compliance is achieved. Results of all audits will be reviewed by the facility quality assurance performance improvement program.</p>		



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F 692	<p>Continued From page 3</p> <p>9/8/20, through 9/14/20, 35% combined meal intake with no snack intake for all 7 days.</p> <p>9/15/20, through 9/22/20, 37% combined meal intake with no snack intake for all 7 days.</p> <p>9/23/20, through 9/29/20, 48% combined meal intake with no snack intake for all 7 days.</p> <p>9/30/20, through 10/6/20, 47% combined meal intake with no snack intake for all 7 days.</p> <p>10/7/20, through 10/13/20, 33% combined meal intake with no snack intake for all 7 days.</p> <p>10/14/20, through 10/20/20, 54% combined meal intake with no snack intake for all 7 days.</p> <p>10/21/20, through 10/27/20, 43% combined meal intake with no snack intake for all 7 days.</p> <p>10/28/20, through 11/3/20, 34% combined meal intake with 33% snack average documented intake on 10/30/20. No additional snack intake documented.</p> <p>11/4/20, through 11/10/20, 46% combined meal intake with no snack intake for all 7 days.</p> <p>11/11/20, through 11/17/20, 22% combined meal intake with no snack intake for all 7 days.</p> <p>11/18/20, through 11/24/20, 33% combined meal intake with no snack intake for all 7 days.</p> <p>11/25/20, through 12/2/20, 13% combined meal intake with no snack intake for all 7 days.</p> <p>12/3/20, through 12/9/20, 34% combined meal</p>	F 692			

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F 692	<p>Continued From page 4 intake with no snack intake for all 7 days.</p> <p>12/10/20, through 12/21/20, 15% combined meal intake with 25% snack average documented intake on 12/21/20. No additional snack intake documented.</p> <p>12/22/20, through 12/31/20, 22% combined meal intake with no snack intake for all 7 days</p> <p>R1's weight record from the EHR 9/7/20, to 12/28/20, indicated:</p> <p>9/7/20: 170 lbs.</p> <p>9/14/20: 170 lbs.</p> <p>9/24/20: 171 lbs.</p> <p>9/27/20: 170 lbs.</p> <p>10/5/20: 172 lbs.</p> <p>10/12/20: 170 lbs.</p> <p>10/19/20: 171 lbs.</p> <p>10/26/20: 169 lbs.</p> <p>11/1/20: 173 lbs.</p> <p>11/9/20: 173 lbs.</p> <p>11/16/20: 172 lbs.</p> <p>11/23/20: 171 lbs.</p> <p>11/30/20: 169 lbs.</p>			F 692			

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F 692	<p>Continued From page 5</p> <p>12/12/20: 172 lbs.</p> <p>12/21/20: 171 lbs.</p> <p>12/28/20: 144 lbs. This was a 27 lb weight loss, and represented a 16% weight loss in seven days.</p> <p>On 2/17/21, at 1:58 p.m. the administrator and director of nursing (DON) were interviewed. The administrator stated at the time the weight loss was identified, only those staff working on R1's unit were educated on taking weights accurately, and documenting the weights. The education also included reviewing the facility weight management policy. The administrator stated there was no knowledge of alleged falsifying weights for R1. The administrator stated all scales were checked and calibrated for accuracy, and no additional discrepancies were identified at that time. The administrator stated, "There's no proof that staff were not weighing correctly, so we think he lost 30 lbs. in one week." The administrator further stated they were not able to speak with RN-A as he was unavailable.</p> <p>On 2/17/21, at 2:45 p.m. dietary manger (DM)-C was interviewed and stated a resident's weight loss was reviewed and discussed at the interdisciplinary team (IDT) meetings. DM-C stated a weight loss greater than 5% monthly and 10% in 6 months was considered a significant weight loss. DM-C stated RN-A had made her aware of R1's weight loss, and the loss was around 30 lbs. DM-C further stated a weight loss of 30 lbs in a week would be impossible.</p> <p>On 2/17/21, at 3:00 p.m. registered dietician (RD)-D was interviewed. RD-D stated she worked</p>	F 692			

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F 692	<p>Continued From page 6</p> <p>closely with DM-C and nursing staff. RD-D stated in her opinion, a weigh loss of 30 lbs in a week would be impossible. RD-D stated she was made aware of R1's significant weight loss in December. RD-D stated RN-A had verified, to her, R1's weight was in fact 144 lbs. RD-D further stated accurate weights taken by staff were very important because this was how she would identify a resident's weight loss. RD-D stated if weights were not taken and recorded accurately, there would be no way for her to identify weight loss and put in the necessary nutritional interventions.</p> <p>On 2/18/21, at 6:50 a.m. the facility medical director (MD)-A was interviewed and stated he would not expect a resident to have such a significant weight loss in one week. MD-A stated a weight loss that great would happen over a period of time, greater than even a month. MD-A stated he would expect the facility was closely monitoring residents' weights. MD-A stated poor nutritional intake would be a contributing factor, and he would have expected resident's meal intakes were monitored, and the resident's primary physical should have been notified.</p> <p>On 2/18/21, at 7:44 a.m. DM-C stated the nursing assistants (NA) were responsible for recording the meal percentage after the residents have eaten. DM-C stated NAs record the intake on the meal tickets. DM-C stated she personally does not look at resident's meal intakes and percentages. DM-C stated herself and RD-D reviewed residents who have documented weight loss. DM-C again stated she personally does not look at the percentage of meals residents have eaten. DM-C stated it was very important for weights to be accurate, otherwise they would not</p>	F 692			

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F 692	<p>Continued From page 7</p> <p>know if there was a weight loss. DM-C further stated documented weight loss would then be discussed at facility IDT meetings which would then allow for interventions to be added and followed, with monitoring of the residents' weight.</p> <p>On 2/18/21, at 8:08 a.m. the DON stated this week's meal tickets had been picked up personally by her, reviewed, and then put into the intake logs. The DON stated previously meal tickets were to be reviewed by the DM-C and RD-D. The DON stated the importance of reviewing the percentage on meal tickets to see what percentage of meals the residents were eating. The DON verified the importance of accurate weigh and meal percentage for identifying a change in condition. The DON stated if there was not a documented weight loss, the IDT would not review the individual resident's meal intake.</p> <p>On 2/18/21, at 10:09 a.m. FM-B was interviewed. FM-B stated R1's weight had always been stable around 170 lbs. FM-B stated for the facility to not notice a weight loss was ridiculous. FM-B stated he and FM-A had come for a window visit on 12/27/20, and immediately recognized R1 had a significant weight loss. FM-B stated she immediately called RN-A, and RN-A stated to her he would re-weigh R1. FM-B stated RN-A called her back and verified R1 had lost a significant amount of weight, and that his current weight was 144 lbs. FM-B stated she received an email from RN-A on 12/29/20. The email indicated: "I re-weighed your Dad today. He weighs 147# (lbs). We are following with disciplinary action on staff that obviously did not weigh him and falsified weights. I am sorry about this. Not sure how long he has been losing weight since all records</p>	F 692			

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

PRINTED: 03/12/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245414</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/18/2021</b>
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F 692	<p>Continued From page 8</p> <p>indicate stable weight. Between 169-175#." The email also indicated the DON was aware of the weight discrepancies as well. FM-B stated neither her or FM-A received a follow-up call or email regarding R1's weight loss. FM-B stated R1 was put on hospice and has since passed. FM-B stated she would have expected the facility to not only identify R1's decline and weight loss, but to also have had better communication with the family members.</p> <p>On 2/18/21, at 12:37 p.m. R1's primary physician (MD)-B stated she had been seeing R1 since his admission. MD-B stated she had been notified of a severe sudden weight loss by RN-A. MD-B stated both herself and RN-A did some investigating, and it was determined there had been a error. MD-B stated in her opinion, for R1 to have that much of a weight loss, it would have occurred over a time frame of 3 months or longer, and certainly not in a 7-day period. MD-B stated she relied on the facility to provide her with accurate weights, and she used those to identify weight loss.</p> <p>The facility policy Weight Monitoring Program dated 12/15/20, identified a newly recorded resident weight should be compared to the previous recorded weight. The physician should be informed of a significant change in weight, and the registered dietitian or dietary manager should be consulted to assist with interventions.</p> <p>The Centers for Medicare and Medicaid (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual dated 10/2018, identified Section K: Swallowing/Nutritional Status to be completed with an intent to assess the many conditions that</p>	F 692			

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F 692	Continued From page 9 cold affect the resident's ability to maintain adequate nutrition and hydration. Under K0300: Weight Loss Planning for Care: Weight loss may be an important indicator of a change in the resident's health status or environment. If significant weight loss is noted, the interdisciplinary team should review for possible causes of changed intake, changed caloric need, change in medication (e.g. diuretics), or changed fluid volume status. Weight loss should be monitored on a continuing basis; weight loss should be assessed and care planned at the time of detection and not delayed until the next MDS assessment."	F 692			



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

Electronically delivered

March 5, 2021

Administrator  
Viewcrest Health Center  
3111 Church Street  
Duluth, MN 55811

Re: State Nursing Home Licensing Orders  
Event ID: VPSI11

Dear Administrator:

The above facility was surveyed on February 16, 2021 through February 18, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](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



Viewcrest Health Center

March 5, 2021

Page 2

CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

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

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,



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

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00602</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/18/2021</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p><b>NH LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p><b>INITIAL COMMENTS:</b> 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 <a href="http://www.health.state.mn.us/divs/fpc/profinfo/info.html">http://www.health.state.mn.us/divs/fpc/profinfo/info.html</a>. The State licensing orders are delineated on the attached Minnesota</p>	2 000		

Minnesota Department of Health

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

TITLE

(X6) DATE

Electronically Signed

03/11/21

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.</p> <p>On 2/16/21, through 2/18/21, surveyors of this Department's staff, visited the above provider and the following correction orders are issued. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p> <p>The following complaint was found to be SUBSTANTIATED: H5414075C.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,</p>	2 000		

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2 000	Continued From page 2  "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.	2 000			
2 965	MN Rule 4658.0600 Subp. 2 Dietary Service -Nutritional Status  Subpart. 2. Nutritional status. The nursing home must ensure that a resident is offered a diet which supplies the caloric and nutrient needs as determined by the comprehensive resident assessment. Substitutes of similar nutritive value must be offered to residents who refuse food served.  This MN Requirement is not met as evidenced by: Based on interview, and document review, the facility failed to complete accurate and ongoing weight monitoring and nutritional assessment for 1 of 4 residents (R1) reviewed for nutrition.  Findings include:  R1's Face Sheet printed 2/18/21, included diagnosis of vascular dementia, thyroid disorder, and history of other unspecified disease of circulatory system.  R1's annual Minimum Data Set (MDS) dated 12/15/20, identified R1 had severe cognitive impairment, and required extensive assistance	2 965	See federal POC		3/19/21

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2 965	<p>Continued From page 3</p> <p>with bed mobility, transfers, dressing, toileting, personal hygiene and bathing. The MDS identified R1 required set up assist for meals, and was independent with eating tasks. The MDS identified R1 had no weight loss, and had no difficulty with swallowing liquids/solids.</p> <p>R1's care plan initiated 1/14/20, identified R1 had the potential for alteration in nutrition due to leaving 25% or more of food uneaten at times. The care plan indicated goals which included to keep R1's weight stable at 165-175 pounds (lbs), and R1 would consume at 75% of most meals. The care plan further instructed staff to perform weekly weights, and for the dietician to evaluate as needed for weight gain/loss or other problems noted.</p> <p>R1's Physician Orders initiated 4/2/20, included weekly weights 1 time per day every Monday at 8:00 a.m. Ensure nursing assistant (NA) obtains weight, and documents.</p> <p>R1's Annual Nutrition Assessment dated 12/15/20, identified R1's weight was noted to be 172 lbs. The assessment indicated R1's weight was stable, and was within desired healthy goal weight of 165-175 lbs. The assessment further indicated R1's nutritional needs for maintaining weight were assessed at 1900-2000 calories per day. The assessment also indicated R1's oral intake was down from last quarter, however, R1's weight was stable and within goal range.</p> <p>On 12/28/20, at 6:39 p.m. a progress note indicated registered nurse (RN)-A had spoken with R1's family member (FM)-B. FM-B was concerned about R1's decline and weight loss. FM-B had also inquired about R1's intake.</p>	2 965		

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2 965	<p>Continued From page 4</p> <p>R1's meal intake records from the electronic health record (EHR) from 9/1/20, to 12/31/20, and weekly total combined three daily meal (breakfast, lunch, and dinner) and three daily snack (morning, afternoon, and bedtime) averages included:</p> <p>9/1/20, through 9/7/20, 25% combined meal intake with no snack intake for all 7 days.</p> <p>9/8/20, through 9/14/20, 35% combined meal intake with no snack intake for all 7 days.</p> <p>9/15/20, through 9/22/20, 37% combined meal intake with no snack intake for all 7 days.</p> <p>9/23/20, through 9/29/20, 48% combined meal intake with no snack intake for all 7 days.</p> <p>9/30/20, through 10/6/20, 47% combined meal intake with no snack intake for all 7 days.</p> <p>10/7/20, through 10/13/20, 33% combined meal intake with no snack intake for all 7 days.</p> <p>10/14/20, through 10/20/20, 54% combined meal intake with no snack intake for all 7 days.</p> <p>10/21/20, through 10/27/20, 43% combined meal intake with no snack intake for all 7 days.</p> <p>10/28/20, through 11/3/20, 34% combined meal intake with 33% snack average documented intake on 10/30/20. No additional snack intake documented.</p> <p>11/4/20, through 11/10/20, 46% combined meal intake with no snack intake for all 7 days.</p> <p>11/11/20, through 11/17/20, 22% combined meal</p>	2 965		

Minnesota Department of Health

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2 965	<p>Continued From page 5</p> <p>intake with no snack intake for all 7 days.</p> <p>11/18/20, through 11/24/20, 33% combined meal intake with no snack intake for all 7 days.</p> <p>11/25/20, through 12/2/20, 13% combined meal intake with no snack intake for all 7 days.</p> <p>12/3/20, through 12/9/20, 34% combined meal intake with no snack intake for all 7 days.</p> <p>12/10/20, through 12/21/20, 15% combined meal intake with 25% snack average documented intake on 12/21/20. No additional snack intake documented.</p> <p>12/22/20, through 12/31/20, 22% combined meal intake with no snack intake for all 7 days</p> <p>R1's weight record from the EHR 9/7/20, to 12/28/20, indicated:</p> <p>9/7/20: 170 lbs.</p> <p>9/14/20: 170 lbs.</p> <p>9/24/20: 171 lbs.</p> <p>9/27/20: 170 lbs.</p> <p>10/5/20: 172 lbs.</p> <p>10/12/20: 170 lbs.</p> <p>10/19/20: 171 lbs.</p> <p>10/26/20: 169 lbs.</p> <p>11/1/20: 173 lbs.</p>	2 965			

Minnesota Department of Health

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2 965	<p>Continued From page 6</p> <p>11/9/20: 173 lbs.</p> <p>11/16/20: 172 lbs.</p> <p>11/23/20: 171 lbs.</p> <p>11/30/20: 169 lbs.</p> <p>12/12/20: 172 lbs.</p> <p>12/21/20: 171 lbs.</p> <p>12/28/20: 144 lbs. This was a 27 lb weight loss, and represented a 16% weight loss in seven days.</p> <p>On 2/17/21, at 1:58 p.m. the administrator and director of nursing (DON) were interviewed. The administrator stated at the time the weight loss was identified, only those staff working on R1's unit were educated on taking weights accurately, and documenting the weights. The education also included reviewing the facility weight management policy. The administrator stated there was no knowledge of alleged falsifying weights for R1. The administrator stated all scales were checked and calibrated for accuracy, and no additional discrepancies were identified at that time. The administrator stated, "There's no proof that staff were not weighing correctly, so we think he lost 30 lbs. in one week." The administrator further stated they were not able to speak with RN-A as he was unavailable.</p> <p>On 2/17/21, at 2:45 p.m. dietary manger (DM)-C was interviewed and stated a resident's weight loss was reviewed and discussed at the interdisciplinary team (IDT) meetings. DM-C stated a weight loss greater than 5% monthly and 10% in 6 months was considered a significant</p>	2 965		



Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>VIEWCREST HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3111 CHURCH STREET DULUTH, MN 55811</b>		
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2 965	<p>Continued From page 7</p> <p>weight loss. DM-C stated RN-A had made her aware of R1's weight loss, and the loss was around 30 lbs. DM-C further stated a weight loss of 30 lbs in a week would be impossible.</p> <p>On 2/17/21, at 3:00 p.m. registered dietitian (RD)-D was interviewed. RD-D stated she worked closely with DM-C and nursing staff. RD-D stated in her opinion, a weigh loss of 30 lbs in a week would be impossible. RD-D stated she was made aware of R1's significant weight loss in December. RD-D stated RN-A had verified, to her, R1's weight was in fact 144 lbs. RD-D further stated accurate weights taken by staff were very important because this was how she would identify a resident's weight loss. RD-D stated if weights were not taken and recorded accurately, there would be no way for her to identify weight loss and put in the necessary nutritional interventions.</p> <p>On 2/18/21, at 6:50 a.m. the facility medical director (MD)-A was interviewed and stated he would not expect a resident to have such a significant weight loss in one week. MD-A stated a weight loss that great would happen over a period of time, greater than even a month. MD-A stated he would expect the facility was closely monitoring residents' weights. MD-A stated poor nutritional intake would be a contributing factor, and he would have expected resident's meal intakes were monitored, and the resident's primary physical should have been notified.</p> <p>On 2/18/21, at 7:44 a.m. DM-C stated the nursing assistants (NA) were responsible for recording the meal percentage after the residents have eaten. DM-C stated NAs record the intake on the meal tickets. DM-C stated she personally does not look at resident's meal intakes and</p>	2 965		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00602</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/18/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>VIEWCREST HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3111 CHURCH STREET DULUTH, MN 55811</b>		
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2 965	<p>Continued From page 8</p> <p>percentages. DM-C stated herself and RD-D reviewed residents who have documented weight loss. DM-C again stated she personally does not look at the percentage of meals residents have eaten. DM-C stated it was very important for weights to be accurate, otherwise they would not know if there was a weight loss. DM-C further stated documented weight loss would then be discussed at facility IDT meetings which would then allow for interventions to be added and followed, with monitoring of the residents' weight.</p> <p>On 2/18/21, at 8:08 a.m. the DON stated this week's meal tickets had been picked up personally by her, reviewed, and then put into the intake logs. The DON stated previously meal tickets were to be reviewed by the DM-C and RD-D. The DON stated the importance of reviewing the percentage on meal tickets to see what percentage of meals the residents were eating. The DON verified the importance of accurate weigh and meal percentage for identifying a change in condition. The DON stated if there was not a documented weight loss, the IDT would not review the individual resident's meal intake.</p> <p>On 2/18/21, at 10:09 a.m. FM-B was interviewed. FM-B stated R1's weight had always been stable around 170 lbs. FM-B stated for the facility to not notice a weight loss was ridiculous. FM-B stated he and FM-A had come for a window visit on 12/27/20, and immediately recognized R1 had a significant weight loss. FM-B stated she immediately called RN-A, and RN-A stated to her he would re-weigh R1. FM-B stated RN-A called her back and verified R1 had lost a significant amount of weight, and that his current weight was 144 lbs. FM-B stated she received an email from RN-A on 12/29/20. The email indicated: "I</p>	2 965		

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2 965	<p>Continued From page 9</p> <p>re-weighed your Dad today. He weighs 147# (lbs). We are following with disciplinary action on staff that obviously did not weigh him and falsified weights. I am sorry about this. Not sure how long he has been losing weight since all records indicate stable weight. Between 169-175#." The email also indicated the DON was aware of the weight discrepancies as well. FM-B stated neither her or FM-A received a follow-up call or email regarding R1's weight loss. FM-B stated R1 was put on hospice and has since passed. FM-B stated she would have expected the facility to not only identify R1's decline and weight loss, but to also have had better communication with the family members.</p> <p>On 2/18/21, at 12:37 p.m. R1's primary physician (MD)-B stated she had been seeing R1 since his admission. MD-B stated she had been notified of a severe sudden weight loss by RN-A. MD-B stated both herself and RN-A did some investigating, and it was determined there had been an error. MD-B stated in her opinion, for R1 to have that much of a weight loss, it would have occurred over a time frame of 3 months or longer, and certainly not in a 7-day period. MD-B stated she relied on the facility to provide her with accurate weights, and she used those to identify weight loss.</p> <p>The facility policy Weight Monitoring Program dated 12/15/20, identified a newly recorded resident weight should be compared to the previous recorded weight. The physician should be informed of a significant change in weight, and the registered dietitian or dietary manager should be consulted to assist with interventions.</p> <p>The Centers for Medicare and Medicaid (CMS) Long-Term Care Facility Resident Assessment</p>	2 965			

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2 965	<p>Continued From page 10</p> <p>Instrument (RAI) 3.0 User's Manual dated 10/2018, identified Section K: Swallowing/Nutritional Status to be completed with an intent to assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration. Under K0300: Weight Loss Planning for Care: Weight loss may be an important indicator of a change in the resident's health status or environment. If significant weight loss is noted, the interdisciplinary team should review for possible causes of changed intake, changed caloric need, change in medication (e.g. diuretics), or changed fluid volume status. Weight loss should be monitored on a continuing basis; weight loss should be assessed and care planned at the time of detection and not delayed until the next MDS assessment."</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, or designee, could review and/or revise policies and procedures related to accurately taking weights and monitor nutritional intake/meal percentages. 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.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 965		