Electronically delivered
February 23, 2024

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

RE: CCN: 245414
Cycle Start Date: February 14, 2024

Dear Administrator:

On February 14, 2024, a survey was completed at your facility by the Minnesota Department(s) of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G).

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Civil money penalty, (42 CFR 488.430 through 488.444).

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

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,995; has been subject to a denial of payment, the appointment of a temporary manager or termination; or,

in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency could be prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective February 14, 2024. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS location may notify you of their determination regarding any imposed remedies.

DEPARTMENT CONTACT

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

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

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:

Steven.Delich@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
202-795-7490

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 Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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://forms.web.health.state.mn.us/form/NHDisputeResolution

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

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

Feel free to contact me if you have questions.

Sincerely,

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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

February 23, 2024

Administrator
Viewcrest Health Center
3111 Church Street
Duluth, MN 55811

Re: Event ID: 4UP911

Dear Administrator:

The above facility survey was completed on February 14, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

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

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 02/14/2024

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 2/13/24 through 2/14/24, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The facility is IN compliance. The following complaints were reviewed: H54149691C (MN00100725) and a deficiency was issued at F689 for PAST NON-COMPLIANCE. H54146636C (MN00098006) Although the provider had implemented corrective action prior to survey, harm was sustained prior to the correction. NO plan of correction is required for a finding of past non-compliance. The facility is still required to acknowledge receipt of the electronic documents.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure the care plan was followed to prevent and/or reduce the risk of burns from hot liquid for 1 of 3 residents (R1)	F 689	Past noncompliance: no plan of correction required.	

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

Electronically Signed | 02/26/2024

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 689	Continued From page 1 reviewed for accidents. This resulted in actual harm for R1 who sustained three 2nd degree burns (damage to outer and second layers of skin) to both thighs. This deficient practice is being cited at past non-compliance related to corrective action taken prior to survey to ensure use of assistive devices/adaptive equipment when dining. Findings include: R1's quarterly Minimum Data Set (MDS) dated 11/30/23, indicated R1 had indicated R1 had Alzheimer's disease, dementia, and severe stage of open angle glaucoma to bilateral eyes. R1 was cognitively intact and needed supervision with eating. R1's care plan revised 6/9/23 indicated R1 needed sippy cups with screw tops to prevent spills. R1's Covered Cup Assessment dated 10/3/23, indicated R1 needed covered mugs for hot liquids due to spilling. R1's meal ticket dated 2/13/24 indicated R1 needed two "sippy cups" with lids. R1's Recommended Plan of Treatment dated 2/9/24 indicated R1 had second degree burns on her left and right thigh/groin areas. Left medial thigh measured 3 centimeters (cm) x 3cm x 1cm with partial thickness skin loss involving epidermis (outer layer of skin) and/or dermis (middle layer of skin). Left and right groin areas had no measurements, with partial thickness skin loss involving epidermis and/or dermis.	F 689		

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F 689	Continued From page 2 On 2/13/24 at 12:45 p.m., cook (C)-A stated on 2/9/24 dietary aide (DA)-A had given R1 hot coffee or tea without a lid. C-A stated he told DA-A she should have looked at the meal ticket for R1 to see what assistive devices were required for R1, prior to giving R1 liquids. C-A stated the water temperature on the hot water machine was 205 degrees Fahrenheit (F) according to the machine reader. C-A stated the facility was unable to regulate the temperature of the machine. C-A stated they started taking temperatures of the hot liquids on the morning of 2/13/24. On 2/13/24 at 1:09 p.m., nursing assistant (NA)-A stated R1 needed sippy cups with lids for a long time because she had gotten burned in the past. NA-A stated on each resident's meal ticket would indicate if a resident needed assistive devices for meals. On 2/13/24 at 3:48 p.m., R1 stated her hot tea didn't have a lid on it and it fell in her lap. R1 stated she screamed for her parents as it "hurt a lot" on her legs. On 2/13/24 at 4:13 p.m., the director of nursing (DON) stated the facility did not have any prior audits of hot liquid temperatures or completed hot liquid assessments prior to the current ones being completed. On 2/14/24 at 8:46 a.m., C-B stated they did not take temperatures of any hot liquids until recently. On 2/14/24 at 9:56 a.m., licensed practical nurse (LPN)-A was observed to complete a dressing change on R1's burns. R1's left medial thigh burn measured 4cm x 2.7cm, her left groin burn	F 689		

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F 689	Continued From page 3 measured 8.5cm x 2.7cm, and her right inner thigh burn measured 7.4cm x 2.7cm. All burns had beefy red wound bases with scant sanguineous drainage (red blood and clear yellow liquid). On 2/14/24 at 11:08 a.m., R1's nurse practitioner (NP)-A stated if the facility staff would have followed the care plan, R1 would not have received the burns to her legs. On 2/14/24 at 12:11 p.m., the DON stated staff were to ensure hot liquids were safe to serve by following the policy. The DON stated staff should provide assistive devices as care planned. The DON stated if the staff member would have followed the care plan, R1 would not have been burned. On 2/14/24 at 12:16 p.m., the administrator stated staff were expected to follow the care plan and facility policy when it comes to assistive devices. The administrator stated R1's care plan was not followed. The facility policy Hot Beverage Serving Temperatures reviewed 6/5/23 directed hot beverages will be served at temperatures between 130 degrees Fahrenheit and 150 degrees Fahrenheit. Residents who are unable to handle hot beverage cups will be assessed for appropriate adaptive beverage container to maintain independence and safety. Dietary staff will perform monthly temperature audits to maintain policy compliance. The facility implemented a systemic plan that included the following actions: All staff were reeducated on the Hot Beverage Serving	F 689		

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F 689	Continued From page 4 Temperatures policy, and on assistive devices/adaptive equipment per care plans on 2/12/24. Kitchen staff were educated on temping hot liquids prior to serving on 2/9/24. The policy on hot liquids was reviewed with the dietary manger on 2/9/24. Verbal notice was provided to DA-A on 2/9/24. Automatic hot water dispensers were decreased to 190 degrees Fahrenheit on 2/12/24. Audits were completed on all resident care plans for accident prevention on 2/13/24. Audits for correct assistive devices and temps of hot liquids was completed on 2/13/24. All resident's hot liquid assessment started on 2/9/24 and were completed on 2/14/24. This was verified through observation, interview, and document review on 2/13/24 through 2/14/24.	F 689		

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	00602	A. BUILDING: _____ B. WING _____	C 02/14/2024

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

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 2/13/24 through 2/14/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found in compliance with the MN State Licensure. The following complaints were reviewed during	2 000		

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2 000	Continued From page 1 the survey: H54149691C (MN00100725) H54146636C (MN00098006) Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		