



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 9, 2021

Administrator
The Waterview Shores Llc
402 - 13th Avenue
Two Harbors, MN 55616

RE: CCN: 245471
Cycle Start Date: February 19, 2021

Dear Administrator:

On February 19, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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.

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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
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

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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 19, 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 19, 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

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.

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Feel free to contact me if you have questions.

Sincerely,

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

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
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: 245471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2021
NAME OF PROVIDER OR SUPPLIER THE WATERVIEW SHORES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 402 - 13TH AVENUE TWO HARBORS, MN 55616		
(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 2/18/21, through 2/19/21, 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: H5471017C, with a deficiency cited at F584. 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 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to	F 584		3/11/21	

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

TITLE

(X6) DATE
03/12/2021

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 584	<p>Continued From page 1</p> <p>use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident room temperatures were maintained at a comfortable level 8 of 35 residents (R6, R1, R7, R2, R5, R8, R4, and R3) who voiced concerns their rooms ere too cold. This had the potential to affect all 35 residents in the facility, and staff who worked in</p>	F 584	<p>Residents' R6, R1, R7, R2, R5, R8, R4, and R3 rooms were checked to ensure that they were at the appropriate range per state regulation.</p> <p>Administrator designee and maintenance staff were educated on the appropriate</p>		

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F 584	<p>Continued From page 2 the facility.</p> <p>Findings include:</p> <p>On 2/18/21, the following interviews were conducted:</p> <p>-8:53 a.m. R6 stated the furnace was out last week, and the building was really cold. R6 further stated it was a long week. R6 stated a furnace repair man came and finally fixed the heat.</p> <p>-9:00 a.m. R1 stated his room had been cold since he came to the facility less than a month ago. R1 stated during the cold spell, his room was extremely cold, and was given five extra blankets. R1 stated maintenance was in his room several times, and never was able to get his heat working. R1 stated when his daughter came to visit, she complained to the staff, and took pictures of the low readings on the thermostats.</p> <p>-9:33 a.m. R7 stated last Thursday the temperature in his room was in the 50's. R8 stated, "It was cold, it was really cold." R7 stated he was told by staff there was nothing they could do, and maintenance was working on it.</p> <p>-9:39 a.m. R2 stated it was ice cold in her room for a few days, especially at night. R2 stated she reported it to the nurse and was told there was nothing they could do about it because the furnace could not keep up with the cold temperatures. R2 further stated she had to put a lot of layers on, and was given extra blankets to keep warm.</p> <p>-9:55 a.m. R5 stated at night she was usually cold because her bed was by the window, and it was</p>	F 584	<p>temperature range (71-81) that resident rooms need to be at and the need to contact an outside agency for assistance if the cause for the low/high temps are not identified/resolved quickly.</p> <p>All resident rooms' temperatures were checked to ensure that they are within the appropriate temperature range.</p> <p>date of compliance: 3/11/21</p> <p>Audits of 5 random resident rooms will be completed weekly x 4 and then monthly x 2 months to assure that rooms are within acceptable range. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p>		

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F 584	<p>Continued From page 3 very drafty.</p> <p>-9:59 a.m. R8 stated it was cold in her room last week, and she was given extra blankets.</p> <p>-10:12 a.m. R4 stated was cold in her room for a few days, and she stayed bundled up.</p> <p>-10:19 a.m. R3 stated it had been cold all week, and he reported it to staff. R3 stated he was told it was cold outside and was given extra blankets.</p> <p>The facility's Radiation Valve Summary dated 2/16/21, at 11:30 a.m. indicated the temperatures in facility were:</p> <p>R33 room was 66.4 degrees R27's room was 69.9 degrees R31's room was 65.3 degrees R22's and R26's room was 67.2 degrees R7's room was 67.1 degrees R6's room was 67.2 degrees R36's room was 58.4 degrees R10's room was 66.9 degrees R4 and R9's room was 65.4 degrees R2's room was 65.4 degrees R21 and R23's room was 63.8 degrees R1's room was 68.6 degrees West Shower room was 68.2 degrees West-West Hallway was 67.2 degrees West-South Hallway was 66.3 degrees East- East Hallway was 65.2 degrees East North Hallway was 57.5 degrees Dining Hall was 65.5 degrees East South Hallway was 66.1 degrees East shower room was 67.0 degrees Activity Room was 67.2 degrees Break Room was 65.6 degrees</p>	F 584			

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F 584	<p>Continued From page 4</p> <p>On 2/18/21, at 8:12 a.m. the director of maintenance (DM)-A stated he was made aware of hallways and residents' rooms being cold on 2/11/21, when a staff nurse reported residents complained of their rooms being cold . DM-A stated he and the the former DM-B went through the building checking the vents, looked for open windows, and ran the boiler through system check and could not find cause of why the temperatures in the building were running low. DM-A stated he checked the boiler and their were not deviations, but when he checked the facility's Radiation Valve Summary he noticed a range in air temperatures from 50-70 degrees. DM-A stated he just ran The facility's Radiation Valve Summary for today at 8:30 a.m.</p> <p>After reviewing the facility's Radiation Valve Summary, DM-A stated the boiler company technician came out on 2/16/21, and resolved the heating problem and further stated, he believed the facility's Radiation Valve Summary was not reading the actual room temperatures.</p> <p>On 2/18/21, at 8:31 a.m. the administrator stated he was first informed of the building being cold on 2/13/21, when he received a text message from nursing assistant (NA)-A stating R36 was complaining he was freezing. The administer stated he texted the director of nursing (DON) and DM-A, and informed of the cold temperatures in the building, and directed DM-A to make a facility visit and check the heating system. The administrator stated DM-A had been working with DM-B on the heating concerns. The administrator could not verify what exact day DM-A went to the facility to check the heating system, but knew the DM-A went either the night he sent the text, or the next day. The</p>	F 584			

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F 584	<p>Continued From page 5</p> <p>administrator stated with the extreme cold temperatures outside, the boilers could not keep with heating the building. The administrator stated a boiler technician was called on 2/15/21, and came out on 2/16/21, and adjusted the boilers, which seemed to make a difference along with the warmer outside temperatures.</p> <p>On 2/18/21, at 10:32 a.m. the boiler technician (BT)-A was interviewed and stated their office received a call from the facility the morning of 2/16/21, for a service call to check the boiler and heating system. BT-A stated he arrived at the facility on 2/16/21, and made adjustments to the boilers to be able to keep up with the outside cold temperatures. BT-A stated the boilers were only two years old, and the facility maintenance staff were still trying to learn the new system. After the adjustments were made, BT-A and DM-A went to room R36 where temperatures were reported in the 50's, and discovered the window needed to be sealed, and the radiator was caked with dust. BT-A stated he recommended to check each window to ensure proper sealing, and to clean the radiators of dust to allow them to work to their fullest capacity. BT-A stated he checked air temperatures before he left, and the air temperatures were already increasing. BT-A stated their services were available 24/7, and he would have made a service call at any hour of the day or if requested.</p> <p>On 2/18/21, at 11:18 a.m. the regional maintenance manager (RMM)-A stated he was called by DM-A with concerns the boilers were not keeping up with heating the building, and rooms temperatures were falling below 70 degrees. RMM-A stated he instructed DM-A to take the</p>	F 584			

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F 584	<p>Continued From page 6</p> <p>lazar gun thermometer, go into each room, and check the actual air temperatures. DM-A told him he was unable to check the air temperatures because he could not find the lazar gun thermometer. RMM-A stated he and the DM-A tried to trouble shoot, and since the boilers were only 2 years old, he was surprised the boilers were unable to keep up with the outside temperature of negative 38 degrees below zero. RMM-A was unable to recall the date he received the call from the DM-A , and further stated it was the day the technician went to the facility because he instructed the DM-A to make the call, after they were unable to troubleshoot the problem.</p> <p>On 2/18/21, at 1:32 p.m. a follow up interview was conducted with administrator. When asked why the technician was not called sooner, the administrator stated an outside technician could have been called sooner, but he thought maintenance was working on it the heating system, and as the weather was getting warmer, so would the temperatures in the facility.</p> <p>On 2/18/21, at 11:33 a.m. family member (FM)-A stated on 2/11/21, FM-A attended a care conference for R1 via phone with the head of the departments for nursing, therapy, dietary, social services, and activities. During the care conference, R1 complained about his room being cold. FM-A stated the staff at the care conference acknowledged the building and rooms were cold, and FM-A was told maintenance was trying to get the heat up, but the boiler could not keep up. FM-A stated on 2/15/21, she was at the facility visiting R1, and the building was freezing cold. FM-A stated staff were wearing jackets, and R1 had five blankets on him. FM-A took pictures of thermostats in the common hallways and in</p>	F 584			

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F 584	<p>Continued From page 7</p> <p>R1's room, and the temperatures were in the 60's. FM-A stated she called and spoke to the administrator 2/16/21, and expressed her concerns of the unlivable temperatures in the facility.</p> <p>The Boiler Technician Report sent via email to the facility on 2/18/21, indicated a service call was made to the facility on 2/16/21. The report further indicated the boilers were found not keeping up with the workload on the building. After boilers and controls were adjusted, the discharge air set point varied from 85-90 degrees, and all the units maintained their set points. The concerned rooms with low temperatures all had operational thermostats, and hot water flowing through the radiators. The report further indicated most of the radiators were covered in a lot of dust and recommended the covers be removed and vacuumed. Report recommendations included: Clean dust and other debris from the radiators to achieve maximum heat transfer, and replace heating valve in the conference room.</p> <p>On 2/18/21, at 1:25 the social services director (SSD)-A stated during a care conference last week, a resident complained his room was cold. SSD-A stated maintenance was trying to figure out what was wrong with the heating system on 2/11/21, when they could not get the temperatures to rise. SSD-A stated the heat was finally fixed by an outside company on 2/16/21.</p> <p>On 2/18/21, at 1:28 p.m. registered nurse (RN)-A stated the building had been cold the previous week, and a technician came out on 2/16/21, and fixed the heating system. RN-A stated on 2/15/21, a family member was visiting with her mom in the bird room, and commented how cold</p>	F 584		

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F 584	<p>Continued From page 8</p> <p>the building was. The family member was given a blanket to wrap around the resident.</p> <p>On 2/18/21, at 2:20 p.m. RN-B stated she worked 2/16/21, and was aware the building was really cold. RN-B stated R36 was moved into a different room on 2/16/21, because he complained he was freezing. RN-B stated a visiting family member complained the previous week about the facility being cold, and was told maintenance was working on it.</p> <p>On 2/18/21, at 3:24 p.m. housekeeper (H)-A stated when she went into to clean residents' rooms, residents would complaint their rooms were cold. H-A stated she went to the charge nurse to report the resident concerns, and was instructed to give residents extra blankets. H-A stated the building had been cold for over a week, and she had to wear a sweatshirt to keep warm, which was unusual for her.</p> <p>On 2/19/21, at 12:34 a.m. nursing assistant (NA)-A stated she worked on the east end of the building on 2/12/21, through 2/15/21. NA-A stated residents were complaining of being cold, and were given warm blankets to keep warm, and staff were dressed in layers of clothing, some even wore jackets. NA-A stated R36 who was no longer at the facility, was moved into a different room on 2/16/21, because the temperature in his room dropped to 52-54 degrees. NA-A stated she messaged the administrator on 2/13/21, and informed him of the cold temperatures in the building, and was told maintenance would be in to check the heating system. NA-A stated maintenance did not come until the next day 2/14/21, and the building was even colder with many rooms ranging from 50-60 degrees. NA-A</p>	F 584			

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: 245471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2021
NAME OF PROVIDER OR SUPPLIER THE WATERVIEW SHORES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 402 - 13TH AVENUE TWO HARBORS, MN 55616		
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F 584	Continued From page 9 stated she documented a few thermostat readings in various areas of the building, and left them for administration. NA-A stated maintenance came in on 2/13/21, but the heating issue were not resolved until the technician came in on 2/16/21. A policy on maintaining room temperatures was requested and not received.	F 584			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 9, 2021

Administrator
The Waterview Shores Llc
402 - 13th Avenue
Two Harbors, MN 55616

Re: State Nursing Home Licensing Orders
Event ID: XNK911

Dear Administrator:

The above facility was surveyed on February 18, 2021 through February 19, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

The Waterview Shores Llc

March 9, 2021

Page 2

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

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

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

**Terri Ament, 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
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

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2021
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NAME OF PROVIDER OR SUPPLIER THE WATERVIEW SHORES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 402 - 13TH AVENUE TWO HARBORS, MN 55616
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 2/18/21, through 2/19/21, 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. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p>	2 000		

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

TITLE

(X6) DATE
03/12/21

Minnesota Department of Health

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2 000	Continued From page 1 The following complaint was found to be SUBSTANTIATED: H5471017C with a licensing order issued at S1705. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		
21705	MN Rule 4658.1415 Subp. 6 Plant Housekeeping, Operation, & Maintenance Subp. 6. Heating, air conditioning, and ventilation. A nursing home must operate and maintain the mechanical systems to provide comfortable and safe temperatures, air changes, and humidity levels. Temperatures in all resident areas must be maintained according to items A to C: A. For construction of a new physical plant, a nursing home must maintain a temperature range of 71 degrees Fahrenheit to 81 degrees Fahrenheit at all times. B. For existing facilities, a nursing home must maintain a minimum temperature of 71 degrees Fahrenheit during the heating season. C. Variations of the temperatures required by items A and B are allowed if the variations are based on documented resident preferences. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure resident room temperatures were maintained at a comfortable level 8 of 35 residents (R6, R1, R7, R2, R5, R8, R4, and R3) who voiced concerns their rooms ere too cold. This had the potential to affect all 35 residents in the facility, and staff who worked in	21705	Residents' R6, R1, R7, R2, R5, R8, R4, and R3 rooms were checked to ensure that they were at the appropriate range per state regulation. Administrator designee and maintenance staff were educated on the appropriate	3/11/21

Minnesota Department of Health

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21705	<p>Continued From page 2</p> <p>the facility.</p> <p>Findings include:</p> <p>On 2/18/21, the following interviews were conducted:</p> <p>-8:53 a.m. R6 stated the furnace was out last week, and the building was really cold. R6 further stated it was a long week. R6 stated a furnace repair man came and finally fixed the heat.</p> <p>-9:00 a.m. R1 stated his room had been cold since he came to the facility less than a month ago. R1 stated during the cold spell, his room was extremely cold, and was given five extra blankets. R1 stated maintenance was in his room several times, and never was able to get his heat working. R1 stated when his daughter came to visit, she complained to the staff, and took pictures of the low readings on the thermostats.</p> <p>-9:33 a.m. R7 stated last Thursday the temperature in his room was in the 50's. R8 stated, "It was cold, it was really cold." R7 stated he was told by staff there was nothing they could do, and maintenance was working on it.</p> <p>-9:39 a.m. R2 stated it was ice cold in her room for a few days, especially at night. R2 stated she reported it to the nurse and was told there was nothing they could do about it because the furnace could not keep up with the cold temperatures. R2 further stated she had to put a lot of layers on, and was given extra blankets to keep warm.</p> <p>-9:55 a.m. R5 stated at night she was usually cold because her bed was by the window, and it was very drafty.</p>	21705	<p>temperature range (71-81) that resident rooms need to be at and the need to contact an outside agency for assistance if the cause for the low/high temps are not identified/resolved quickly.</p> <p>All resident rooms' temperatures were checked to ensure that they are within the appropriate temperature range.</p> <p>date of compliance: 3/11/21</p> <p>Audits of 5 random resident rooms will be completed weekly x 4 and then monthly x 2 months to assure that rooms are within acceptable range. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p>	

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21705	<p>Continued From page 3</p> <p>-9:59 a.m. R8 stated it was cold in her room last week, and she was given extra blankets.</p> <p>-10:12 a.m. R4 stated was cold in her room for a few days, and she stayed bundled up.</p> <p>-10:19 a.m. R3 stated it had been cold all week, and he reported it to staff. R3 stated he was told it was cold outside and was given extra blankets.</p> <p>The facility's Radiation Valve Summary dated 2/16/21, at 11:30 a.m. indicated the temperatures in facility were:</p> <p>R33 room was 66.4 degrees R27's room was 69.9 degrees R31's room was 65.3 degrees R22's and R26's room was 67.2 degrees R7's room was 67.1 degrees R6's room was 67.2 degrees R36's room was 58.4 degrees R10's room was 66.9 degrees R4 and R9's room was 65.4 degrees R2's room was 65.4 degrees R21 and R23's room was 63.8 degrees R1's room was 68.6 degrees West Shower room was 68.2 degrees West-West Hallway was 67.2 degrees West-South Hallway was 66.3 degrees East- East Hallway was 65.2 degrees East North Hallway was 57.5 degrees Dining Hall was 65.5 degrees East South Hallway was 66.1 degrees East shower room was 67.0 degrees Activity Room was 67.2 degrees Break Room was 65.6 degrees</p> <p>On 2/18/21, at 8:12 a.m. the director of maintenance (DM)-A stated he was made aware</p>	21705		

Minnesota Department of Health

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21705	<p>Continued From page 4</p> <p>of hallways and residents' rooms being cold on 2/11/21, when a staff nurse reported residents complained of their rooms being cold . DM-A stated he and the the former DM-B went through the building checking the vents, looked for open windows, and ran the boiler through system check and could not find cause of why the temperatures in the building were running low. DM-A stated he checked the boiler and their were not deviations, but when he checked the facility's Radiation Valve Summary he noticed a range in air temperatures from 50-70 degrees. DM-A stated he just ran The facility's Radiation Valve Summary for today at 8:30 a.m.</p> <p>After reviewing the facility's Radiation Valve Summary, DM-A stated the boiler company technician came out on 2/16/21, and resolved the heating problem and further stated, he believed the facility's Radiation Valve Summary was not reading the actual room temperatures.</p> <p>On 2/18/21, at 8:31 a.m. the administrator stated he was first informed of the building being cold on 2/13/21, when he received a text message from nursing assistant (NA)-A stating R36 was complaining he was freezing. The administer stated he texted the director of nursing (DON) and DM-A, and informed of the cold temperatures in the building, and directed DM-A to make a facility visit and check the heating system. The administrator stated DM-A had been working with DM-B on the heating concerns. The administrator could not verify what exact day DM-A went to the facility to check the heating system, but knew the DM-A went either the night he sent the text, or the next day. The administrator stated with the extreme cold temperatures outside, the boilers could not keep with heating the building. The administrator</p>	21705		

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21705	<p>Continued From page 5</p> <p>stated a boiler technician was called on 2/15/21, and came out on 2/16/21, and adjusted the boilers, which seemed to make a difference along with the warmer outside temperatures.</p> <p>On 2/18/21, at 10:32 a.m. the boiler technician (BT)-A was interviewed and stated their office received a call from the facility the morning of 2/16/21, for a service call to check the boiler and heating system. BT-A stated he arrived at the facility on 2/16/21, and made adjustments to the boilers to be able to keep up with the outside cold temperatures. BT-A stated the boilers were only two years old, and the facility maintenance staff were still trying to learn the new system. After the adjustments were made, BT-A and DM-A went to room R36 where temperatures were reported in the 50's, and discovered the window needed to be sealed, and the radiator was caked with dust. BT-A stated he recommended to check each window to ensure proper sealing, and to clean the radiators of dust to allow them to work to their fullest capacity. BT-A stated he checked air temperatures before he left, and the air temperatures were already increasing. BT-A stated their services were available 24/7, and he would have made a service call at any hour of the day or if requested.</p> <p>On 2/18/21, at 11:18 a.m. the regional maintenance manager (RMM)-A stated he was called by DM-A with concerns the boilers were not keeping up with heating the building, and rooms temperatures were falling below 70 degrees. RMM-A stated he instructed DM-A to take the lazar gun thermometer, go into each room, and check the actual air temperatures. DM-A told him he was unable to check the air temperatures because he could not find the lazar gun</p>	21705		

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21705	<p>Continued From page 6</p> <p>thermometer. RMM-A stated he and the DM-A tried to trouble shoot, and since the boilers were only 2 years old, he was surprised the boilers were unable to keep up with the outside temperature of negative 38 degrees below zero. RMM-A was unable to recall the date he received the call from the DM-A , and further stated it was the day the technician went to the facility because he instructed the DM-A to make the call, after they were unable to troubleshoot the problem.</p> <p>On 2/18/21, at 1:32 p.m. a follow up interview was conducted with administrator. When asked why the technician was not called sooner, the administrator stated an outside technician could have been called sooner, but he thought maintenance was working on it the heating system, and as the weather was getting warmer, so would the temperatures in the facility.</p> <p>On 2/18/21, at 11:33 a.m. family member (FM)-A stated on 2/11/21, FM-A attended a care conference for R1 via phone with the head of the departments for nursing, therapy, dietary, social services, and activities. During the care conference, R1 complained about his room being cold. FM-A stated the staff at the care conference acknowledged the building and rooms were cold, and FM-A was told maintenance was trying to get the heat up, but the boiler could not keep up. FM-A stated on 2/15/21, she was at the facility visiting R1, and the building was freezing cold. FM-A stated staff were wearing jackets, and R1 had five blankets on him. FM-A took pictures of thermostats in the common hallways and in R1's room, and the temperatures were in the 60's. FM-A stated she called and spoke to the administrator 2/16/21, and expressed her concerns of the unlivable temperatures in the facility.</p>	21705		

Minnesota Department of Health

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21705	<p>Continued From page 7</p> <p>The Boiler Technician Report sent via email to the facility on 2/18/21, indicated a service call was made to the facility on 2/16/21. The report further indicated the boilers were found not keeping up with the workload on the building. After boilers and controls were adjusted, the discharge air set point varied from 85-90 degrees, and all the units maintained their set points. The concerned rooms with low temperatures all had operational thermostats, and hot water flowing through the radiators. The report further indicated most of the radiators were covered in a lot of dust and recommended the covers be removed and vacuumed. Report recommendations included: Clean dust and other debris from the radiators to achieve maximum heat transfer, and replace heating valve in the conference room.</p> <p>On 2/18/21, at 1:25 the social services director (SSD)-A stated during a care conference last week, a resident complained his room was cold. SSD-A stated maintenance was trying to figure out what was wrong with the heating system on 2/11/21, when they could not get the temperatures to rise. SSD-A stated the heat was finally fixed by an outside company on 2/16/21.</p> <p>On 2/18/21, at 1:28 p.m. registered nurse (RN)-A stated the building had been cold the previous week, and a technician came out on 2/16/21, and fixed the heating system. RN-A stated on 2/15/21, a family member was visiting with her mom in the bird room, and commented how cold the building was. The family member was given a blanket to wrap around the resident.</p> <p>On 2/18/21, at 2:20 p.m. RN-B stated she worked 2/16/21, and was aware the building was really cold. RN-B stated R36 was moved into a</p>	21705		

Minnesota Department of Health

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21705	<p>Continued From page 8</p> <p>different room on 2/16/21, because he complained he was freezing. RN-B stated a visiting family member complained the previous week about the facility being cold, and was told maintenance was working on it.</p> <p>On 2/18/21, at 3:24 p.m. housekeeper (H)-A stated when she went into to clean residents' rooms, residents would complaint their rooms were cold. H-A stated she went to the charge nurse to report the resident concerns, and was instructed to give residents extra blankets. H-A stated the building had been cold for over a week, and she had to wear a sweatshirt to keep warm, which was unusual for her.</p> <p>On 2/19/21, at 12:34 a.m. nursing assistant (NA)-A stated she worked on the east end of the building on 2/12/21, through 2/15/21. NA-A stated residents were complaining of being cold, and were given warm blankets to keep warm, and staff were dressed in layers of clothing, some even wore jackets. NA-A stated R36 who was no longer at the facility, was moved into a different room on 2/16/21, because the temperature in his room dropped to 52-54 degrees. NA-A stated she messaged the administrator on 2/13/21, and informed him of the cold temperatures in the building, and was told maintenance would be in to check the heating system. NA-A stated maintenance did not come until the next day 2/14/21, and the building was even colder with many rooms ranging from 50-60 degrees. NA-A stated she documented a few thermostat readings in various areas of the building, and left them for administration. NA-A stated maintenance came in on 2/13/21, but the heating issue were not resolved until the technician came in on 2/16/21.</p>	21705		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2021
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NAME OF PROVIDER OR SUPPLIER THE WATERVIEW SHORES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 402 - 13TH AVENUE TWO HARBORS, MN 55616
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21705	<p>Continued From page 9</p> <p>A policy on maintaining room temperatures was requested and not received.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, maintenance supervisor, or designee could ensure a preventative maintenance program was developed to monitor daily air temperatures to ensure timely repairs to maintain a comfortable living environment. The facility could create policies and procedures, educate staff and perform environmental rounds/audits periodically to ensure room air temperatures are maintained between 71-81 degrees Fahrenheit. The facility could report those findings to the quality assurance performance improvement (QAPI) committee for further recommendations to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21705		