



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 17, 2022

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

RE: CCN: 245471
Cycle Start Date: January 26, 2022

Dear Administrator:

On February 10, 2022, we notified you a remedy was imposed. On February 15, 2022 the Minnesota Department(s) of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of January 27, 2022.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective February 22, 2022 did not go into effect. (42 CFR 488.417 (b))

In our letter of February 7, 2022, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from February 22, 2022 due to denial of payment for new admissions. Since your facility attained substantial compliance on January 27, 2022, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

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

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



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RE: CCN: 245471
Cycle Start Date: January 26, 2022

Dear Administrator:

On January 26, 2022, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be **both substandard quality of care and immediate jeopardy with** widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

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(ies) listed below to the CMS Region V Office for imposition. The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective February 22, 2022.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 22, 2022. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 22, 2022.

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

The Waterview Shores Llc

February 7, 2022

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This Department is also recommending that CMS impose:

- Civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. **If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.**

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, The Waterview Shores Llc is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective February 22, 2022. This prohibition remains in effect for the specified period even though substantial compliance is attained. 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.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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

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

The Waterview Shores Llc

February 7, 2022

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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**

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by July 26, 2022 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

APPEAL RIGHTS

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

Tamika.Brown@cms.hhs.gov

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

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

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

INFORMAL DISPUTE RESOLUTION (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

The Waterview Shores Llc

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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.

Feel free to contact me if you have questions.

Sincerely,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
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: 06/30/2022
FORM APPROVED
OMB NO. 0938-0391

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|---|--|---|---|----------------------|---|
| 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 01/26/2022 |
| 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 1/26/22, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found to be NOT IN compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5471030C (MN80428), with deficiencies cited at F584. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained. | F 000 | | | |
| F 584 SS=F | 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 use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can | F 584 | | 1/27/22 | |

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

TITLE

(X6) DATE
02/10/2022

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>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: Based on observation, interview, and document review, the facility failed to ensure their indoor temperature was at comfortable levels for 37 of 37 residents at the facility reviewed for safe physical environment. These cold temperatures had the potential to affect all 37 residents.</p> <p>Findings include:</p> <p>AccuWeather for the facility location from</p> | F 584 | <p>Immediate Corrective Action: Contracted HVAC company was on-site during survey on 1/26/2022 and did not leave until system was functioning properly and building temperatures were rising significantly. All resident rooms were checked to ensure that they were at the appropriate range per state regulation.</p> <p>Corrective Action as it applies to others:</p> | | |

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| F 584 | <p>Continued From page 2</p> <p>1/22/22, through 1/26/22, indicated the following: 1/22/22, high of 18 degrees Fahrenheit (F) and a low of -8 degrees F. 1/23/22, high of 5 degrees F and a low of -15 degrees F. 1/24/22, high of 9 degrees F and a low of -11 degrees F. 1/25/22, high of -2 degrees F and a low of -20 degrees F. 1/26/22, high of 21 degrees F and a low of -24 degrees F.</p> <p>Observation of the thermostats on the walls in the facility halls and in the resident room on 1/26/22, from 9:48 a.m. through 12:30 a.m. indicated the following: Hallway outside room 115 was 58.5 F degrees confirmed by maintenance employee (M)-A . Room 116 was 63 degrees F confirmed by M-A. Room 104 was 60 degrees F confirmed by M-A. West hallway was 60 degrees F confirmed by M-A. Dining room A was 60 degrees F confirmed by M-A. Dining room B was 65 degrees F confirmed by M-A. Room 118 was 61 degrees F. East end dining area was 69 degrees F. Hallway outside room 119 was 62.5 degrees F. Room 120 was 62.5 degrees F. Room 121 was 66 degrees F. Room 126 was 69.5 degrees F. Room 122 was 69 degrees F. Hallway at room 127 was 61 degrees. Room 130 was 69 degrees F. An activity room occupied by 10 residents was 59.5 degrees F.</p> <p>On 1/26/22, at 9:48 a.m. R5 stated the facility</p> | F 584 | <p>Administrator and maintenance staff were educated on the appropriate temperature range (71-81) that resident/facility 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. All resident rooms' temperatures were checked to ensure that they are within the appropriate temperature range.</p> <p>Recurrence will be prevented by: Audits of 5 random resident rooms will be completed weekly x 4 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. Routine maintenance of the HVAC system will be completed by the Maintenance department on all HVAC equipment at the appropriate intervals.</p> <p>Corrections will be monitored by: Maintenance/Administrator/Designee</p> | | |

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| F 584 | <p>Continued From page 3</p> <p>was very cold. R5 stated she had talked with M-A, and he had said he was trying to get the building's heat up, but could not get anymore heat out of the system. R5 stated she had to wrap her feet in her ski jacket, and cover up with four blankets at night to stay warm.</p> <p>On 1/26/22, at 10:00 a.m. R1 stated the facility had been cold since the start of the cold weather. R1's hands were noted to be cold to the touch. R1 stated he had been told they were working on the heat, and he believed they were trying.</p> <p>On 1/26/22, at 10:11 a.m. R3 was observed sitting in a recliner covered with a fleece blanket. R3 stated he thought it was cold in the facility. R3 stated there was very little heat coming from the heat register. R3 stated it got cold in the evenings, especially after the sun went down, then it got really cold. R3 stated the facility had been cold since it started to get cold outside, about two weeks or so ago.</p> <p>On 1/26/22, at 10:22 a.m. R4 was observed sitting in the wheelchair in her room. R4 was wrapped in two blankets, had a sweatshirt on, and a sweatshirt across her lap. R4 stated she was cold until she got all bundled up. R4 stated this was the first time she was bundled up like this, "It's really cold." R4 stated she was uncomfortable when she was cold, but now was okay now that she was warm.</p> <p>On 1/26/22, at 11:16 a.m. M-A was interviewed. M-A stated resident rooms that are closer to the boiler are warmer.</p> <p>On 1/26/22, at 11:22 a.m. licensed practical nurse (LPN)-A was interviewed and verified the building</p> | F 584 | | | |

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| F 584 | <p>Continued From page 4</p> <p>was cold. LPN-A stated she was wearing sweatpants and scrub pants, and had a long sleeve shirt under her scrub top. LPN-A stated she also brought a hot pack to warm in the microwave to put on her lap when she was sitting and charting. LPN-A stated the facility had been cold for the past week or two. LPN-A stated when the outside temperature got really cold, the building temperature would get colder. LPN-A stated the staff tried to keep resident's rooms warmer by keeping the doors closed. LPN-A stated they try to keep the residents warm by offering warm blankets, and coffee or hot chocolate.</p> <p>On 1/26/22, at 11:36 a.m. nursing assistant (NA)-B stated the facility had been cold since winter started back in November and December. However, it was worse now since the recent cold snap. NA-B stated some residents were pretty cold. When residents complain of being cold, NA-B stated she would cover them in blankets and dress them in warm clothes, and some residents wore jackets. NA-B stated room temperature varied from room to room. NA-B stated staff kept the room doors closed, but needed to keep some residents' doors open to ensure they were safe.</p> <p>On 1/26/22, at 12:55 p.m. an outside company heating, ventilation and air conditioning (HVAC) technician (T)-A was interviewed and stated he was first contacted regarding the cold facility today. T-A stated he had been to the facility on 12/8/21, to check the boiler because the pumps were not running, and the residents' rooms were getting cold. T-A stated he was also at the facility on 1/6/22, when the boiler needed to be reset due to a power surge. T-A further stated the heating</p> | F 584 | | | |

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

PRINTED: 06/30/2022
FORM APPROVED
OMB NO. 0938-0391

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| F 584 | <p>Continued From page 5</p> <p>system lacked routine maintenance, which included observing and changing filters and worn belts. T-A stated he found two units with blower motors that were not working and needed to be reset. Belts and filters showed signs of needing to be changed. T-A stated he provided the maintenance director with the information for the belt and filter sizes needed to start working on them. T-A further stated there were three air handlers throughout the building of which were having issues, but all were running and working correctly now and the facility should start to warm up.</p> <p>On 1/26/22, at 2:21 p.m. the administrator stated the facility did not start to get cold until yesterday when the hallway temperature was just below 71 degrees, then the evening and overnight temperature started to drop. The administrator, the director of nursing (DON) and the maintenance director all checked their telephones and email and did not see any notification of the facility being cold. The DON was in the facility on 1/22/22, at around noon or 1:00 p.m. and the facility did not feel cold. The administrator stated T-A got some of the tripped units running and gave the maintenance director the sizes of the belts needed to make the units run faster and warm the facility up. The administrator stated the maintenance director was recently hired and did not hold a boiler's license, so the regional maintenance consultant was called this morning and was on his way from Mankato. The administrator further stated he could monitor the temperature of every room and hallway in the facility, but was unable to obtain a log of previous temperatures. The administrator stated he could also see what the temperature was set at on each thermostat and the staff were turning up the</p> | F 584 | | | |

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| F 584 | <p>Continued From page 6</p> <p>temperature to 90 degrees. The facility also utilized a computer program of which provided a quarterly schedule for routine maintenance on the heating system. The administrator stated the system lacked any indication of routine maintenance on the heating system.</p> <p>On 1/26/22, at 2:37 p.m. the regional maintenance consultant (RMC)-A arrived. RMC-A stated the heating system in the facility was state of the art, new and more high tech than in any other of their facilities. RMC-A further stated the last routine inspection was a visual inspection done by the maintenance director on 12/20/21.</p> <p>On 1/26/22, at 3:09 p.m. trained medication aide (TMA)-A stated she had worked the weekend and the facility was cold like it was now. TMA-A stated the facility would get warmer when it would warm up outside. TMA-A stated the residents had been bundled up the previous weekend too. TMA-A stated she did not notify anyone because administration and maintenance already knew the facility was cold.</p> <p>On 1/26/22, at 3:10 p.m. NA-D stated the facility had been cold for a couple of weeks. NA-D stated she did not make any reports regarding the cold temperatures in the building because she knew the administrator and M-A were aware of the cold temperatures, as she had overheard them discussing the matter.</p> <p>On 1/26/22, at 3:17 p.m. the social worker (SW)-A stated she worked the past week. SW-A stated the facility got cold whenever the temperature outside dropped below zero. SW-A stated she did not recall any complaints from residents or families, but when she touched a</p> | F 584 | | | |

| 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 01/26/2022 |
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| F 584 | <p>Continued From page 7</p> <p>resident's hand it was cold, and she gave him a blanket.</p> <p>The facility's Emergency Procedure-Utility Outage dated 8/18, indicated if there was a loss of heating function and if the facility temperature reached 65 degrees F and remained so for hours to prevent hypothermia the facility would: Ensure the resident s were dressed warmly and have enough blankets or coverings. Cover the heads of the residents and protect their extremities. Encourage the residents to drink fluids. Monitor body temperatures. Monitor environmental thermometers. Evacuate residents if temperatures remain low and the residents safety and welfare was jeopardized. Notify the medical director.</p> <p>The facility's Utility Emergencies policy dated 4/21, lacked direction for when the facility's temperature was cold. However, the policy directed for all other utility failures notify the person in charge. The person in charge should notify the maintenance director, the administrator and the DON. Always make sure you get in direct contact with one of the above persons in the case of any utility failure. Follow the direction of the person in charge to ensure safety of all staff and residents in the event of a utility emergency.</p> | F 584 | | | |



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 7, 2022

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

Re: State Nursing Home Licensing Orders
Event ID: JKD711

Dear Administrator:

The above facility was surveyed on January 26, 2022 through January 26, 2022 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

February 7, 2022

Page 2

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

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

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

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

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

Please 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
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

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| 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 01/26/2022 |
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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 1/26/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT IN compliance with the MN State Licensure.</p> <p>The following complaint was found to be</p> | 2 000 | | |

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

TITLE

(X6) DATE
02/10/22

Minnesota Department of Health

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| 2 000 | Continued From page 1 SUBSTANTIATED: H5471030 (MN80428), with licensing orders issued at 4658.1415 Subp 4. The 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 | | |
| 21695 | MN Rule 4658.1415 Subp. 4 Plant Housekeeping, Operation, & Maintenance Subp. 4. Housekeeping. A nursing home must provide housekeeping and maintenance services necessary to maintain a clean, orderly, and comfortable interior, including walls, floors, ceilings, registers, fixtures, equipment, lighting, and furnishings. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure their indoor temperature was at comfortable levels for 37 of 37 residents at the facility reviewed for safe physical environment. These cold temperatures had the potential to affect all 37 residents. Findings include: AccuWeather for the facility location from 1/22/22, through 1/26/22, indicated the following: 1/22/22, high of 18 degrees Fahrenheit (F) and a low of -8 degrees F. | 21695 | Corrected | 1/27/22 |

Minnesota Department of Health

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| 21695 | <p>Continued From page 2</p> <p>1/23/22, high of 5 degrees F and a low of -15 degrees F. 1/24/22, high of 9 degrees F and a low of -11 degrees F. 1/25/22, high of -2 degrees F and a low of -20 degrees F. 1/26/22, high of 21 degrees F and a low of -24 degrees F.</p> <p>Observation of the thermostats on the walls in the facility halls and in the resident room on 1/26/22, from 9:48 a.m. through 12:30 a.m. indicated the following: Hallway outside room 115 was 58.5 F degrees confirmed by maintenance employee (M)-A . Room 116 was 63 degrees F confirmed by M-A. Room 104 was 60 degrees F confirmed by M-A. West hallway was 60 egress F confirmed by M-A. Room 118 was 61 degrees F. East end dining area was 69 degrees F. Hallway outside room 119 was 62.5 degrees F. Room 120 was 62.5 degrees F. Room 121 was 66 degrees F. Room 126 was 69.5 degrees F. Room 122 was 69 degrees F. Hallway at room 127 was 61 degrees. Room 130 was 69 degrees F. An activity room occupied by 10 residents was 59.5 degrees F.</p> <p>On 1/26/22, at 9:48 a.m. R5 stated the facility was very cold. R5 stated she had talked with M-A, and he had said he was trying to get the building's heat up, but could not get anymore heat out of the system. R5 stated she had to wrap her feet in her ski jacket, and cover up with four blankets at night to stay warm.</p> <p>On 1/26/22, at 10:00 a.m. R1 stated the facility had been cold since the start of the cold weather.</p> | 21695 | | |

Minnesota Department of Health

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| 21695 | <p>Continued From page 3</p> <p>R1's hands were noted to be cold to the touch. R1 stated he had been told they were working on the heat, and he believed they were trying.</p> <p>On 1/26/22, at 10:11 a.m. R3 was observed sitting in a recliner covered with a fleece blanket. R3 stated he thought it was cold in the facility. R3 stated there was very little heat coming from the heat register. R3 stated it got cold in the evenings, especially after the sun went down, then it got really cold. R3 stated the facility had been cold since it started to get cold outside, about two weeks or so ago.</p> <p>On 1/26/22, at 10:22 a.m. R4 was observed sitting in the wheelchair in her room. R4 was wrapped in two blankets, had a sweatshirt on, and a sweatshirt across her lap. R4 stated she was cold until she got all bundled up. R4 stated this was the first time she was bundled up like this, "It's really cold." R4 stated she was uncomfortable when she was cold, but now was okay now that she was warm.</p> <p>On 1/26/22, at 11:16 a.m. M-A was interviewed. M-A stated resident rooms that are closer to the boiler are warmer.</p> <p>On 1/26/22, at 11:22 a.m. licensed practical nurse (LPN)-A was interviewed and verified the building was cold. LPN-A stated she was wearing sweatpants and scrub pants, and had a long sleeve shirt under her scrub top. LPN-A stated she also brought a hot pack to warm in the microwave to put on her lap when she was sitting and charting. LPN-A stated the facility had been cold for the past week or two. LPN-A stated when the outside temperature got really cold, the building temperature would get colder. LPN-A stated the staff tried to keep resident's rooms</p> | 21695 | | |

Minnesota Department of Health

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| 21695 | <p>Continued From page 4</p> <p>warmer by keeping the doors closed. LPN-A stated they try to keep the residents warm by offering warm blankets, and coffee or hot chocolate.</p> <p>On 1/26/22, at 11:36 a.m. nursing assistant (NA)-B stated the facility had been cold since winter started back in November and December. However, it was worse now since the recent cold snap. NA-B stated some residents were pretty cold. When residents complain of being cold, NA-B stated she would cover them in blankets and dress them in warm clothes, and some residents wore jackets. NA-B stated room temperature varied from room to room. NA-B stated staff kept the room doors closed, but needed to keep some residents' doors open to ensure they were safe.</p> <p>On 1/26/22, at 12:55 p.m. an outside company heating, ventilation and air conditioning (HVAC) technician (T)-A was interviewed and stated he was first contacted regarding the cold facility today. T-A stated he had been to the facility on 12/8/21, to check the boiler because the pumps were not running, and the residents' rooms were getting cold. T-A stated he was also at the facility on 1/6/22, when the boiler needed to be reset due to a power surge. T-A further stated the heating system lacked routine maintenance, which included observing and changing filters and worn belts. T-A stated he found two units with blower motors that were not working and needed to be reset. Belts and filters showed signs of needing to be changed. T-A stated he provided the maintenance director with the information for the belt and filter sizes needed to start working on them. T-A further stated there were three air handlers throughout the building of which were having issues, but all were running and working</p> | 21695 | | |

Minnesota Department of Health

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| 21695 | <p>Continued From page 5</p> <p>correctly now and the facility should start to warm up.</p> <p>On 1/26/22, at 2:21 p.m. the administrator stated the facility did not start to get cold until yesterday when the hallway temperature was just below 71 degrees, then the evening and overnight temperature started to drop. The administrator, the director of nursing (DON) and the maintenance director all checked their telephones and email and did not see any notification of the facility being cold. The DON was in the facility on 1/22/22, at around noon or 1:00 p.m. and the facility did not feel cold. The administrator stated T-A got some of the tripped units running and gave the maintenance director the sizes of the belts needed to make the units run faster and warm the facility up. The administrator stated the maintenance director was recently hired and did not hold a boiler's license, so the regional maintenance consultant was called this morning and was on his way from Mankato. The administrator further stated he could monitor the temperature of every room and hallway in the facility, but was unable to obtain a log of previous temperatures. The administrator stated he could also see what the temperature was set at on each thermostat and the staff were turning up the temperature to 90 degrees. The facility also utilized a computer program of which provided a quarterly schedule for routine maintenance on the heating system. The administrator stated the system lacked any indication of routine maintenance on the heating system.</p> <p>On 1/26/22, at 2:37 p.m. the regional maintenance consultant (RMC)-A arrived. RMC-A stated the heating system in the facility was state of the art, new and more high tech than in any other of their facilities. RMC-A further stated the</p> | 21695 | | |

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| 21695 | <p>Continued From page 6</p> <p>last routine inspection was a visual inspection done by the maintenance director on 12/20/21.</p> <p>On 1/26/22, at 3:09 p.m. trained medication aide (TMA)-A stated she had worked the weekend and the facility was cold like it was now. TMA-A stated the facility would get warmer when it would warm up outside. TMA-A stated the residents had been bundled up the previous weekend too. TMA-A stated she did not notify anyone because administration and maintenance already knew the facility was cold.</p> <p>On 1/26/22, at 3:10 p.m. NA-D stated the facility had been cold for a couple of weeks. NA-D stated she did not make any reports regarding the cold temperatures in the building because she knew the administrator and M-A were aware of the cold temperatures, as she had overheard them discussing the matter.</p> <p>On 1/26/22, at 3:17 p.m. the social worker (SW)-A stated she worked the past week. SW-A stated the facility got cold whenever the temperature outside dropped below zero. SW-A stated she did not recall any complaints from residents or families, but when she touched a resident's hand it was cold, and she gave him a blanket.</p> <p>The facility's Emergency Procedure-Utility Outage dated 8/18, indicated if there was a loss of heating function and if the facility temperature reached 65 degrees F and remained so for hours to prevent hypothermia the facility would: Ensure the resident s were dressed warmly and have enough blankets or coverings. Cover the heads of the residents and protect their extremities. Encourage the residents to drink fluids.</p> | 21695 | | |

Minnesota Department of Health

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| 21695 | <p>Continued From page 7</p> <p>Monitor body temperatures. Monitor environmental thermometers. Evacuate residents if temperatures remain low and the residents safety and welfare was jeopardized. Notify the medical director.</p> <p>The facility's Utility Emergencies policy dated 4/21, lacked direction for when the facility's temperature was cold. However, the policy directed for all other utility failures notify the person in charge. The person in charge should notify the maintenance director, the administrator and the DON. Always make sure you get in direct contact with one of the above persons in the case of any utility failure. Follow the direction of the person in charge to ensure safety of all staff and residents in the event of a utility emergency.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator or designee could develop/revise policies or procedures to ensure the temperature within the facility was at comfortable levels. The administrator or designee could educate all appropriate staff on the policies and procedures. The administrator or designee could develop monitoring systems to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: 21 DAYS</p> | 21695 | | |