



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 17, 2021

Administrator
The Waterview Woods Llc
601 Grant Avenue
Eveleth, MN 55734

RE: CCN: 245277
Cycle Start Date: April 27, 2021

Dear Administrator:

On May 17, 2021, we notified you a remedy was imposed. On June 4, 2021 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of May 28, 2021.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective July 27, 2021 did not go into effect. (42 CFR 488.417 (b))

In our letter of May 11, 2021, 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 July 27, 2021 due to denial of payment for new admissions. Since your facility attained substantial compliance on May 28, 2021, 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 Therefore, the NATCEP prohibition is rescinded.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 horizontal line extending to the right.

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

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

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May 17, 2021

Administrator
The Waterview Woods Llc
601 Grant Avenue
Eveleth, MN 55734

RE: CCN: 245277
Cycle Start Date: April 27, 2021

Dear Administrator:

On May 11, 2021, we informed you that we may impose enforcement remedies.

On May 10, 2021, the Minnesota Department of Health completed a revisit and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

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:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective July 27, 2021

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective July 27, 2021. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 27, 2021.

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 Woods Llc

May 17, 2021

Page 2

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

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

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,160; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by July 27, 2021, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, The Waterview Woods Llc will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from July 27, 2021. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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.

DEPARTMENT CONTACT

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

**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 - 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 October 27, 2021 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 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)

The Waterview Woods Llc

May 17, 2021

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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/ltr/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
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: 05/26/2021
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245277 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/10/2021 |
| NAME OF PROVIDER OR SUPPLIER THE WATERVIEW WOODS LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 601 GRANT AVENUE EVELETH, MN 55734 | | |
| (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 5/10/21, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was found to be SUBSTANTIATED: H5277070C (MN72436) with a deficiency at F600. 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 600 SS=D | Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- | F 600 | | 5/28/21 | |

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

TITLE

(X6) DATE

Electronically Signed

05/24/2021

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 600 | <p>Continued From page 1</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to keep a resident free from physical abuse by another resident for 1 of 3 residents (R1) reviewed for resident-to-resident abuse.</p> <p>Findings include:</p> <p>R1's Admission Record printed 5/10/21, indicated R1's diagnoses included stroke with hemiplegia (paralysis) on right side, routine healing from right femur (upper leg) bone, and depressive disorder.</p> <p>R1's admission Minimum Data Set (MDS) dated 1/2/21, indicated R2 had significant cognitive impairment and disorganized thinking. In addition, R1 required total assistance of two staff with transfers and toileting.</p> <p>R2's Admission Record printed 5/10/21, indicated R2's diagnoses included dementia with behavioral disturbance, Agitation and right pelvic fracture.</p> <p>R2's admission (MDS) dated 3/18/21, indicated R2 had significant cognitive impairment and disorganized thinking.</p> <p>R2's care plan initiated 3/12/21, indicated R1 had an alteration in mood and behavior, as well as a history of hitting out and yelling. The goals included R2 would remain calm and redirectable. The care plan further directed staff to be alert to mood and behavioral changes, offer a laundry</p> | F 600 | <p>Immediate Corrective Action: Resident #2 was discharged to a secure memory Unit on 5/10/21</p> <p>Corrective Action as it applies to others: The Abuse Prohibition/Vulnerable Adult Plan was reviewed and remains current. All current incidents for last 4 weeks involving resident to resident altercations will be reviewed to ensure that interventions are appropriate and being followed. Any resident posing a risk to other residents will have documented consistent intervention(s) to assure the safety of all residents. The ID Team will meet and discuss alternate interventions should it be discovered current interventions are not effective. All staff will be re-educated on the Abuse Prohibition/ Vulnerable Adult Plan to include consistent documented interventions and the need to change interventions which may not be effective.</p> <p>Date of Compliance: 5/28/21</p> <p>Recurrence will be prevented by: Audits of any resident interventions initiated to prevent resident to resident abuse will be conducted 5x weekly x 4 weeks then monthly x 2 months to assure the interventions are consistent,</p> | | |

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

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| F 600 | <p>Continued From page 2</p> <p>basket of clothes to fold, provide 1:1 when showing agitation if staff is able, offer to walk with resident to a calmer and quieter environment, and administer medication per physician order. R2's care plan also included a revision date of 4/30/21, which identified R2 was a risk for elopement related to cognitive impairment. R2's interventions included 15-minute checks, and staff were to be aware of R2's whereabouts in the building.</p> <p>On 4/21/21, at 2:18 p.m. a progress note indicated R2 had been sent to the emergency room (ER) due to increased agitation, aggression towards another resident, and refusing redirection. R2 returned from the ER with orders which included Depakene (anti-seizure medication) 250 milligrams (mg)/5 milliliters (ml) with instructions to administer 5 ml three times a day related to dementia with behavioral disturbances.</p> <p>On 4/27/21, at 10:38 p.m. a progress note indicated R2 had been wandering throughout the shift and was not easily redirected. R2 had become aggressive towards staff members, and did respond to staff redirection. The note further indicated R2's behaviors continued through the entire afternoon shift.</p> <p>On 4/29/21, at 8:27 p.m. a progress note indicated R2 had been wandering throughout the facility, and had fallen asleep in another resident's bed while that resident had been out of the facility. The note further indicated R2 had been agitated and tearful, but staff had been able to redirect.</p> <p>On 4/30/21, at 10:00 p.m. a progress note</p> | F 600 | <p>documented, and effective. The results of the audits will be shared with the facility QAPI Committee for input on the need to increase, decrease or discontinue the audits.</p> <p>Corrections will be monitored by: Social Services/Designee</p> | | |

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| F 600 | <p>Continued From page 3</p> <p>indicated R2 had been brought up to second floor. R2 was noted to have been highly combative with staff when they were attempting to redirect R2 from exits and rummaging in other's belongings. The note further indicated the first floor was a highly active, over-stimulating environment for R2, and R2 appeared to have enjoyed her evening upstairs. It was suggested that R2 be moved to second floor for the remainder of her stay, if possible.</p> <p>On 5/1/21, at 3:11 p.m. a progress note indicated R2 had wandered into R1's room, and when R1 asked R2 to leave her room R2 refused. R2 then hit R1 in the face and in the stomach. A facility housekeeper assisted R2 out of R1's room. The report indicated R1 was noted at the time of the incident to have 2 scratches on the left side of her face and a red mark on her abdomen.</p> <p>An incident report submitted to the State Agency (SA) on 5/5/21, indicated on 5/1/21, at 1:10 p.m. R2 had wandered into R1's room and refused to leave. R2 then hit R1 in the face and in the stomach. A facility housekeeper assisted R2 out of R1's room. The report indicated R1 received two scratches on the left side of her face, and a red mark on her abdomen.</p> <p>On 5/10/21, at 11:24 a.m. licensed practical nurse (LPN)-A was interviewed and stated they try to monitor R2 as close as they could, but staff could not always be with R2. LPN-A stated R2 continually wandered throughout the facility, and into other resident rooms. LPN-A stated when staff attempted to redirected R2, she often became combative and would strike out at staff and others. LPN-A further stated R2 was scheduled to be discharged on 5/10/21, to a</p> | F 600 | | | |

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| F 600 | <p>Continued From page 4</p> <p>memory unit, which she felt was a better setting for R2.</p> <p>On 5/10/21, at 12:20 p.m. registered nurse (RN) N-A stated R2 was on 15-minute safety on checks, and 1:1 with staff, however, staff were not always able to provide R2 with 1:1 continually. RN-A stated staff would take R2 around with them, but there were times staff just could not be with R2. RN-A stated the facility had tried using stop signs on resident doors, however, R2 would just take the signs down. RN-A stated they had considered moving R2 up to the 2nd floor, but the decision was made to not move her due to 2nd floor having residents that would not be able to defend themselves or verbalize if R2 had approached them. RN- A verified R2 was being discharged on 5/10/21, to a secure memory unit.</p> <p>The facility director of nursing and administrator were not available at the time of the survey to interview.</p> <p>The facility's Abuse Prohibition/Vulnerable Adult Plan dated 7/5/19, defined the purpose of the policy is to ensure that residents are not subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardian, friends or other individuals, or self-abuse.</p> | F 600 | | | |



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 17, 2021

Administrator
The Waterview Woods Llc
601 Grant Avenue
Eveleth, MN 55734

Re: Event ID: OWPS11

Dear Administrator:

The above facility survey was completed on May 10, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

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

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

cc: Licensing and Certification File

Minnesota Department of Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00583 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/10/2021 |
|--|--|---|---|

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|--|--|
| NAME OF PROVIDER OR SUPPLIER THE WATERVIEW WOODS LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 601 GRANT AVENUE EVELETH, MN 55734 |
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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 5/10/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found in compliance with the MN State Licensure.</p> <p>The following complaint was found to be SUBSTANTIATED:</p> | 2 000 | | |

| | | |
|---|-------|-----------|
| Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| Electronically Signed | | 05/24/21 |

Minnesota Department of Health

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|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00583 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/10/2021 |
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| NAME OF PROVIDER OR SUPPLIER THE WATERVIEW WOODS LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 601 GRANT AVENUE EVELETH, MN 55734 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| 2 000 | <p>Continued From page 1</p> <p>H5277070C (MN72436) however, no licensing orders were issued.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>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, the facility must acknowledge receipt of the electronic documents.</p> | 2 000 | | |