



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
February 8, 2022

Administrator
The Waterview Pines LLC
1201 8th Street South
Virginia, MN 55792

RE: CCN: 245283
Cycle Start Date: February 7, 2022

Dear Administrator:

On February 7, 2022, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

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

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

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 18, 2022

Administrator
The Waterview Pines LLC
1201 8th Street South
Virginia, MN 55792

RE: CCN: 245283
Cycle Start Date: January 7, 2022

Dear Administrator:

On January 7, 2022, 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" and/or an E tag), i.e., the plan of correction should be directed to:

Susan Frericks, Unit Supervisor
Metro D District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
PO Box 64990
St. Paul MN 55164-0900
Email: susan.frericks@state.mn.us
Mobile: (218) 368-4467

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.

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

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

If substantial compliance with the regulations is not verified by April 7, 2022 (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 July 7, 2022 (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

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January 18, 2022

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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,

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal tail 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

cc: Licensing and Certification File

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

PRINTED: 01/28/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2022
NAME OF PROVIDER OR SUPPLIER THE WATERVIEW PINES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 8TH STREET SOUTH VIRGINIA, MN 55792		
(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	<p>INITIAL COMMENTS</p> <p>On 1/5/22, - 1/7/22, 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.</p> <p>The following complaints were found to be SUBSTANTIATED: H5283039C (MN79525), with deficiencies cited at F550, F677, F725 H5283040C (MN79941), with no deficiencies.</p> <p>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.</p> <p>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.</p>	F 000			
F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that</p>	F 550		2/2/22	

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

TITLE

(X6) DATE

Electronically Signed

01/26/2022

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 550	<p>Continued From page 1</p> <p>promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure residents who were continent of bowel and bladder had their needs met to prevent bladder accidents and associated embarrassment for 2 of 7 residents (R1, R8), in addition preferences for bedtime were not met for 1 of 7 residents (R8), reviewed for dignity and resident rights.</p>	F 550	<p>F550 Resident Rights/ Exercise of Rights</p> <p>Immediate Corrective Action:</p> <p>Resident 1 had her brief changed and ADLs provided per preference. Resident 8's call light was answered in a timely manner and resident was toileted</p>		

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F 550	Continued From page 2 Findings include: R1's Face Sheet dated 1/7/22, indicated R1 had stage IV kidney disease and rheumatoid arthritis. R1's quarterly Minimum Data Set (MDS) dated 12/21/20, indicated R1 was cognitively intact and had mild depression. R1's MDS indicated assist with toileting with occasional incontinence, that R1 was typically continent of bowel and bladder and that incontinence had the potential to impact dignity. On 1/6/22, at 9:10 a.m., R1 indicated she was sitting in a soiled brief. R1 pointed to her clothing, which was a hospital gown. R1 reported she told staff at 7:30 a.m., when they made morning rounds, that she was sitting in a soiled brief. She then reported it again to activity aide (AA)-A at 8:50 a.m. when her breakfast tray was delivered. R1 indicated she told AA she did not want to eat in bed in a wet brief. R1 indicated she liked to get up in the morning, get cleaned up, dressed and in her chair before breakfast was served. R1 reported she could tell when she had to use the bathroom and tried to wait. R1 stated she had urgency so staff needed to come when she called. She stated she did not like going in her brief but didn't know what else to do. On 1/6/22, at 9:13 a.m., nursing assistant (NA)-A and another staff member entered R1's room with towels and a clean brief. On 1/6/22, at 9:38 a.m., R1 was observed sitting in her chair, dressed and eating breakfast. On 1/6/22, at 9:29 a.m., AA-A stated when a resident reported they need to use the restroom	F 550	per care plan. Corrective Action as it applies to others: The Quality of Life- Dignity policy was reviewed and remains current. The Resident Rights policy was reviewed and remains current. All current residents' care plans will be reviewed to ensure toileting preferences are updated. All nursing staff will be educated on resident preferences, answering call lights in a timely manner, and following resident care plan. Date of Compliance: 02/02/2022 Recurrence will be prevented by: Audits of 5 residents will be completed to ensure they feel their needs are being met weekly x4 weeks then monthly for 2 months. The results of the audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit. Corrections will be monitored by: Director of Nursing/ Designee		

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F 550	<p>Continued From page 3</p> <p>she would put call light on for resident and when she left the room, tell staff. AA-A could not recall if she turned R1's call light on when she left the room at 8:50 a.m. that morning.</p> <p>On 1/6/22, from 8:15 a.m., to 9:30 a.m., the call light for R1 was not activated.</p> <p>On 1/6/22, at 11:19 a.m., NA-A reported she knew R1 was soiled at 8:30 a.m., when it was reported by AA-A. NA-A could not remember if it was reported to her earlier. NA-A reported she was aware that sitting in a soiled brief for extended time could affect dignity.</p> <p>On 1/6/22, at 2:00 p.m., registered nurse (RN)-A stated not toileting and getting cleaned when resident wanted was a dignity concern.</p> <p>R8's Admission Record printed on 1/7/22, indicated R8's diagnoses included morbid obesity, low back pain, anxiety disorder, and depression.</p> <p>R8's annual Minimum Data Set (MDS) dated 11/24/21, indicated R8 was cognitively intact, had no rejections of care or behaviors. In addition, R8 required extensive assistance of one for ADLs. R8's MDS indicated she had seven or more episodes of bladder incontinence, but had at least one episode of continence.</p> <p>R8's care plan dated 11/24/20, indicated R8 had an alteration in mobility related to weakness and required the assistance of one for toileting.</p> <p>R8's output record for the past four weeks was requested but not provided.</p>	F 550			

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F 550	Continued From page 4 On 1/6/22, at 10:29 a.m. licensed practical nurse (LPN)-A stated staff were not able to meet the needs of the residents. LPN-A stated showers were not getting done, check and changes, repositioning every two hours, and once residents were up in chairs they would stay up. Specifically, LPN-A stated on 1/5/22, the check and changes and repositioning were not done timely. On 1/6/22, at 3:38 p.m. nursing assistant (NA)-B stated she was late two hours or more to get R8 ready for bed because there was not enough staff. On 1/6/22, at 3:49 p.m. R8 stated she "wets" herself daily because staff don't answer her call light. R8 stated this had occurred three times "today". R8 was tearful and said it makes her feel embarrassed and sad. R8 also stated she has to wait longer than she would like for staff to get her ready for bed because staff are too busy to help her. On 1/7/22, at 9:50 a.m. the director of nursing (DON) verified if a resident felt embarrassed or sad after an incontinence episode it was a concern for dignity. In addition, the DON verified a resident's request for bed time should be respected and accommodated. The facility policy titled Quality of Life - Dignity revised August 2009, directed staff to care for residents in a manner that promotes and enhances quality of life, dignity, respect and individuality. The policy defined treated with dignity as maintaining and enhancing his/her self-esteem and self-worth. In addition staff were	F 550			

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F 550	Continued From page 5 directed to respond promptly to requests for toileting assistance. The facility policy title Resident Rights revised December 2016, identified resident rights to include self-determination and a dignified existence.	F 550			
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to ensure residents had their activities of daily living (ADLs) completed for 5 of 7 residents (R1, R7, R8, R9, and R10) reviewed for ADLs. Findings include: R1's Face Sheet printed 1/7/22, indicated R1 had diagnoses of rheumatoid arthritis, stage IV chronic kidney disease, morbid obesity, fibromyalgia, type 2 diabetes with diabetic neuropathy. R1's quarterly Minimum Data Set (MDS) dated 12/21/21, indicated R1 was cognitively intact, did not reject cares and required extensive assist of one with bed mobility, and total assist with transfers and toileting. R1's care plan dated 12/21/21 indicated R1 was transferred with a ceiling lift, assist of one for bed	F 677	F677 ADL Care Provided for Dependent Residents Immediate Corrective Action: Resident #1, 7, 8, 9 and 10's care needs were addressed. Corrective Action as it applies to others: The Activities of Daily Living, Supporting policy was reviewed and remains current. All resident care sheets were updated to reflect current needs for ADLs. All nursing staff will be educated on following resident care plan for ADL needs and documenting ADLs during or at end of their shift. Date of Compliance: 02/02/2022 Recurrence will be prevented by: Audits of 5 residents to ensure individualized care sheets are being	2/2/22	

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F 677	<p>Continued From page 6</p> <p>mobility, assist for toileting, setup for meals and oral cares.</p> <p>The nurse assistant daily assignment sheet undated, indicated R1 was to be turned every two hours, a total assist of one for transfers and to use a ceiling lift for mobility.</p> <p>R1's documentation of cares and outputs for the last four weeks were requested but not provided.</p> <p>On 1/6/22, at 9:10 a.m., R1 stated the ceiling lift broke on evening shift last night and maintenance fixed this morning. R1 stated the Hoyer could not be used due to a prior concern. R1 stated she was in a soiled brief and hospital gown because of all the issues. R1 stated she liked to get cleaned up, dressed and up in her chair prior to eating breakfast.</p> <p>On 1/6/22, at 9:10 a.m., R1 was observed in her bed in a hospital gown; there was urine odor in the room.</p> <p>On 1/6/22, at 11:19 a.m., nurse assistant (NA)-A confirmed R1's ceiling lift had broken on a prior shift and it was not fixed until this a.m., shift. NA-A confirmed Hoyer lift cannot be used on R1.</p> <p>On 1/6/22, at 10:29 a.m. licensed practical nurse (LPN)-A stated on 1/5/22, R7 did receive morning cares but had not gotten out of bed until noon because of staffing.</p> <p>R7's Admission Record printed 1/7/22, identified diagnoses which included dementia, hemiplegia (paralysis of one side of the body) affecting left non-dominant side, legal blindness, and muscle</p>	F 677	<p>followed weekly x4 weeks and monthly x 2 months to ensure that they are receiving the level of assist for ADL care that they need. The results of the audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit.</p> <p>Corrections will be monitored by: Director of Nursing/ Designee</p>		

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F 677	<p>Continued From page 7 wasting and atrophy.</p> <p>R7's quarterly Minimum Data Set (MDS) dated 11/4/21, indicated R7 was severely cognitively impaired and demonstrated physical behavioral symptoms one to three days. R7 required extensive assistance to total dependence for activities of daily living. In addition, R7 was occasionally incontinent of bladder.</p> <p>R7's care plan dated 8/8/19, indicated R7 had a self-care deficit related to hemiplegia and cognitive impairment. R7's care plan indicated R7 required assistance of one for upper and lower body dressing. In addition, R7's care plan directed staff to assess R7 for incontinence every two hours and as needed and to provide incontinence care with each incontinent episode. R7's care plan indicated R7 required the assistance of one for bathing, dressing, and grooming.</p> <p>R7's documentation of cares and output for the past four weeks were requested but not provided.</p> <p>R7 was not interviewable, however, using the reasonable person model, most people would not want to lie in bed until noon.</p> <p>R8's Admission Record printed on 1/7/22, indicated R8's diagnoses included morbid obesity, low back pain, anxiety disorder, and depression.</p> <p>R8's annual Minimum Data Set (MDS) dated 11/24/21, indicated R8 was cognitively intact, had no rejections of care or behaviors. In addition R8 required extensive assistance of one for ADLs.</p>	F 677			

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F 677	<p>Continued From page 8</p> <p>R8's MDS indicated she had seven or more episodes of bladder incontinence, but had at least one episode of continence.</p> <p>R8's care plan dated 11/24/20, indicated R8 had an alteration in mobility related to weakness and required the assistance of one for toileting.</p> <p>R8's output record was requested for the past four weeks. The facility was unable to provide records of intake and output.</p> <p>On 1/6/22, at 3:38 p.m. nursing assistant (NA)-B stated on 1/5/22, she was late two hours or more providing bedtime cares for R8 because there was not enough staff.</p> <p>On 1/6/22, at 3:49 p.m. R8 stated she "wets" herself daily because staff don't answer her call light. R8 stated this had occurred three times "today". R8 was tearful and said it makes her feel embarrassed and sad. R8 also stated she has to wait longer than she would like for staff to get her ready for bed because staff are too busy to help her.</p> <p>R9's Admission Record printed 1/7/22, identified R9 had diagnoses which included dementia.</p> <p>R9's quarterly MDS dated 10/8/21, indicated R9 was severely cognitively impaired, required extensive to total dependence with ADLs, and was always incontinent of bowel and bladder.</p> <p>R9's care plan dated 7/12/19, indicated R9 was incontinent of bowel and bladder and required an assessment of elimination needs every two hours with incontinence care after incontinent episodes.</p>	F 677			

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F 677	<p>Continued From page 9</p> <p>In addition R9's care plan indicated R9 was limited in her ability to independently carry out ADLs. Staff were directed to assist with oral cares, washing of hands and face with cueing and extensive assist of one for all other ADLs.</p> <p>R9's documentation of cares for the past four weeks was requested but not provided.</p> <p>R10's Admission Record printed on 1/7/22, indicated R10's diagnoses included hemiplegia, dementia, anxiety, Alzheimer's disease, and depression.</p> <p>R10's quarterly MDS dated 11/5/21, indicated R10 had adequate hearing and was able to understand and be understood. In addition, R10 was cognitively intact, had no behaviors or rejection of cares. R10 required extensive to total dependence for ADLs. R10's MDS identified her as always incontinent of bladder.</p> <p>R10's care plan dated 9/5/19, directed staff to assess for incontinence every two hours and as needed/requested and provide incontinent cares with each incontinence episode.</p> <p>R10's output record was requested for the past four weeks. The facility was unable to provide records of this.</p> <p>On 1/6/22, at 3:38 p.m. R10 stated she had to go to bed at 7 p.m. because that was when staff could help her. R10 further stated she ended up being in bed 10 to 12 hours and stated "that's too long".</p>	F 677			

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F 677	Continued From page 10 On 1/6/22, at 3:58 p.m. nursing assistant (NA)-B stated she was two hours late with bedtime cares for R9 and R10, because there was not enough help. NA-B stated she was caring for 23 residents with the help of a nurse who had responsibilities to provide medications and treatments for the 23 residents. On 1/7/22, at 9:50 a.m. the director of nursing (DON) verified one NA would not reasonably be expected to complete check and changes, every two hour repositioning, and answering call lights timely for 23 residents. The DON also verified she would expect staff to answer call light promptly so residents did not have bladder accidents. The facilities policy titled Activities of Daily Living (ADLs), Supporting dated March 2018, indicated residents who were unable to carry out activities of daily living independently would receive the services necessary to maintain grooming and personal and oral hygiene. The policy directed staff would provide appropriate care and services for residents unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care.	F 677			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and	F 686		2/2/22	

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F 686	<p>Continued From page 11</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident was repositioned timely for 1 of 1 residents (R2) reviewed for repositioning.</p> <p>Findings include:</p> <p>R2's Admission Record printed 1/7/22, indicated R2 had diagnoses which included pressure induced deep tissue damage of left heel, and chronic peripheral venous insufficiency (improper functioning of the vein valves in the legs causing swelling and skin changes).</p> <p>R2's annual Minimum Data Set (MDS) dated 11/30/21, indicated R2 was cognitively intact, required extensive assistance with activities of daily living (ADLs), and was occasionally incontinent of bladder with seven or more incontinence episodes but at least one episode of continence. In addition, R2 was at risk for skin breakdown.</p> <p>R2's care plan dated 12/24/20, indicated R2 required the assistance of one for all transfers. In addition, R2 required the assistance of one from wheelchair to toilet.</p> <p>R2's neighborhood resident list printed 1/6/22, indicated R2 required repositioning every two hours.</p>	F 686	<p>F686 Treatment/ Svcs to Prevent/Heal Pressure Ulcer</p> <p>Immediate Corrective Action: Resident 2's repositioning needs were addressed.</p> <p>Corrective Action as it applies to others: The Repositioning policy was reviewed and updated with current information. All resident care sheets were updated to reflect current needs for repositioning. All nursing staff were re-educated on need to reposition residents per their individualized needs based on their care sheets.</p> <p>Date of Compliance: 02/02/2022</p> <p>Recurrence will be prevented by: Audits of 5 residents who need to be repositioned will be completed weekly x4 weeks then monthly for 2 months to ensure that they are being repositioned per their individualized care needs. The results of the audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit</p> <p>Corrections will be monitored by:</p>		

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F 686	Continued From page 12 On 1/6/22, at 8:20 a.m. during a continuous observation from 8:20 a.m. to 11:20 a.m. R2 was assisted with morning cares and then assisted into her wheelchair. -at 10:51 a.m. R2 was observed still in her wheelchair with her head down and eyes closed. -at 11:10 a staff member brought R2 to the bathroom per R2's request, then back to her chair. On 1/6/22, at 11:38 a.m. nursing assistant (NA)-C verified he was not able to get R2 repositioned timely, stating "too busy" when there are only two NAs on the day shift and he just couldn't keep up with check and changes and repositioning of residents. On 1/7/22, at 9:50 a.m. the director of nursing (DON) verified she would expect staff to reposition residents every two hours and if they are not able to do this she would expect them to ask for help. The facility policy titled Repositioning revised May 2013, indicated the purpose of repositioning to was to prevent skin breakdown, promote circulation and provide pressure relief for residents. The policy directed resident who are in a chair should be on an every one hour repositioning schedule.	F 686	Director of Nursing/ Designee		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest	F 725		2/2/22	

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F 725	<p>Continued From page 13</p> <p>practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure sufficient staffing was available to provide timely toileting for 4 of 7 residents (R1, R8, R9 and R10); timely repositioning for 1 of 1 residents (R2), and resident preferred wake or bedtimes per preference for 3 of 7 residents (R7, R9, R10). This practice had the potential to affect all residents who reside in the facility and require assistance with cares.</p> <p>Findings include: TOILETING</p>	F 725	<p>F725 Sufficient Nursing Staff</p> <p>Immediate Corrective Action: Resident #1, 2, 7, 8, 9 and 10's needs were addressed.</p> <p>Corrective Action as it applies to others: The Staffing policy was reviewed and remains current. All current residents' care plans will be reviewed to ensure toileting preferences are updated. All nursing staff will be educated on resident preferences, answering call lights in a timely manner, and following resident</p>		

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F 725	<p>Continued From page 14</p> <p>R1's Face Sheet dated 1/7/22, indicated R1 had stage IV kidney disease and rheumatoid arthritis.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 12/21/20, indicated R1 was cognitively intact and had mild depression. R1's MDS indicated assist with toileting with occasional incontinence. MDS indicated typically continent of bowel and bladder. Incontinence has the potential to impact dignity.</p> <p>On 1/6/22, at 9:10 a.m., R1 indicated she was sitting in a soiled brief. R1 pointed to her clothing, which was a hospital gown. R1 reported she told staff at 7:30 a.m. about her soiled brief and hospital gown when they made morning rounds. R1 stated she then reported it again to activity aide (AA)-A at 8:50 a.m. when her breakfast tray was delivered. R1 indicated she told AA-A that she did not want to eat in bed in a wet brief. R1 indicated she liked to get up in the morning, get cleaned up, dressed and in her chair before breakfast was served. R1 reported she could tell when she had to use the bathroom and tried to wait. R1 stated she had urgency so staff needed to come when she called. She stated she did not like going in her brief but didn't know what else to do. R1 stated she had frequent soiled briefs, or left on commode for over an hour because of staffing.</p> <p>On 1/6/22, at 11:00 a.m., NA-A reported she knew R1 was soiled at 8:30 a.m., when it was reported by AA-A. NA-A could not remember if it was reported to her earlier. NA-A reported that many of the residents' cares are "way behind" because of staffing. She stated there were several times when they could not get to them quickly enough to get residents on the commode. NA-A stated they were suppose to have four</p>	F 725	<p>care plan.</p> <p>All resident care sheets were updated to reflect current needs for ADLs.</p> <p>All nursing staff will be educated on following resident care plan for ADL needs and documenting ADLs during or at end of their shift.</p> <p>All resident care sheets were updated to reflect current needs for repositioning.</p> <p>All nursing staff were re-educated on need to reposition residents per their individualized needs based on their care sheets.</p> <p>All staff were educated that the only persons allowed to transfer residents are the nursing staff.</p> <p>Date of Compliance: 02/02/2022</p> <p>Recurrence will be prevented by: Audits of 5 residents will be completed to ensure they feel their needs are being met weekly x4 weeks then monthly for 2 months. The results of the audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit.</p> <p>Audits of 5 residents to ensure individualized care sheets are being followed weekly x4 weeks and monthly x 2 months to ensure that they are receiving the level of assist for ADL care that they need. The results of the audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit.</p> <p>Audits of 5 residents who need to be repositioned will be completed weekly x4</p>		

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F 725	<p>Continued From page 15 aides on this hallway and there were only two.</p> <p>R8's Admission Record printed on 1/7/22, indicated R8's diagnoses included morbid obesity, low back pain, anxiety disorder, and depression.</p> <p>R8's annual Minimum Data Set (MDS) dated 11/24/21, indicated R8 was cognitively intact, had no rejections of care or behaviors. In addition R8 required extensive assistance of one for ADLs. R8's MDS indicated she had seven or more episodes of bladder incontinence, but had at least one episode of continence.</p> <p>R8's care plan dated 11/24/20, indicated R8 had an alteration in mobility related to weakness and required the assistance of one for toileting.</p> <p>R8's output record was requested for the past four weeks. The facility was unable to provide records of intake and output.</p> <p>On 1/6/22, at 3:49 p.m. R8 stated she "wets" herself daily because there were not enough staff to answer her call light. R8 stated she had already had three accidents (bladder accidents) on 1/6/22. R8 stated some days she did not get her weekly shower because there was not enough staff. In addition R8 stated she often had to wait longer than she would like to go to bed because the staff is too busy to help her.</p> <p>PREFERENCES</p> <p>R2's Admission Record printed 1/7/22, indicated R2 had diagnoses which included pressure</p>	F 725	<p>weeks then monthly for 2 months to ensure that they are being repositioned per their individualized care needs. The results of the audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audit</p> <p>Corrections will be monitored by: Director of Nursing/ Designee</p>		

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F 725	<p>Continued From page 16</p> <p>induced deep tissue damage of left heel, and chronic peripheral venous insufficiency (improper functioning of the vein valves in the legs causing swelling and skin changes).</p> <p>R2's annual Minimum Data Set (MDS) dated 11/30/21, indicated R2 was cognitively intact, required extensive assistance with activities of daily living (ADLs), and was occasionally incontinent of bladder with seven or more incontinence episodes but at least one episode of continence. In addition R2 was at risk for skin breakdown.</p> <p>R2's care plan dated 12/24/20, indicated R2 required the assistance of one for all transfers. In addition R2 required the assistance of one from wheelchair to toilet.</p> <p>R2's neighborhood resident list printed 1/6/22, indicated R2 required repositioning every two hours.</p> <p>On 1/5/22, at 2:29 p.m. R2 stated her call light takes awhile to be answered because the staff are so busy. R2 stated sometimes she has accidents in her brief because the staff don't answer her call light fast enough. R2 stated the facility didn't have enough staff.</p> <p>On 1/6/22, at 8:33 a.m. during an observation of R2's morning cares, R2 stated she slept through the night.</p> <p>On 1/6/22, at 8:34 a.m. during an observation of R2's morning cares, nursing assistant (NA)-C stated R2's brief was wet but not saturated.</p> <p>On 1/6/22, at approximately 11:30 a.m. activities</p>	F 725		

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F 725	<p>Continued From page 17</p> <p>(A)-B was observed bringing R2 out of the bathroom in R2's room.</p> <p>On 1/6/22, at 11:38 a.m. NA-C stated he was not able to reposition R2 timely because he was "behind". NA-C stated there were only 2\two NAs working and there should be three.</p> <p>On 1/6/22, at 2:12 p.m. A-B stated she brought R2 to the bathroom, transferred from her wheelchair to the toilet and back again to her wheelchair because R2 "had to go so bad" and there wasn't any staff to take her to the bathroom.</p> <p>TOILEING AND PREFERENCES</p> <p>R7's Admission Record printed 1/7/22, identified diagnoses which included dementia, hemiplegia (paralysis of one side of the body) affecting left non-dominant side, legal blindness, and muscle wasting and atrophy.</p> <p>R7's quarterly Minimum Data Set (MDS) dated 11/4/21, indicated R7 was severely cognitively impaired and demonstrated physical behavioral symptoms one to three days. R7 required extensive assistance to total dependence for activities of daily living. In addition R7 was occasionally incontinent of bladder.</p> <p>R7's care plan dated 8/8/19 indicated R7 and a self-care deficit related to hemiplegia and cognitive impairment. R7's care plan indicated R7 required assistance of one for upper and lower body dressing. In addition, R7's care plan directed staff to assess R7 for incontinence every two hours and as needed and to provide incontinence care with each incontinent episode.</p>	F 725			

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F 725	<p>Continued From page 18</p> <p>R7's care plan indicated R7 required the assistance of one for bathing, dressing, and grooming.</p> <p>R7's documentation of cares and output were requested for the past four weeks. The facility was unable to provide documentation of intake and output or check and changes.</p> <p>R7 was not interviewable, using the reasonable person model most people would not want to lie in bed until noon.</p> <p>On 1/6/22, at 10:29 a.m. licensed practical nurse (LPN)-A stated staff were not able to do morning cares and get R7 up for the day until noon on 1/5/22.</p> <p>On 1/6/22, at 11:38 a.m. NA-C stated he was not able to get R7 up before noon on 1/5/22, because there was not enough staff.</p> <p>R9's Admission Record printed 1/7/22, identified R9 had diagnoses which included dementia.</p> <p>R9's quarterly MDS dated 10/8/21, indicated R9 was severely cognitively impaired, required extensive to total dependence with ADLs, and was always incontinent of bowel and bladder.</p> <p>R9's care plan dated 7/12/19, indicated R9 was incontinent of bowel and bladder and required an assessment of elimination needs every two hours with incontinence care after incontinent episodes. In addition R9's care plan indicated R9 was limited in her ability to independently carry out ADLs. Staff were directed to assist with oral cares, washing of hands and face with cueing</p>	F 725			

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F 725	<p>Continued From page 19 and extensive assist of one for all other ADLs.</p> <p>R9's documentation of cares and was requested for the past four weeks. The facility was unable to provide documentation of cares (check and change, repositioning, morning and evening cares).</p> <p>R10's Admission Record printed on 1/7/22, indicated R10's diagnoses included hemiplegia, dementia, anxiety, Alzheimer's disease, and depression.</p> <p>R10's quarterly MDS dated 11/5/21, indicated R10 had adequate hearing and was able to understand and be understood. In addition R10 was cognitively intact, had no behaviors or rejection of cares. R10 required extensive to total dependence for ADLs. R10's MDS identified her as always incontinent of bladder.</p> <p>R10's care plan dated 9/5/19, directed staff to assess for incontinence every two hours and as needed/requested and provide incontinent cares with each incontinence episode.</p> <p>R10's output record was requested for the past four weeks. The facility was unable to provide records of intake and output or check and change.</p> <p>On 1/6/22, at 3:49 p.m. R10 stated she often had to wait a long time to get her brief changed because there was not enough staff. R10 also stated she sometimes had to go to bed at 7 p.m. because that's when the staff time to do it. R10 stated that means she would be in bed for 10-12 hours, which she said was too long.</p>	F 725			

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

PRINTED: 01/28/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2022
NAME OF PROVIDER OR SUPPLIER THE WATERVIEW PINES LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 8TH STREET SOUTH VIRGINIA, MN 55792		
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F 725	<p>Continued From page 20</p> <p>On 1/6/22, at 3:58 p.m. nursing assistant (NA)-B stated she was two hours late with bedtime cares for R9 and R10, because there was not enough help. NA-B stated she was caring for 23 residents with the help of a nurse who had responsibilities to provide medications and treatments for the 23 residents.</p> <p>On 1/5/22, at 3:52 p.m. nursing assistant (NA)-B stated she was unable to complete cares (check and change, repositioning timely) for residents when she was the only NA working for a shift. At the time of the interview she was the only staff on the unit and there were three call lights ringing. -at 4:11 p.m. NA-B stated she had only been able to check and change and reposition four of the 15 residents who needed to be checked and changed and repositioned. NA-B stated the staffing for the past two to three months has been only one NA on the unit.</p> <p>On 1/6/22, at 10:29 a.m. licensed practical nurse (LPN)-A stated the staffing on days should be three NAs but it was typically only two. She stated sometimes it would only be one NA and then no baths or showers are done. LPN-A stated on a typical day with two NAs the check and changes and repositioning is not done timely, residents are gotten up and then stay in their chairs, residents who are not able to communicate their needs are the last to be gotten up and ready for the day sometimes not until noon.</p> <p>On 1/6/22, at 11:38 a.m. NA-C stated during the shift to shift NA report they are not always told when the resident was last repositioned. NA-C stated when there was only one NA on the day shift residents would not get their bath/shower. In</p>	F 725			

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F 725	<p>Continued From page 21</p> <p>addition, NA-C stated when there are two NAs it went better but they were not able to check and change residents or reposition residents timely.</p> <p>On 1/7/22, at 9:50 a.m. the director of nursing (DON) verified residents who are continent of bladder should not have bladder accidents or have to go in their brief because staff can't answer their call light. The DON also verified activities staff are not trained to toilet or transfer residents and that this was not within their scope of practice. The DON verified the documentation system does not capture check and changes or repositioning so she could not be certain these were occurring as care planned. The DON verified one NA would not be able to check and change and reposition 15 residents timely and answer call lights timely even with help from the nurse who would be passing medications and doing treatments</p> <p>On 1/6/22, at 11:06a.m., RN-A stated staffing could be better and that alot of staff are out due to COVID-19. RN-A confirmed that two nurse assistants would not be able to get turning, toileting and changing completed in a timely manner.</p> <p>R1's documentation of toileting and repositioning sheets for the last four weeks was requested. Facility was unable to provide them.</p> <p>The working schedule for 1/6/22, indicated two nurse assistant positions were covered for day shift and two open positions that were not covered for day shift.</p>	F 725			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

January 18, 2022

Administrator
The Waterview Pines LLC
1201 8th Street South
Virginia, MN 55792

Re: State Nursing Home Licensing Orders
Event ID: Q1DP11

Dear Administrator:

The above facility was surveyed on January 5, 2022 through January 7, 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 Pines Llc

January 18, 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:

Susan Frericks, Unit Supervisor
Metro D District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
PO Box 64990
St. Paul MN 55164-0900
Email: susan.frericks@state.mn.us
Mobile: (218) 368-4467

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/07/2022
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NAME OF PROVIDER OR SUPPLIER THE WATERVIEW PINES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 8TH STREET SOUTH VIRGINIA, MN 55792
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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 1/5/22 - 1/7/22, 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. Please indicate in your electronic plan of correction 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
01/26/22

Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaints were found to be SUBSTANTIATED: H5283039C (MN79525) with a licensing order issued at S1805, S0920, S0800. H5283040C (MN79942) with no deficiencies.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>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/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2 not required at the bottom of the first page of state form.	2 000		
2 800	<p>MN Rule 4658.0510 Subp. 1 Nursing Personnel; Staffing requirements</p> <p>Subpart 1. Staffing requirements. A nursing home must have on duty at all times a sufficient number of qualified nursing personnel, including registered nurses, licensed practical nurses, and nursing assistants to meet the needs of the residents at all nurses' stations, on all floors, and in all buildings if more than one building is involved. This includes relief duty, weekends, and vacation replacements.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure sufficient staffing was available to provide timely toileting for 4 of 7 residents (R1, R8, R9 and R10); timely repositioning for 1 of 1 residents (R2), and resident preferred wake or bedtimes per preference for 3 of 7 residents (R7, R9, R10). This practice had the potential to affect all residents who reside in the facility and require assistance with cares.</p> <p>Findings include:</p> <p>TOILETING</p> <p>R1's Face Sheet dated 1/7/22, indicated R1 had stage IV kidney disease and rheumatoid arthritis.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 12/21/20, indicated R1 was cognitively intact and</p>	2 800	Corrected	2/2/22

Minnesota Department of Health

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2 800	<p>Continued From page 3</p> <p>had mild depression. R1's MDS indicated assist with toileting with occasional incontinence. MDS indicated typically continent of bowel and bladder. Incontinence has the potential to impact dignity.</p> <p>On 1/6/22, at 9:10 a.m., R1 indicated she was sitting in a soiled brief. R1 pointed to her clothing, which was a hospital gown. R1 reported she told staff at 7:30 a.m. about her soiled brief and hospital gown when they made morning rounds. R1 stated she then reported it again to activity aide (AA)-A at 8:50 a.m. when her breakfast tray was delivered. R1 indicated she told AA-A that she did not want to eat in bed in a wet brief. R1 indicated she liked to get up in the morning, get cleaned up, dressed and in her chair before breakfast was served. R1 reported she could tell when she had to use the bathroom and tried to wait. R1 stated she had urgency so staff needed to come when she called. She stated she did not like going in her brief but didn't know what else to do. R1 stated she had frequeunt soiled briefs, or left on commode for over an hour because of staffing.</p> <p>On 1/6/22, at 11:00 a.m., NA-A reported she knew R1 was soiled at 8:30 a.m., when it was reported by AA-A. NA-A could not remember if it was reported to her earlier. NA-A reported that many of the residents' cares are "way behind" because of staffing. She stated there were several times when they could not get to them quickly enough to get residents on the commode. NA-A stated they were suppose to have four aides on this hallway and there were only two.</p> <p>R8's Admission Record printed on 1/7/22, indicated R8's diagnoses included morbid obesity, low back pain, anxiety disorder, and</p>	2 800		

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2 800	<p>Continued From page 4</p> <p>depression.</p> <p>R8's annual Minimum Data Set (MDS) dated 11/24/21, indicated R8 was cognitively intact, had no rejections of care or behaviors. In addition R8 required extensive assistance of one for ADLs. R8's MDS indicated she had seven or more episodes of bladder incontinence, but had at least one episode of continence.</p> <p>R8's care plan dated 11/24/20, indicated R8 had an alteration in mobility related to weakness and required the assistance of one for toileting.</p> <p>R8's output record was requested for the past four weeks. The facility was unable to provide records of intake and output.</p> <p>On 1/6/22, at 3:49 p.m. R8 stated she "wets" herself daily because there were not enough staff to answer her call light. R8 stated she had already had three accidents (bladder accidents) on 1/6/22. R8 stated some days she did not get her weekly shower because there was not enough staff. In addition R8 stated she often had to wait longer than she would like to go to bed because the staff is too busy to help her.</p> <p>PREFERENCES</p> <p>R2's Admission Record printed 1/7/22, indicated R2 had diagnoses which included pressure induced deep tissue damage of left heel, and chronic peripheral venous insufficiency (improper functioning of the vein valves in the legs causing swelling and skin changes).</p> <p>R2's annual Minimum Data Set (MDS) dated 11/30/21, indicated R2 was cognitively intact,</p>	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 5</p> <p>required extensive assistance with activities of daily living (ADLs), and was occasionally incontinent of bladder with seven or more incontinence episodes but at least one episode of continence. In addition R2 was at risk for skin breakdown.</p> <p>R2's care plan dated 12/24/20, indicated R2 required the assistance of one for all transfers. In addition R2 required the assistance of one from wheelchair to toilet.</p> <p>R2's neighborhood resident list printed 1/6/22, indicated R2 required repositioning every two hours.</p> <p>On 1/5/22, at 2:29 p.m. R2 stated her call light takes awhile to be answered because the staff are so busy. R2 stated sometimes she has accidents in her brief because the staff don't answer her call light fast enough. R2 stated the facility didn't have enough staff.</p> <p>On 1/6/22, at 8:33 a.m. during an observation of R2's morning cares, R2 stated she slept through the night.</p> <p>On 1/6/22, at 8:34 a.m. during an observation of R2's morning cares, nursing assistant (NA)-C stated R2's brief was wet but not saturated.</p> <p>On 1/6/22, at approximately 11:30 a.m. activities (A)-B was observed bringing R2 out of the bathroom in R2's room.</p> <p>On 1/6/22, at 11:38 a.m. NA-C stated he was not able to reposition R2 timely because he was "behind". NA-C stated there were only 2\two NAs working and there should be three.</p>	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 6</p> <p>On 1/6/22, at 2:12 p.m. A-B stated she brought R2 to the bathroom, transferred from her wheelchair to the toilet and back again to her wheelchair because R2 "had to go so bad" and there wasn't any staff to take her to the bathroom.</p> <p>TOILEING AND PREFERENCES</p> <p>R7's Admission Record printed 1/7/22, identified diagnoses which included dementia, hemiplegia (paralysis of one side of the body) affecting left non-dominant side, legal blindness, and muscle wasting and atrophy.</p> <p>R7's quarterly Minimum Data Set (MDS) dated 11/4/21, indicated R7 was severely cognitively impaired and demonstrated physical behavioral symptoms one to three days. R7 required extensive assistance to total dependence for activities of daily living. In addition R7 was occasionally incontinent of bladder.</p> <p>R7's care plan dated 8/8/19 indicated R7 and a self-care deficit related to hemiplegia and cognitive impairment. R7's care plan indicated R7 required assistance of one for upper and lower body dressing. In addition, R7's care plan directed staff to assess R7 for incontinence every two hours and as needed and to provide incontinence care with each incontinent episode. R7's care plan indicated R7 required the assistance of one for bathing, dressing, and grooming.</p> <p>R7's documentation of cares and output were requested for the past four weeks. The facility was unable to provide documentation of intake and output or check and changes.</p>	2 800		

Minnesota Department of Health

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2 800	<p>Continued From page 7</p> <p>R7 was not interviewable, using the reasonable person model most people would not want to lie in bed until noon.</p> <p>On 1/6/22, at 10:29 a.m. licensed practical nurse (LPN)-A stated staff were not able to do morning cares and get R7 up for the day until noon on 1/5/22.</p> <p>On 1/6/22, at 11:38 a.m. NA-C stated he was not able to get R7 up before noon on 1/5/22, because there was not enough staff.</p> <p>R9's Admission Record printed 1/7/22, identified R9 had diagnoses which included dementia.</p> <p>R9's quarterly MDS dated 10/8/21, indicated R9 was severely cognitively impaired, required extensive to total dependence with ADLs, and was always incontinent of bowel and bladder.</p> <p>R9's care plan dated 7/12/19, indicated R9 was incontinent of bowel and bladder and required an assessment of elimination needs every two hours with incontinence care after incontinent episodes. In addition R9's care plan indicated R9 was limited in her ability to independently carry out ADLs. Staff were directed to assist with oral cares, washing of hands and face with cueing and extensive assist of one for all other ADLs.</p> <p>R9's documentation of cares and was requested for the past four weeks. The facility was unable to provide documentation of cares (check and change, repositioning, morning and evening cares).</p> <p>R10's Admission Record printed on 1/7/22, indicated R10's diagnoses included hemiplegia,</p>	2 800		

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NAME OF PROVIDER OR SUPPLIER THE WATERVIEW PINES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 8TH STREET SOUTH VIRGINIA, MN 55792
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2 800	<p>Continued From page 8</p> <p>dementia, anxiety, Alzheimer's disease, and depression.</p> <p>R10's quarterly MDS dated 11/5/21, indicated R10 had adequate hearing and was able to understand and be understood. In addition R10 was cognitively intact, had no behaviors or rejection of cares. R10 required extensive to total dependence for ADLs. R10's MDS identified her as always incontinent of bladder.</p> <p>R10's care plan dated 9/5/19, directed staff to assess for incontinence every two hours and as needed/requested and provide incontinent cares with each incontinence episode.</p> <p>R10's output record was requested for the past four weeks. The facility was unable to provide records of intake and output or check and change.</p> <p>On 1/6/22, at 3:49 p.m. R10 stated she often had to wait a long time to get her brief changed because there was not enough staff. R10 also stated she sometimes had to go to bed at 7 p.m. because that's when the staff time to do it. R10 stated that means she would be in bed for 10-12 hours, which she said was too long.</p> <p>On 1/6/22, at 3:58 p.m. nursing assistant (NA)-B stated she was two hours late with bedtime cares for R9 and R10, because there was not enough help. NA-B stated she was caring for 23 residents with the help of a nurse who had responsibilities to provide medications and treatments for the 23 residents.</p> <p>On 1/5/22, at 3:52 p.m. nursing assistant (NA)-B stated she was unable to complete cares (check and change, repositioning timely) for residents</p>	2 800		

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2 800	<p>Continued From page 9</p> <p>when she was the only NA working for a shift. At the time of the interview she was the only staff on the unit and there were three call lights ringing. -at 4:11 p.m. NA-B stated she had only been able to check and change and reposition four of the 15 residents who needed to be checked and changed and repositioned. NA-B stated the staffing for the past two to three months has been only one NA on the unit.</p> <p>On 1/6/22, at 10:29 a.m. licensed practical nurse (LPN)-A stated the staffing on days should be three NAs but it was typically only two. She stated sometimes it would only be one NA and then no baths or showers are done. LPN-A stated on a typical day with two NAs the check and changes and repositioning is not done timely, residents are gotten up and then stay in their chairs, residents who are not able to communicate their needs are the last to be gotten up and ready for the day sometimes not until noon.</p> <p>On 1/6/22, at 11:38 a.m. NA-C stated during the shift to shift NA report they are not always told when the resident was last repositioned. NA-C stated when there was only one NA on the day shift residents would not get their bath/shower. In addition, NA-C stated when there are two NAs it went better but they were not able to check and change residents or reposition residents timely.</p> <p>On 1/7/22, at 9:50 a.m. the director of nursing (DON) verified residents who are continent of bladder should not have bladder accidents or have to go in their brief because staff can't answer their call light. The DON also verified activities staff are not trained to toilet or transfer residents and that this was not within their scope of practice. The DON verified the documentation system does not capture check and changes or</p>	2 800		

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2 800	<p>Continued From page 10</p> <p>repositioning so she could not be certain these were occurring as care planned. The DON verified one NA would not be able to check and change and reposition 15 residents timely and answer call lights timely even with help from the nurse who would be passing medications and doing treatments</p> <p>On 1/6/22, at 11:06a.m., RN-A stated staffing could be better and that alot of staff are out due to COVID-19. RN-A confirmed that two nurse assistants would not be able to get turning, toileting and changing completed in a timely manner.</p> <p>R1's documentation of toileting and repositioning sheets for the last four weeks was requested. Facility was unable to provide them.</p> <p>The working schedule for 1/6/22, indicated two nurse assistant positions were covered for day shift and two open positions that were not covered for day shift.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designee could develop, review, and/or revise policies and procedures to ensure there is enough staff to care for residents according to their care plan.</p> <p>The Director of Nursing or designee could educate all appropriate staff on the policies and procedures.</p> <p>The Director of Nursing or designee could develop monitoring systems to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 800		

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2 900	<p>MN Rule 4658.0525 Subp. 3 Rehab - Pressure Ulcers</p> <p>Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that:</p> <p>A. a resident who enters the nursing home without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and</p> <p>B. a resident who has pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident was repositioned timely for 1 of 1 residents (R2) reviewed for repositioning.</p> <p>Findings include:</p> <p>R2's Admission Record printed 1/7/22, indicated R2 had diagnoses which included pressure induced deep tissue damage of left heel, and chronic peripheral venous insufficiency (improper functioning of the vein valves in the legs causing swelling and skin changes).</p> <p>R2's annual Minimum Data Set (MDS) dated 11/30/21, indicated R2 was cognitively intact, required extensive assistance with activities of</p>	2 900	Corrected	2/2/22

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2 900	<p>Continued From page 12</p> <p>daily living (ADLs), and was occasionally incontinent of bladder with seven or more incontinence episodes but at least one episode of continence. In addition, R2 was at risk for skin breakdown.</p> <p>R2's care plan dated 12/24/20, indicated R2 required the assistance of one for all transfers. In addition, R2 required the assistance of one from wheelchair to toilet.</p> <p>R2's neighborhood resident list printed 1/6/22, indicated R2 required repositioning every two hours.</p> <p>On 1/6/22, at 8:20 a.m. during a continuous observation from 8:20 a.m. to 11:20 a.m. R2 was assisted with morning cares and then assisted into her wheelchair.</p> <p>-at 10:51 a.m. R2 was observed still in her wheelchair with her head down and eyes closed.</p> <p>-at 11:10 a staff member brought R2 to the bathroom per R2's request, then back to her chair.</p> <p>On 1/6/22, at 11:38 a.m. nursing assistant (NA)-C verified he was not able to get R2 repositioned timely, stating "too busy" when there are only two NAs on the day shift and he just couldn't keep up with check and changes and repositioning of residents.</p> <p>On 1/7/22, at 9:50 a.m. the director of nursing (DON) verified she would expect staff to reposition residents every two hours and if they are not able to do this she would expect them to ask for help.</p> <p>The facility policy titled Repositioning revised May 2013, indicated the purpose of repositioning to</p>	2 900		

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2 900	<p>Continued From page 13</p> <p>was to prevent skin breakdown, promote circulation and provide pressure relief for residents. The policy directed resident who are in a chair should be on an every one hour repositioning schedule.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designee could develop, review, and/or revise policies and procedures to ensure residents are repositioned according to their care plan.</p> <p>The Director of Nursing or designee could educate all appropriate staff on the policies and procedures. The Director of Nursing or designee could develop monitoring systems to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 900		
2 920	<p>MN Rule 4658.0525 Subp. 6 B Rehab - ADLs</p> <p>Subp. 6. Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that:</p> <p>B. a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to ensure residents had their activities of daily living (ADLs) completed for 5 of</p>	2 920	Corrected	2/2/22

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2 920	<p>Continued From page 14</p> <p>7 residents (R1, R7, R8, R9, and R10) reviewed for ADLs.</p> <p>Findings include:</p> <p>R1's Face Sheet printed 1/7/22, indicated R1 had diagnoses of rheumatoid arthritis, stage IV chronic kidney disease, morbid obesity, fibromyalgia, type 2 diabetes with diabetic neuropathy.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 12/21/21, indicated R1 was cognitively intact, did not reject cares and required extensive assist of one with bed mobility, and total assist with transfers and toileting.</p> <p>R1's care plan dated 12/21/21 indicated R1 was transferred with a ceiling lift, assist of one for bed mobility, assist for toileting, setup for meals and oral cares.</p> <p>The nurse assistant daily assignment sheet undated, indicated R1 was to be turned every two hours, a total assist of one for transfers and to use a ceiling lift for mobility.</p> <p>R1's documentation of cares and outputs for the last four weeks were requested but not provided.</p> <p>On 1/6/22, at 9:10 a.m., R1 stated the ceiling lift broke on evening shift last night and maintenance fixed this morning. R1 stated the Hoyer could not be used due to a prior concern. R1 stated she was in a soiled brief and hospital gown because of all the issues. R1 stated she liked to get cleaned up, dressed and up in her chair prior to eating breakfast.</p> <p>On 1/6/22, at 9:10 a.m., R1 was observed in her</p>	2 920		

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2 920	<p>Continued From page 15</p> <p>bed in a hospital gown; there was urine odor in the room.</p> <p>On 1/6/22, at 11:19 a.m., nurse assistant (NA)-A confirmed R1's ceiling lift had broken on a prior shift and it was not fixed until this a.m., shift. NA-A confirmed Hoyer lift cannot be used on R1.</p> <p>On 1/6/22, at 10:29 a.m. licensed practical nurse (LPN)-A stated on 1/5/22, R7 did receive morning cares but had not gotten out of bed until noon because of staffing.</p> <p>R7's Admission Record printed 1/7/22, identified diagnoses which included dementia, hemiplegia (paralysis of one side of the body) affecting left non-dominant side, legal blindness, and muscle wasting and atrophy.</p> <p>R7's quarterly Minimum Data Set (MDS) dated 11/4/21, indicated R7 was severely cognitively impaired and demonstrated physical behavioral symptoms one to three days. R7 required extensive assistance to total dependence for activities of daily living. In addition, R7 was occasionally incontinent of bladder.</p> <p>R7's care plan dated 8/8/19, indicated R7 had a self-care deficit related to hemiplegia and cognitive impairment. R7's care plan indicated R7 required assistance of one for upper and lower body dressing. In addition, R7's care plan directed staff to assess R7 for incontinence every two hours and as needed and to provide incontinence care with each incontinent episode. R7's care plan indicated R7 required the assistance of one for bathing, dressing, and grooming.</p>	2 920		

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2 920	<p>Continued From page 16</p> <p>R7's documentation of cares and output for the past four weeks were requested but not provided.</p> <p>R7 was not interviewable, however, using the reasonable person model, most people would not want to lie in bed until noon.</p> <p>R8's Admission Record printed on 1/7/22, indicated R8's diagnoses included morbid obesity, low back pain, anxiety disorder, and depression.</p> <p>R8's annual Minimum Data Set (MDS) dated 11/24/21, indicated R8 was cognitively intact, had no rejections of care or behaviors. In addition R8 required extensive assistance of one for ADLs. R8's MDS indicated she had seven or more episodes of bladder incontinence, but had at least one episode of continence.</p> <p>R8's care plan dated 11/24/20, indicated R8 had an alteration in mobility related to weakness and required the assistance of one for toileting.</p> <p>R8's output record was requested for the past four weeks. The facility was unable to provide records of intake and output.</p> <p>On 1/6/22, at 3:38 p.m. nursing assistant (NA)-B stated on 1/5/22, she was late two hours or more providing bedtime cares for R8 because there was not enough staff.</p> <p>On 1/6/22, at 3:49 p.m. R8 stated she "wets" herself daily because staff don't answer her call light. R8 stated this had occurred three times "today". R8 was tearful and said it makes her feel embarrassed and sad. R8 also stated she has to wait longer than she would like for staff to get her</p>	2 920		

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2 920	<p>Continued From page 17</p> <p>ready for bed because staff are too busy to help her.</p> <p>R9's Admission Record printed 1/7/22, identified R9 had diagnoses which included dementia.</p> <p>R9's quarterly MDS dated 10/8/21, indicated R9 was severely cognitively impaired, required extensive to total dependence with ADLs, and was always incontinent of bowel and bladder.</p> <p>R9's care plan dated 7/12/19, indicated R9 was incontinent of bowel and bladder and required an assessment of elimination needs every two hours with incontinence care after incontinent episodes. In addition R9's care plan indicated R9 was limited in her ability to independently carry out ADLs. Staff were directed to assist with oral cares, washing of hands and face with cueing and extensive assist of one for all other ADLs.</p> <p>R9's documentation of cares for the past four weeks was requested but not provided.</p> <p>R10's Admission Record printed on 1/7/22, indicated R10's diagnoses included hemiplegia, dementia, anxiety, Alzheimer's disease, and depression.</p> <p>R10's quarterly MDS dated 11/5/21, indicated R10 had adequate hearing and was able to understand and be understood. In addition, R10 was cognitively intact, had no behaviors or rejection of cares. R10 required extensive to total dependence for ADLs. R10's MDS identified her as always incontinent of bladder.</p> <p>R10's care plan dated 9/5/19, directed staff to assess for incontinence every two hours and as</p>	2 920		

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2 920	<p>Continued From page 18</p> <p>needed/requested and provide incontinent cares with each incontinence episode.</p> <p>R10's output record was requested for the past four weeks. The facility was unable to provide records of this.</p> <p>On 1/6/22, at 3:38 p.m. R10 stated she had to go to bed at 7 p.m. because that was when staff could help her. R10 further stated she ended up being in bed 10 to 12 hours and stated "that's too long".</p> <p>On 1/6/22, at 3:58 p.m. nursing assistant (NA)-B stated she was two hours late with bedtime cares for R9 and R10, because there was not enough help. NA-B stated she was caring for 23 residents with the help of a nurse who had responsibilities to provide medications and treatments for the 23 residents.</p> <p>On 1/7/22, at 9:50 a.m. the director of nursing (DON) verified one NA would not reasonably be expected to complete check and changes, every two hour repositioning, and answering call lights timely for 23 residents. The DON also verified she would expect staff to answer call light promptly so residents did not have bladder accidents.</p> <p>The facilities policy titled Activities of Daily Living (ADLs), Supporting dated March 2018, indicated residents who were unable to carry out activities of daily living independently would receive the services necessary to maintain grooming and personal and oral hygiene. The policy directed staff would provide appropriate care and services for residents unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care.</p>	2 920		

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2 920	Continued From page 19 SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designee could develop, review, and/or revise policies and procedures to ensure residents receive cares according to their care plan. The Director of Nursing or designee could educate all appropriate staff on the policies and procedures. The Director of Nursing or designee could develop monitoring systems to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 920		
21805	MN St. Statute 144.651 Subd. 5 Patients & Residents of HC Fac.Bill of Rights Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure residents who were continent of bowel and bladder had their needs met to prevent bladder accidents and associated embarrassment for 2 of 7 residents (R1, R8), in addition preferences for bedtime were not met for 1 of 7 residents (R8), reviewed for dignity and resident rights. Findings include:	21805	Corrected	2/2/22

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/07/2022
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NAME OF PROVIDER OR SUPPLIER THE WATERVIEW PINES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 8TH STREET SOUTH VIRGINIA, MN 55792
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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
21805	<p>Continued From page 20</p> <p>R1's Face Sheet dated 1/7/22, indicated R1 had stage IV kidney disease and rheumatoid arthritis.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 12/21/20, indicated R1 was cognitively intact and had mild depression. R1's MDS indicated assist with toileting with occasional incontinence, that R1 was typically continent of bowel and bladder and that incontinence had the potential to impact dignity.</p> <p>On 1/6/22, at 9:10 a.m., R1 indicated she was sitting in a soiled brief. R1 pointed to her clothing, which was a hospital gown. R1 reported she told staff at 7:30 a.m., when they made morning rounds, that she was sitting in a soiled brief. She then reported it again to activity aide (AA)-A at 8:50 a.m. when her breakfast tray was delivered. R1 indicated she told AAA she did not want to eat in bed in a wet brief. R1 indicated she liked to get up in the morning, get cleaned up, dressed and in her chair before breakfast was served. R1 reported she could tell when she had to use the bathroom and tried to wait. R1 stated she had urgency so staff needed to come when she called. She stated she did not like going in her brief but didn't know what else to do.</p> <p>On 1/6/22, at 9:13 a.m., nursing assistant (NA)-A and another staff member entered R1's room with towels and a clean brief. On 1/6/22, at 9:38 a.m., R1 was observed sitting in her chair, dressed and eating breakfast.</p> <p>On 1/6/22, at 9:29 a.m., AA-A stated when a resident reported they need to use the restroom she would put call light on for resident and when she left the room, tell staff. AA-A could not recall if she turned R1's call light on when she left the</p>	21805		

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21805	<p>Continued From page 21</p> <p>room at 8:50 a.m. that morning.</p> <p>On 1/6/22, from 8:15 a.m., to 9:30 a.m., the call light for R1 was not activated.</p> <p>On 1/6/22, at 11:19 a.m., NA-A reported she knew R1 was soiled at 8:30 a.m., when it was reported by AA-A. NA-A could not remember if it was reported to her earlier. NA-A reported she was aware that sitting in a soiled brief for extended time could affect dignity.</p> <p>On 1/6/22, at 2:00 p.m., registered nurse (RN)-A stated not toileting and getting cleaned when resident wanted was a dignity concern.</p> <p>R8's Admission Record printed on 1/7/22, indicated R8's diagnoses included morbid obesity, low back pain, anxiety disorder, and depression.</p> <p>R8's annual Minimum Data Set (MDS) dated 11/24/21, indicated R8 was cognitively intact, had no rejections of care or behaviors. In addition, R8 required extensive assistance of one for ADLs. R8's MDS indicated she had seven or more episodes of bladder incontinence, but had at least one episode of continence.</p> <p>R8's care plan dated 11/24/20, indicated R8 had an alteration in mobility related to weakness and required the assistance of one for toileting.</p> <p>R8's output record for the past four weeks was requested but not provided.</p> <p>On 1/6/22, at 10:29 a.m. licensed practical nurse (LPN)-A stated staff were not able to meet the needs of the residents. LPN-A stated showers</p>	21805		

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21805	<p>Continued From page 22</p> <p>were not getting done, check and changes, repositioning every two hours, and once residents were up in chairs they would stay up. Specifically, LPN-A stated on 1/5/22, the check and changes and repositioning were not done timely.</p> <p>On 1/6/22, at 3:38 p.m. nursing assistant (NA)-B stated she was late two hours or more to get R8 ready for bed because there was not enough staff.</p> <p>On 1/6/22, at 3:49 p.m. R8 stated she "wets" herself daily because staff don't answer her call light. R8 stated this had occurred three times "today". R8 was tearful and said it makes her feel embarrassed and sad. R8 also stated she has to wait longer than she would like for staff to get her ready for bed because staff are too busy to help her.</p> <p>On 1/7/22, at 9:50 a.m. the director of nursing (DON) verified if a resident felt embarrassed or sad after an incontinence episode it was a concern for dignity. In addition, the DON verified a resident's request for bed time should be respected and accommodated.</p> <p>The facility policy titled Quality of Life - Dignity revised August 2009, directed staff to care for residents in a manner that promotes and enhances quality of life, dignity, respect and individuality. The policy defined treated with dignity as maintaining and enhancing his/her self-esteem and self-worth. In addition staff were directed to respond promptly to requests for toileting assistance.</p> <p>The facility policy title Resident Rights revised December 2016, identified resident rights to</p>	21805		

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21805	<p>Continued From page 23</p> <p>include self-determination and a dignified existence.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designee could develop, review, and/or revise policies and procedures to ensure resident's dignity and rights are protected.</p> <p>The Director of Nursing or designee could educate all appropriate staff on the policies and procedures.</p> <p>The Director of Nursing or designee could develop monitoring systems to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21805		