



*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7010 1670 0000 8044 1096

September 9, 2012

Mr. Michael Bond, Administrator  
Mn Veterans Home - Luverne  
1300 North Kniss, PO Box 539  
Luverne, Minnesota 56156

Re: Enclosed State Nursing Home Licensing Orders - Project Number SL00411019

Dear Mr. Bond:

The above facility was surveyed on August 27, 2012 through August 29, 2012 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, Compliance Monitoring Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 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 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 deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). 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 after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction

and the Time Period For Correction.

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.

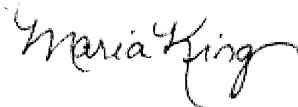
When all orders are corrected, the order form should be signed and returned to this office at Minnesota Department of Health, 12 Civic Center Plaza, Suite 2105, Mankato, Minnesota 56001-7789. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me.

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,

A handwritten signature in cursive script that reads "Maria King".

Maria King, Unit Supervisor  
Licensing and Certification Program  
Division of Compliance Monitoring  
Telephone: (507) 344-2716 Fax: (507) 344-2723

Enclosure

cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/29/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MN VETERANS HOME - LUVERNE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156</b>
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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>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 August 27th, 28th and 29th, 2012, surveyors of this Department's staff, visited the above provider and the following correction order is issued. When corrections are completed, please sign and date, make a copy of the order and return the original to the Minnesota Department of Health, Division of Compliance Monitoring,</p>	2 000		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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2 000	Continued From page 1  Licensing and Certification Program; 12 Civic Center Plaza, Suite 2105, Mankato, Minnesota 56001	2 000		
21015	<p>MN Rule 4658.0610 Subp. 7 Dietary Staff Requirements- Sanitary conditi</p> <p>Subp. 7. Sanitary conditions. Sanitary procedures and conditions must be maintained in the operation of the dietary department at all times.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the facility failed to maintain a sanitary kitchen environment which had the potential to affect 82 of 82 residents who resided in the facility.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen at 9:00 a.m. on 8/28/12, with the food service manager (FSM) present, the following findings were observed:</p> <ol style="list-style-type: none"> <li>1. A large mixer, which the FSM verified the facility used on a routine basis, was noted to have a large amount of food buildup on the motor assembly, mixing agitator arm, and components where the agitator arm connected to the motor. The substance was light yellow in color and easily scraped off the assemblies. The general casing of the mixer was also noted to have dried food debris on it's exterior surface. According to the FSM, the mixer had last been utilized on 8/27/12 to make onion ring batter.</li> <li>2. A small Kitchen-Aid mixer in the kitchen was</li> </ol>	21015		

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21015	<p>Continued From page 2</p> <p>also noted to have food debris caked on the area where the motor and the agitator arm connected. The substance appeared to be a light yellow dough substance and was dry.</p> <p>3. The commercial can opener located on the food preparation counter in the kitchen was observed to be soiled with a black substance on the opener blade and gear assembly. There was food debris also noted in the creases between the cutting blade and the device that held the can in place while being opened. The bracket that connected the commercial opener to the counter was also noted to be heavily soiled with a black substance when the can opener was pulled out of the bracket and inspected.</p> <p>4. The top of the convection oven in the kitchen was observed to have an excess layer of dust on it. When a hand was raked across the surface, dust balls were noted to form and fall off of the sides.</p> <p>5. The reach-in cooler located in the food preparation area was observed to have an excessive layer of dust built up on top of it. The dust was observed to ball up and fall off the sides when a hand was raked across it.</p> <p>6. The walk-in cooler located directly off of the kitchen area was noted to have a large sheet of ice buildup on the back wall. The ice had formed around a box of cheese and chocolate chips that were stored on shelves against it. The boxes had to be pulled on with force to dislodge them from the ice. The food service manager stated this had been a problem for a long time. He stated the cooler was situated back to back with the walk-in freezer and the condensation from the cooler would frequently freeze when coming in contact</p>	21015		

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21015	<p>Continued From page 3 with the back wall.</p> <p>During interview with the FSM throughout the kitchen tour, each concerned was verified. The FSM stated the mixers were supposed to be thoroughly cleaned after each use and verified the dust on the top of the convection oven and cooler should not have been there. The manager stated dietary staff were responsible for cleaning the top of the convection oven but maintenance staff were supposed to clean the top of the cooler.</p> <p>During interview with the maintenance director at 10:30 a.m. on 8/28/12, he stated the facility had a plan in place to clean the top of the cooler twice a year.</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The Dietary manager or designee could review and revise policies and procedures pertaining to dietary sanitation to assure they comply with the regulations. The Dietary manager could retrain staff on kitchen sanitation standards and could develop an auditing program to ensure compliance.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-One (21) days</p>	21015		