file

MINNESOTA
MDH
DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

March 19, 2008

Mr. Michael Bond, Administrator
Mn Veterans Home Silver Bay
45 Banks Boulevard
Silver Bay, Minnesota 55614

Re: Enclosed Reinspection Results - Project Number SL00381014

Dear Mr. Bond:

On March 12, 2008 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 16, 2008 with orders sent to you on January 28, 2008. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

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,

Pat Halverson

Patricia Halverson, Unit Supervisor
Licensing and Certification Program
Division of Compliance Monitoring
Telephone: (218) 723-4637 Fax: (218) 723-4920

Enclosure(s)

cc: Original - Facility
Licensing and Certification File

SL00381014r08.rtf

AH Form Approved
3/19/2008
CG

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
00381	A. Building B. Wing	3/12/2008

Name of Facility	Street Address, City, State, Zip Code
MN VETERANS HOME SILVER BAY	45 BANKS BOULEVARD SILVER BAY, MN 55614

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix 20555 Reg. # MN Rule 4658.0405 Subp. LSC	Correction Completed 03/12/2008	ID Prefix 21410 Reg. # MN Rule 4658.0815 Subp. LSC	Correction Completed 03/12/2008	ID Prefix 21530 Reg. # MN Rule 4658.1310 A.B.C LSC	Correction Completed 03/12/2008
ID Prefix 21565 Reg. # MN Rule 4658.1325 Subp. LSC	Correction Completed 03/12/2008	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By PH/CL	Date: 3/19/08	Signature of Surveyor: 25479	Date: 3/12/08
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
1/16/2008			

MINNESOTA
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Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7006 2760 0001 6642 3530

January 28, 2008

Mr. Michael Bond, Administrator
MN Veterans Home Silver Bay
45 Banks Boulevard
Silver Bay, MN 55614

Re: Enclosed State Nursing Home Licensing Orders - Project Number SL00381014

Dear Mr. Bond:

The above facility was surveyed on January 14, 2008 through January 16, 2008 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, 320 W 2nd Street #703 Duluth, Mn 55802. 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,
Pat Halverson

Pat Halverson, Unit Supervisor
Licensing and Certification Program
Division of Compliance Monitoring
Telephone: 218 723 4637 Fax: 218 723 4920

Enclosure(s)

cc: Original - Facility
Licensing and Certification File

L0381s08.let

RECEIVED
FEB 2 2 2008
MN Dept of Health
Duluth

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00381	A. BUILDING _____ B. WING _____	01/16/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME SILVER BAY	45 BANKS BOULEVARD SILVER BAY, MN 55614

(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	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On January 14th thru January 16th, 2008, surveyors of this Department's staff, visited the above provider and the following correction orders are issued. When corrections are completed, please sign and date, make a copy of these orders and return the original to the Minnesota Department of Health, Division of	2 000		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/19/08

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2 000	Continued From page 1 Compliance Monitoring, Licensing and Certification Program; 320 West Second St. Suite 703, Duluth, MN 55803.	2 000		
2 555	MN Rule 4658.0405 Subp. 1 Comprehensive Plan of Care; Development Subpart 1. Development. A nursing home must develop a comprehensive plan of care for each resident within seven days after the completion of the comprehensive resident assessment as defined in part 4658.0400. The comprehensive plan of care must be developed by an interdisciplinary team that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, with the participation of the resident, the resident's legal guardian or chosen representative. This MN Requirement is not met as evidenced by: The plan of care for prevention of pressure ulcers was not followed for 1 of 3 (#2) residents in the sample. Findings include: Resident #2 was not provided a wedge cushion to keep the resident off the coccyx area while lying in bed. The plan of care dated 12/2/07 indicated staff (human service technicians) should position the resident with the use of a wedge cushion to turn to right and left side and back. Resident #2's physician's orders dated 11/30/07 indicated, "When in bed, use foam wedge cushion alternating R/L (right and left) sides and back to relieve pressure on the coccyx."	2 555		

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2 555	Continued From page 2 Resident #2 was observed at 6:25 PM on 1/14/08 when he was assisted into bed; however, the wedge cushion was not provided to position him off his coccyx. The resident was observed to have a red buttock around the DuoDerm dressing over his coccyx. On the afternoon of 1/15/08 the resident was observed laying in bed on his back without the use of a foam wedge cushion to relieve pressure from the coccyx. At 8:00 AM on 1/16/08 the resident was observed laying in bed without the use of the foam wedge cushion to position him off the coccyx. At 8:35 AM on 1/16/08 the nurse manager confirmed the resident should have a foam wedge cushion to aid in positioning when in bed. The nurse manager noted two open slits in the crease of the resident's buttock, one measuring 0.5 cm in length and the other 1.4 cm in length. During an interview at 8:45 AM on 1/16/08, the registered nurse supervisor stated he expected staff to use the foam wedge cushion when the resident was in bed and stated the open areas had been healed on 12/2/07. SUGGESTED METHOD OF CORRECTION: The administrator could work with the director of nursing to review and revise the policy and procedure for pressure ulcer prevention. The administrator could work with the director of nursing to develop systems of monitoring to ensure compliance with interventions for the prevention of pressure ulcers. TIME PERIOD OF CORRECTION: Twenty-one (21) days.	2 555		
21410	MN Rule 4658.0815 Subp. 1 Employee Tuberculosis Program	21410		

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21410	Continued From page 3 Subpart 1. Responsibility of nursing home. A nursing home must ensure that all employees, prior to employment and as otherwise indicated in this part, show freedom from active tuberculosis according to this part. A nursing home must establish a tuberculosis counseling, screening, and prevention program for all employees, in accordance with Morbidity and Mortality Weekly Report (MMWR), October 28, 1994, Vol. 43, No. RR-13; section II.J. of the "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994," issued by the Centers for Disease Control and Prevention. This guideline is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change. This MN Requirement is not met as evidenced by: Based on record review and interview the facility did not ensure freedom from active tuberculosis (TB) for 2 of 8 employees (E and H) in the sample. Findings include: Employee E's personnel record indicated a history of positive Mantoux (skin test to determine exposure to TB). A chest x-ray was completed for the employee on 3/25/02. Follow-up documentation dated 3/23/05 and 6/1/06 indicated the employee had no symptoms of active TB. Employee H's personnel record indicated a history of positive Mantoux. A chest x-ray was completed on 9/3/93. Follow-up documentation dated 3/14/05 and 3/31/06 indicated the employee had no symptoms of active TB. On 1/16/07 at 11:00 AM the RN supervisor stated	21410		

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21410	Continued From page 4 that all employees with a history of positive Mantoux were assessed annually for symptoms of active TB. She verified that employees E and H were not assessed in 2007. The policy and procedure for Tuberculosis Screening, Evaluation and Management for Employees dated 4/9/01 indicated, "All employees with a previous positive Mantoux shall have a chest x-ray prior to employment unless they have a documentation of a negative chest x-ray performed at any time during or since the initial evaluation of the positive Mantoux test." The policy and procedure did not address an annual review of symptoms of TB infection for employees with a positive Mantoux. SUGGESTED METHOD OF CORRECTION: The administrator could work with the director of nursing to review and revise the policy and procedure for screening employees with a history of positive mantoux tests. The administrator could work with the director of nursing to develop systems of monitoring to ensure compliance. TIME PERIOD OF CORRECTION: Twenty-one (21) days.	21410		
21530	MN Rule 4658.1310 A.B.C Drug Regimen Review A. The drug regimen of each resident must be reviewed at least monthly by a pharmacist currently licensed by the Board of Pharmacy. This review must be done in accordance with Appendix N of the State Operations Manual, Surveyor Procedures for Pharmaceutical Service Requirements in Long-Term Care, published by the Department of Health and Human Services, Health Care Financing Administration, April 1992. This standard is incorporated by reference. It is	21530		

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21530	Continued From page 5 available through the Minitex interlibrary loan system. It is not subject to frequent change. B. The pharmacist must report any irregularities to the director of nursing services and the attending physician, and these reports must be acted upon by the time of the next physician visit, or sooner, if indicated by the pharmacist. For purposes of this part, "acted upon" means the acceptance or rejection of the report and the signing or initialing by the director of nursing services and the attending physician. C. If the attending physician does not concur with the pharmacist's recommendation, or does not provide adequate justification, and the pharmacist believes the resident's quality of life is being adversely affected, the pharmacist must refer the matter to the medical director for review if the medical director is not the attending physician. If the medical director determines that the attending physician does not have adequate justification for the order and if the attending physician does not change the order, the matter must be referred for review to the quality assessment and assurance committee required by part 4658.0070. If the attending physician is the medical director, the consulting pharmacist must refer the matter directly to the quality assessment and assurance committee. This MN Requirement is not met as evidenced by: Based on record review and interview, the facility's consultant pharmacist did not identify irregularities in the drug regimen for 1 of 8 (#2) resident's in the sample. Findings include: Resident #2's physician's orders included scheduled and PRN (as needed) doses of Tylenol with the potential to exceed 4000 mg of	21530		

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21530	Continued From page 6 Tylenol in a 24-hour period. This irregularity had not been identified by the consultant pharmacist. Resident #2 received one Tylenol Extra Strength (500 mg) three times a day since 1/19/07 for a total of 1500 mg of Tylenol daily. The standing orders indicated the resident could also receive Tylenol 650 mg by mouth or suppository every 3 to 4-hours as needed. This could total 6700 mg in a 24-hour period of time. Review of the medication administration record indicated the resident received Tylenol 1500 mg daily and also received an extra Tylenol 650 mg on 1/12/08. Review of the consultant pharmacist's monthly reviews indicated the potential for receiving more than 4000 mg of Tylenol had not been addressed by the pharmacist. The consultant pharmacist, interviewed by phone at approximately 2:30 PM on 1/16/08, verified the lack of notice to the physician for the potential overdose of Tylenol. She further stated the physicians would "normally" include direction for Tylenol not to exceed 4000 mg in 24-hours. SUGGESTED METHOD OF CORRECTION: The administrator could work with the director of nursing, the consultant pharmacist and/or the medical director to review and revise the policy and procedure for drug regimen review. The administrator could work with the director of nursing, consultant pharmacist and/or medical director to develop systems of monitoring to ensure compliance. TIME PERIOD OF CORRECTION: Twenty-one (21) days.	21530		
21565	MN Rule 4658.1325 Subp. 4 Administration of Medications Self Admin	21565		

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21565	Continued From page 7 Subp. 4. Self-administration. A resident may self-administer medications if the comprehensive resident assessment and comprehensive plan of care as required in parts 4658.0400 and 4658.0405 indicate this practice is safe and there is a written order from the attending physician. This MN Requirement is not met as evidenced by: Based on observation, record review, interview and policy review, the facility did not assess safety or obtain physician's orders for self administration of medications for 1 of 4 (#7) residents in the sample. Findings include: Resident #7 was not assessed for safety with self-administration of Zinc Oxide topical ointment. In addition, there were no physician's orders for self administration of medications. The resident's diagnoses included congestive heart failure, type two diabetes mellitus and morbid obesity. The quarterly MDS dated 11/24/07 indicated the resident was cognitively intact, required staff assistance with activities of daily living (ADL's) and was frequently incontinent of bladder. Review of resident #7's progress notes dated 7/14/07 indicated the resident had red, raw skin around the rectal area; was frequently "wet" with urine; had DuoDerm on the coccyx area "but could use some zinc oxide after washing to protect the rest of the skin." Physician's orders dated 7/16/07, directed to apply "zinc oxide to buttocks and perineum with brief change." Resident #7's care plan for elimination dated 1/15/08 identified the resident had occasional bladder incontinence and directed, "Zinc oxide to buttocks and perineum with brief change.	21565		

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21565	Continued From page 8 Remind resident to apply." The care guide for toileting dated 1/15/08 directed staff to remind resident to apply zinc oxide to buttocks and perineum with brief changes. On 1/14/08 at approximately 2:30 PM during the initial tour, an opened and partially used tube of zinc oxide was observed next resident #7's bed. Resident #7 stated, "I put it on my groin and my bottom, I have a rash." On 1/15/08 at 8:50 AM, the tube of zinc oxide was observed to be at the bedside. At 10:30 AM, the licensed practical nurse (LPN) confirmed the care plan directed to remind the resident to apply his own zinc oxide. The LPN confirmed there was no order to self-administer medications and no assessment to self-administer medications for resident #7. On 1/16/08 at 9:50 AM, the director of nursing (DON) stated resident #7 should have had a self-administration of medication assessment and physician order to self-administer medications. SUGGESTED METHOD OF CORRECTION: The administrator could work with the director of nursing to review and revise the self-administration policy and procedure with regards to assessment of self-administration of medications and physician orders for self-administration of medications. The administrator could work with the director of nursing to develop a system of monitoring to ensure compliance with self-administration of medications. TIME PERIOD OF CORRECTION: Twenty-one (21) days.	21565		