MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 3762

February 10, 2009

Ms. Carol Gilbertson, Administrator
Mn Veterans Home Silver Bay
45 Banks Boulevard
Silver Bay, Minnesota 55614

Re: Enclosed State Nursing Home Licensing Orders - Project Number SL00381017

Dear Ms. Gilbertson:

The above facility was surveyed on February 2, 2009 through February 5, 2009 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 West 2nd Street #703 Duluth, Minnesota 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

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

00381s09lic.rtf

MOH LTC 3201

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Carol Gilbertson, Administrator
MN Veterans Home Silver Bay
45 Banks Boulevard
Silver Bay, MN 55614

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tony Lone ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 2-17

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

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Pls return in 5 days

PS Form 3811, February 2004 Domestic Return Receipt SL0038101760 102595-02-M-1540

Minnesota Department of Health

MY Both

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 _____	02/05/2009

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 February 2-5, 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 Compliance Monitoring, Licensing and	2 000		

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2 000	Continued From page 1 Certification Program; 320 West Second St. St #703, Duluth, MN 5580	2 000		
2 560	MN Rule 4658.0405 Subp. 2 Comprehensive Plan of Care; Contents Subp. 2. Contents of plan of care. The comprehensive plan of care must list measurable objectives and timetables to meet the resident's long- and short-term goals for medical, nursing, and mental and psychosocial needs that are identified in the comprehensive resident assessment. The comprehensive plan of care must include the individual abuse prevention plan required by Minnesota Statutes, section 626.557, subdivision 14, paragraph (b). This MN Requirement is not met as evidenced by: Based on record review and interview the facility failed to develop comprehensive plans of care for 4 of 12 residents (#1, #2, #5 and #12) whose care plans were reviewed. Findings include; Resident #1 did not have a care plan that directed staff on the resident's toileting needs. Resident #1's care plan dated 1/12/09 did not address the frequency of incontinence care required. The bowel and bladder assessment dated 6/25/08 noted that resident #1 was incontinent of bladder "multiple times per day" but failed to provide direction to staff for how often the resident was to be assisted to the toilet. Resident #2 did not have a care plan to direct appropriate repositioning. Resident #2's care plan dated 12/5/08 failed to	2 560		

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2 560	Continued From page 2	2 560		

provide direction to staff for how often the resident was to be repositioned. The skin assessment dated 12/11/08 noted that resident #2 was at low risk for developing pressure ulcers, but was incontinent of bladder multiple times per day.

Resident #5 did not have a care plan that directed staff on the resident's toileting or repositioning needs.

Resident #5's care plan dated 11/20/08 did not include frequency of toileting required. The bowel and bladder assessment dated 6/11/08 noted that resident #5 was incontinent of bladder and stated staff was to offer resident #5 the toilet every 2 hours and as needed. The skin assessment dated 12/11/08 noted that resident #5 was at low risk for developing pressure ulcers but was incontinent of bladder at least once per shift, and non-ambulatory.

Resident #12 did not have a care plan that directed staff on the resident's incontinence care or repositioning.

Resident #12's care plan dated 9/19/08 failed to provide direction to staff for how often the resident was to be provided incontinence care. The bowel and bladder assessment dated 1/5/09 noted that resident #12 was incontinent of bladder every 2-4 hours. The skin assessment dated 12/11/08 noted that resident #12 was at moderate risk for developing pressure ulcers.

When interviewed on 2/3/09 at 2:15 PM, the RN manager stated that residents #1, 3 and 12 were to be checked every 2 hours for incontinence. She said that a toileting plan with a defined

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2 560	Continued From page 3 timeline schedule should be on the care plan for staff to refer to. When interviewed on 2/3/09 at 2:15 PM, the RN manager stated that residents #2, 5 and 12 were to be repositioned every 2 hours to reduce the risk of skin breakdown. She said that a repositioning care plan with a defined timeline schedule should be on the care plan for staff to refer to.	2 560		
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 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	21530		

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21530	Continued From page 4 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: The facility's consulting pharmacist failed to notify the facility that resident #8 lacked clinical indications for the continued use of Detrol LA. Findings included: Resident was admitted to the facility on 03/08/07 with diagnoses that included Alzheimers Disease, Anxiety and Urinary frequency. The Admission Minimum Data Set (MDS) dated 3/21/07 identified the resident as having severely impaired cognition, requiring limited assistance with toileting and as totally continent of bladder. Record review indicated a physicians progress note dated 07/16/07 that stated "Staff note urinary frequency and straining to void in small amounts. Will try Detrol." The physician ordered Detrol LA 4 mg once a day. The 2208 Lexi-Comps reference handbook indicates on page 1278 that Detrol (tolterdoine) is a anticholinergic agent that is used to treat patients with an overactive bladder. Side effects from anticholinergics are very common and may include , dry mouth, blurred vision, constipation, nausea, confusion and hallucinations.	21530		

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21530	Continued From page 5 A physicians progress note dated 11/30/07 stated 'Urinary frequency persists at times but seems to be less problematic." A quarterly MDS dated 12/01/08 identified the resident as having a significant decline in bladder function. The MDS indicate the resident was frequently incontinent of urine. Record review indicated that the facility's consulting pharmacist had reviewed resident #8's medications and on 12/08/08, 12/31/08 and 1/30/09 and failed to identify the resident continued use of Detrol despite a significant decline in bladder function. At 12:15 PM on 2/04/09 the consultant pharmacist was interviewed via telephone and verified she had not reported to the facility that the resident lacked clinical indications for the continued use of Detrol LA.	21530		
21535	MN Rule4658.1315 Subp.1 ABCD Unnecessary Drug Usage; General Subpart 1. General. A resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: A. in excessive dose, including duplicate drug therapy; B. for excessive duration; C. without adequate indications for its use; or D. in the presence of adverse consequences which indicate the dose should be reduced or discontinued. In addition to the drug regimen review required in part 4658.1310, the nursing home must comply with provisions in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (1) found in Appendix P of the State Operations Manual, Guidance to Surveyors for	21535		

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21535	Continued From page 6 Long-Term Care Facilities, published by the Department of Health and Human Services, Health Care Financing Administration, April 1992. This standard is incorporated by reference. It is available through the Minitex interlibrary loan system and the State Law Library. It is not subject to frequent change. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to adequately identify, assess and monitor clinical indications for ongoing use of medications for 1 of 13 residents (#8) in the sample on medications. Findings include: Resident #8 lacked indication for the ongoing use of Detrol LA. Resident was admitted to the facility on 03/08/07 with diagnoses that included Alzheimers Disease, Anxiety and Urinary frequency. The Admission Minimum Data Set (MDS) dated 03/21/07 identified the resident as having severely impaired cognition, requiring limited assistance with toileting and as totally continent of bladder. Record review indicated a physicians progress note dated 07/16/07 that stated "Staff note urinary frequency and straining to void in small amounts. Will try Detrol." The physician ordered Detrol LA 4 mg once a day. The 2208 Lexi-Comps reference handbook indicates on page 1278 that Detrol (tolterdoine) is a anticholinergic agent that is used to treat patients with an overactive bladder. Side effects from anticholinergics are very common and may include , dry mouth, blurred vision, constipation, nausea, confusion and hallucinations. A physicians progress note dated 11/30/07 stated	21535		

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21535	Continued From page 7 'Urinary frequency persists at times but seems to be less problematic." A quarterly MDS dated 12/01/08 identified the resident as having a significant decline in bladder function. The MDS indicate the resident was frequently incontinent of urine. On 2/04/09 at 1:00 PM Registered Nurse Manager (RNM-B) was interviewed regarding the resident's increased urinary incontinence. RNM-B indicated that the resident's dementia had progressed since admission and the resident had decline in physical and cognitive status. After reviewing the resident's clinical record RNM-B verified that the resident's urinary status had not been reassessed nor was there evidence that the physician had been notified.	21535		
21545	MN Rule 4658.1320 A.B.C Medication Errors A nursing home must ensure that: A. Its medication error rate is less than five percent as described in the Interpretive Guidelines for Code of Federal Regulations, title 42, section 483.25 (m), found in Appendix P of the State Operations Manual, Guidance to Surveyors for Long-Term Care Facilities, which is incorporated by reference in part 4658.1315. For purposes of this part, a medication error means: (1) a discrepancy between what was prescribed and what medications are actually administered to residents in the nursing home; or (2) the administration of expired medications. B. It is free of any significant medication error. A significant medication error is: (1) an error which causes the resident discomfort or jeopardizes the resident's health or safety; or	21545		

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21545	Continued From page 8 (2) medication from a category that usually requires the medication in the resident's blood to be titrated to a specific blood level and a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. C. All medications are administered as prescribed. An incident report or medication error report must be filed for any medication error that occurs. Any significant medication errors or resident reactions must be reported to the physician or the physician's designee and the resident or the resident's legal guardian or designated representative and an explanation must be made in the resident's clinical record. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that all medications are administered as prescribed. Findings include; Resident #13, whose diagnoses included asthma, chronic obstructive pulmonary disease and shortness of breath, was not provided his albuterol inhaler (a bronchodilator) as directed. The physician orders for the inhaler , dated 1/19/09, stated "Albuterol 2 puff(s) inhalation Aerosol q.i.d. [four times daily]. The package	21545		

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21545	Continued From page 9 insert for the medication directed the user to take the first inhalation and to "wait one minute" prior to another inhalation. Observations on 2/3/09 established resident #13 was assisted with his inhaler by LPN-A. He was given the first puff, she shook the canister and provided the second puff 8 seconds after the first. On the morning of 2/4/09, LPN-B provided resident #13 with the inhaler, assisted him with the first puff and waited approximately 45 seconds before administering the second. When interviewed, the RN nurse manager stated at 8:00 AM on 2/4/09, that a minimum of one minute between puffs is required. The Director of Nursing stated at 8:03 AM that staff were trained to wait at least a minute between puffs for the inhalers.	21545		