



Lic NH
File
00381

Protecting, Maintaining and Improving the Health of Minnesotans

August 13, 2012

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

Re: Enclosed Reinspection Results - Project Number SL00381020

Dear Ms. Gilbertson:

On June 25, 2012 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 May 10, 2012, with orders received by you on May 18, 2012. 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.

Feel free to contact me with any questions related to this letter.

Sincerely,

A handwritten signature in black ink that reads "Nicole Steege".

Nicole Steege, Program Specialist
Licensing and Certification Program
Division of Compliance Monitoring
Minnesota Department of Health
Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure(s)

cc: Licensing and Certification File

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00381	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 6/25/2012
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Name of Facility MN VETERANS HOME SILVER BAY	Street Address, City, State, Zip Code 45 BANKS BOULEVARD SILVER BAY, MN 55614
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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 <u>20565</u> Reg. # <u>MN Rule 4658.0405 Subp.</u> LSC _____	Correction Completed 06/08/2012	ID Prefix <u>20570</u> Reg. # <u>MN Rule 4658.0405 Subp.</u> LSC _____	Correction Completed 06/08/2012	ID Prefix <u>20830</u> Reg. # <u>MN Rule 4658.0520 Subp.</u> LSC _____	Correction Completed 06/08/2012
ID Prefix <u>20905</u> Reg. # <u>MN Rule 4658.0525 Subp.</u> LSC _____	Correction Completed 06/08/2012	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
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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By <u>PH/NU</u>	Date: <u>8/13/12</u>	Signature of Surveyor: <u>29435</u>	Date: <u>6/25/12</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 5/10/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		



00381
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Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7010 1060 0002 3051 1029

May 15, 2012

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 SL00381020

Dear Ms. Gilbertson:

The above facility was surveyed on May 7, 2012 through May 10, 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.

14/27

MN Veterans Home Silver Bay

May 15, 2012

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.

When all orders are corrected, the order form should be signed and returned to this office at Minnesota Department of Health, 320 West Second St, Room 703, Duluth, Minnesota 55802-1402. 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, Unit Supervisor
Licensing and Certification Program
Division of Compliance Monitoring
Telephone: (218) 723-4637 Fax: (218) 723-2359

Enclosure(s)

cc: Original - Facility
Licensing and Certification File

SL00381020S12.rtf

✓ *Account*

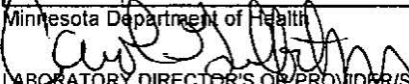
RECEIVED

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00381	(X2) MULTIPLE CONSTRUCTION MAY 22 2012 A. BUILDING _____ B. WING _____ MN Dept of Health Duluth	(X3) DATE SURVEY COMPLETED 05/10/2012
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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME SILVER BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 45 BANKS BOULEVARD SILVER BAY, MN 55614
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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 5/7/12 through 5/10/12, 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</p>	2 000		

Minnesota Department of Health

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

TITLE

 ADMINISTRATOR

(X6) DATE
 5/18/2012

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2012
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2 000	Continued From page 1	2 000		
2 565	<p>Certification Program; 320 West 2nd Street, Duluth, MN 55802.</p> <p>MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use</p> <p>Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to provide repositioning as directed by the plan of care for 1 of 5 residents (R2) in the sample reviewed for repositioning needs. Findings include:</p> <p>R2 was not repositioned every two hours as directed by the care plan. R2 went for two (2) hours and twenty-six (26) minutes without repositioning on 5/7/12.</p> <p>R2's diagnoses included a spinal cord injury, diabetes mellitus and plegia (paralysis). The skin assessment dated 3/19/12, indicated R2 had no pressure ulcers, the Braden score (a tool used to predict the potential for skin breakdown) dated 3/19/12, indicated R2 was at moderate risk for skin breakdown. The admission minimum data set (MDS) dated 3/25/12, indicated R2 was cognitively intact, required physical assistance with most activities of daily living (ADL's) and was incontinent of bowel. The care area assessment (CAA) summary dated 3/28/12, indicated R2 was at risk for skin breakdown related to bowel incontinence, required two staff for bed mobility</p>	2 565		

Minnesota Department of Health

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2 565	Continued From page 2 and a mechanical lift for transfers. The care plan for R2's skin dated 3/28/12, identified R2 was at risk for skin breakdown due to loss of mobility and bowel incontinence. The care plan directed, "Turn and reposition resident q2h (every two hours) and prn (as needed)..." During continuous observations on 5/7/12, from 5:08 p.m. until 7:31 p.m., R2 was not repositioned (two (2) hours and twenty-six (26) minutes). On 5/10/12, at 9:51 a.m. the director of nursing confirmed R2 should have been repositioned every two hours as directed by the care plan. SUGGESTED METHOD OF CORRECTION: The director of nursing or her designee could develop policies and procedures to ensure residents are repositioned as directed by the care plan. The director of nursing or her designee could educate all appropriate staff members on the processes. The director of nursing or her designee could develop monitoring systems to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	2 565		
2 570	MN Rule 4658.0405 Subp. 4 Comprehensive Plan of Care; Revision Subp. 4. Revision. A comprehensive plan of care must be reviewed and revised 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	2 570		

Minnesota Department of Health

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2 570	Continued From page 3 guardian or chosen representative at least quarterly and within seven days of the revision of the comprehensive resident assessment required by part 4658.0400, subpart 3, item B. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to revise the care plan for 1 of 1 residents (R11) reviewed for wheelchair positioning. Findings include: R11's care plan was not revised to include the use of a lateral bolster to correct a right sided lean. R11's diagnoses included Parkinson's and dementia with Lewy Bodies. The admission minimum data set (MDS) dated 1/10/12, indicated R11 had moderately impaired cognition and required physical assistance with all activities of daily living (ADL's). The care area assessment (CAA) summary dated 1/16/12, indicated R11 had a communication impairment and did not make his needs known, required two staff assistance for bed mobility and a mechanical lift for transfers. A Daily Note/Billing Sheet (a form used by the therapy department) dated 1/19/12, indicated R11 had "poor posture and trunk stabilization." A rehabilitation progress note dated 2/8/12, indicated R11 was provided with rock-n-go wheelchair for "positioning and comfort." The note indicated R11 would benefit from a wheelchair that allowed for greater pelvic tilt and promoted upright posture and to prevent hip flexion contractures. The Physical Therapy Discharge Summary dated 3/7/12, indicated, "Additional Comments... leaning in w/c (wheelchair), poor trunk and pelvis alignment and	2 570		

Minnesota Department of Health

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2 570	<p>Continued From page 4 activation."</p> <p>The quarterly MDS dated 4/11/12, indicated R11 had declined in cognition with long and short-term memory problems, but continued to require physical assistance with all ADL's.</p> <p>The care plan for mobility dated 4/17/12, identified R11 used the wheelchair as the primary mode of mobility and for staff to assist with locomotion of the wheelchair. The care plan identified R11 utilized a rock-n-go wheelchair and directed details of R11's programs for mobility. The care plan did not address correct alignment or position correction needs while in the wheelchair.</p> <p>During observations on 5/9/12, at 9:49 a.m. the registered nurse (RN-C) confirmed R11 required the use of the bolster to correct body alignment in the wheelchair. RN-C stated the care plan did not address the use of the bolster.</p> <p>On 5/10/12, at 10:01 a.m. the director of nursing (DON) confirmed the care plan should have been revised to include the use of the bolster and confirmed R11's wheelchair position should have been corrected by staff with the bolster applied to the rock-n-go wheelchair.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or her designee could develop policies and procedures to ensure residents maintain proper body alignment while in the wheelchair. The director of nursing or her designee could educate all appropriate staff members on the processes. The director of nursing or her designee could develop monitoring systems to ensure ongoing compliance.</p>	2 570		

Minnesota Department of Health

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2 570	Continued From page 5	2 570		
	TIME PERIOD FOR CORRECTION: Twenty-One (21) Days			
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General	2 830		
	Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed.			
	This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure proper seating alignment for 1 of 1 residents (R11) in the sample reviewed for wheelchair positioning. Findings include: R11 was observed to lean to the right while in the rock and go wheelchair throughout observations on 5/7/12. R11's diagnoses included Parkinson's and dementia with Lewy Bodies. The admission minimum data set (MDS) dated 1/10/12, indicated R11 had moderately impaired cognition and required physical assistance with all activities of daily living (ADL's). The care area assessment			

Minnesota Department of Health

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2 830	<p>Continued From page 6</p> <p>(CAA) summary dated 1/16/12, indicated R11 had a communication impairment and did not make his needs known, required two staff assistance for bed mobility and a mechanical lift for transfers. A Daily Note/Billing Sheet (a form used by the therapy department) dated 1/19/12, indicated R11 had "poor posture and trunk stabilization." A rehabilitation progress note dated 2/8/12, indicated R11 was provided with rock-n-go wheelchair for "positioning and comfort." The note indicated R11 would benefit from a wheelchair that allowed for greater pelvic tilt and promoted upright posture and to prevent hip flexion contractures. The Physical Therapy Discharge Summary dated 3/7/12, indicated, "Additional Comments... leaning in w/c (wheelchair), poor trunk and pelvis alignment and activation."</p> <p>The quarterly MDS dated 4/11/12, indicated R11 had declined in cognition with long and short-term memory problems, but continued to require physical assistance with all ADL's.</p> <p>The care plan for mobility dated 4/17/12, identified R11 used the wheelchair as their primary mode of mobility and for staff to assist with locomotion of the wheelchair. The care plan identified R11 utilized a rock-n-go wheelchair and directed details of R11's programs for mobility. The care plan did not address correct alignment or position correction needs while in the wheelchair.</p> <p>On 5/7/12, at 6:30 p.m. R11 was observed be seated in the TV area, leaning to the right in the rock-n-go wheelchair. From 6:30 p.m. until 7:14 p.m. R11 was observed to lean to the right while in the wheelchair with the right armrest firmly against his right axilla (arm pit). Multiple staff</p>	2 830		

Minnesota Department of Health

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2 830	<p>Continued From page 7</p> <p>from the unit were observed to walk past and be near R11 without providing assistance with correcting the lean. At 7:14 p.m. the human services technician (HST-A) confirmed R11 should have had his positioning alignment corrected.</p> <p>On 5/9/12, at 7:10 am, R11 was observed to have a blue lateral bolster applied to the wheelchair. R11's right elbow was observed to be against the bolster. The registered nurse (RN-B) stated R11 frequently required position corrections while in the wheelchair and confirmed the bolster should be applied to the wheelchair. RN-B stated R11 was "a leaner to the right." Throughout observations of R11 on 5/9/12, R11 was observed to maintain proper body alignment while in the wheelchair. At 9:49 a.m. a registered nurse (RN-C) confirmed R11 required the use of the bolster and confirmed the care plan did not address the use of the bolster and did not direct correction of body alignment while in the wheelchair. RN-C was unclear when the use of the bolster began.</p> <p>On 5/10/12, at 10/01 a.m. the director of nursing (DON) confirmed the care plan should have been revised to include the use of the bolster and confirmed R11's wheelchair position should have been corrected by staff and the bolster applied to the rock-n-go wheelchair.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or her designee could develop policies and procedures to ensure residents maintain proper body alignment while in the wheelchair. The director of nursing or her designee could educate all appropriate staff members on the processes. The director of nursing or her</p>	2 830		

Minnesota Department of Health

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2 830	Continued From page 8 designee could develop monitoring systems to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	2 830		
2 905	MN Rule 4658.0525 Subp. 4 Rehab - Positioning Subp. 4. Positioning. Residents must be positioned in good body alignment. The position of residents unable to change their own position must be changed at least every two hours, including periods of time after the resident has been put to bed for the night, unless the physician has documented that repositioning every two hours during this time period is unnecessary or the physician has ordered a different interval. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide timely repositioning assistance for 1 of 4 (R2) residents reviewed for their repositioning needs. Findings include: R2 was not provided repositioning for two (2) hours and twenty-six (26) minutes during continuous observations on 5/7/12. R2's diagnoses included a spinal cord injury, diabetes mellitus and plegia (paralysis). The skin assessment dated 3/19/12, indicated R2 had no pressure ulcers, the Braden score (a tool used to predict the potential for skin breakdown) dated 3/19/12, indicated R2 was at moderate risk for skin breakdown. The admission minimum data set (MDS) dated 3/25/12, indicated R2 was cognitively intact, required physical assistance	2 905		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME SILVER BAY		STREET ADDRESS, CITY, STATE, ZIP CODE 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
2 905	Continued From page 9 with most activities of daily living (ADL's) and was incontinent of bowel. The care area assessment (CAA) summary dated 3/28/12, indicated R2 was at risk for skin breakdown related to bowel incontinence, required two staff for bed mobility, and required a mechanical lift for transfers. The care plan for R2's skin dated 3/28/12, identified R2 was at risk for skin breakdown due to loss of mobility and bowel incontinence. The care plan directed, "Turn and reposition resident q2h (every two hours) and prn (as needed)..." On 5/7/12, R2 went from 5:08 p.m. until 7:31 p.m. without repositioning. At 5:08 p.m. R2 was observed to be up in the wheelchair in their room as staff left the room. R2 moved himself to the dining room in a motorized wheelchair. From 5:08 p.m. until 6:31 p.m. R2 remained at the dining room table for the supper meal. At 6:31 p.m. R2 transported himself to his room and read the newspaper until 6:47 p.m. At 6:47 p.m. R2 transported himself to the TV sitting area and then back to his room. At 6:55 p.m. R2's call light was activated. At 7:02 p.m. a human service technician (HST-A) answered the light and then immediately left the room at 7:03 p.m. R2 was unmoved from his wheelchair and watching TV. R2 stated he had activated the call light accidentally. From 7:03 p.m. to 7:19 p.m. R2 remained in his room watching TV. At 7:19 p.m. NA-A was notified R2 had gone past 2 hours for repositioning. NA-A confirmed R2 required every two hour repositioning and stated he had been last repositioned at 5:05 p.m. and was checked for incontinence, "but not repositioned" at 6:50 p.m. At 7:31 p.m. R2 was transferred to the bed. R2's coccyx was covered with a duoderm dressing and there was a darkened area on the bottom of the right heel. NA-A confirmed the	2 905		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2012
NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME SILVER BAY		STREET ADDRESS, CITY, STATE, ZIP CODE 45 BANKS BOULEVARD SILVER BAY, MN 55614		
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2 905	<p>Continued From page 10</p> <p>areas were not new. At 7:38 p.m. the registered nurse (RN-A) confirmed R2 had a history of pressure ulcers and should have been repositioned every two hours.</p> <p>On 5/10/12, at 9:51 a.m. the director of nursing confirmed R2 should have been repositioned every two hours.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or her designee could develop policies and procedures to ensure residents are repositioned as assessed and directed by the care plan.</p> <p>The director of nursing or her designee could educate all appropriate staff members on the processes. The director of nursing or her designee could develop monitoring systems to ensure ongoing compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) Days</p>	2 905		