



File  
00381  
NH

*Protecting, Maintaining and Improving the Health of Minnesotans*

February 1, 2011

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

Re: Enclosed Reinspection Results - Project Number SL00381019

Dear Ms. Gilbertson:

On January 27, 2011 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 October 28, 2010 with orders received by you on November 10, 2010. 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*

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

SL00381019R11.rtf

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number  
00381

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
1/27/2011 *CG*

Name of Facility

MN VETERANS HOME SILVER BAY

Street Address, City, State, Zip Code

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 20265 Reg. # MN Rule 4658.0085 LSC	Correction Completed 01/27/2011	ID Prefix 20560 Reg. # MN Rule 4658.0405 Subp. LSC	Correction Completed 01/27/2011	ID Prefix 20565 Reg. # MN Rule 4658.0405 Subp. LSC	Correction Completed 01/27/2011
ID Prefix 20570 Reg. # MN Rule 4658.0405 Subp. LSC	Correction Completed 01/27/2011	ID Prefix 20905 Reg. # MN Rule 4658.0525 Subp. LSC	Correction Completed 01/27/2011	ID Prefix 20910 Reg. # MN Rule 4658.0525 Subp. LSC	Correction Completed 01/27/2011
ID Prefix 21015 Reg. # MN Rule 4658.0610 Subp. LSC	Correction Completed 01/27/2011	ID Prefix 21385 Reg. # MN Rule 4658.0800 Subp. LSC	Correction Completed 01/27/2011	ID Prefix 21420 Reg. # MN Rule 4658.0815 Subp. LSC	Correction Completed 01/27/2011
ID Prefix 21530 Reg. # MN Rule 4658.1310 A.B.C LSC	Correction Completed 01/27/2011	ID Prefix 21535 Reg. # MN Rule 4658.1315 Subp.1 LSC	Correction Completed 01/27/2011	ID Prefix 21980 Reg. # MN St. Statute 626.557 Sul LSC	Correction Completed 01/27/2011
ID Prefix 21990 Reg. # MN St. Statute 626.557 Sul LSC	Correction Completed 01/27/2011	ID Prefix 21995 Reg. # MN St. Statute 626.557 Sul LSC	Correction Completed 01/27/2011	ID Prefix Reg. # LSC	Correction Completed

Reviewed By  
State Agency  
Reviewed By  
CMS RO

Reviewed By  
*PH/NGS*  
Reviewed By

Date:  
*2/1/11*  
Date:

Signature of Surveyor:  
*186/6*  
Signature of Surveyor:

Date:  
*1/27/11*  
Date:

Followup to Survey Completed on:  
10/28/2010

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO