



*Protecting, Maintaining and Improving the Health of Minnesotans*

September 11, 2014

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

Re: Enclosed Reinspection Results - Project Number SL00381022

Dear Ms. Gilbertson:

On September 3, 2014 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 July 3, 2014, with orders received by you on July 24, 2014. 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 if you have questions related to this letter.

Sincerely,

A handwritten signature in black ink that reads "Mark Meath".

Mark Meath, Enforcement Specialist  
Program Assurance Unit  
Licensing and Certification Program  
Division of Compliance Monitoring  
Minnesota Department of Health  
mark.meath@state.mn.us

Telephone: (651) 201-4118  
Fax: (651) 215-9697

cc: Original - Facility  
Licensing and Certification File

SL00381r14lic

**State Form: Revisit Report**

(Y1) Provider / Supplier / CLIA / Identification Number 00381	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/3/2014
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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>21390</u> Reg. # <u>MN Rule 4658.0800 Subp.</u> LSC _____	Correction Completed <u>09/03/2014</u>	ID Prefix <u>21805</u> Reg. # <u>MN St. Statute 144.651 Sul</u> LSC _____	Correction Completed <u>09/03/2014</u>	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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: <u>7/3/2014</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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NH 00381

*Protecting, Maintaining and Improving the Health of Minnesotans*

Certified Mail # 7013 2250 0001 6357 2017

July 16, 2014

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 SL00381022

Dear Ms. Gilbertson:

The above facility was surveyed on June 30, 2014 through July 3, 2014 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:

**Patricia Halverson, Unit Supervisor**  
**Minnesota Department of Health**  
**11 East Superior Street, Suite #290**  
**Duluth, Minnesota 55802**

**Phone: (218) 302-6151**  
**Fax: (218) 723-2359**

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 Patricia Halverson at the number listed above.

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.

Feel free to contact me if you have questions related to this letter.

Sincerely,

*Mark Meath*

Mark Meath, Enforcement Specialist  
Program Assurance Unit  
Licensing and Certification Program  
Division of Compliance Monitoring  
Telephone: (651) 201-4118 Fax: (651) 215-9697  
Email: mark.meath@state.mn.us

Enclosure(s)

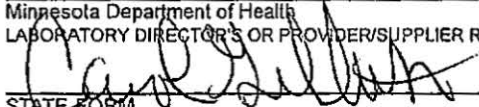
cc: Original - Facility  
Licensing and Certification File

00381NH\_licSurvey14

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  07/03/2014
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
2 000	<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 June 30, July 1, 2 and 3, 2014, surveyors of this Department's staff visited the above provider and the following licensing orders were issued. When corrections are completed, please sign and date on the bottom of the first page in the line marked with "Laboratory Director's or Provider/Supplier Representative's signature."</p>	2 000	<p>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.</p>	

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



CPHA

TITLE

Administrator

(X6) DATE

7/31/14

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/03/2014</b>
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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 June 30, July 1, 2 and 3, 2014, surveyors of this Department's staff visited the above provider and the following licensing orders were issued. When corrections are completed, please sign and date on the bottom of the first page in the line marked with "Laboratory Director's or Provider/Supplier Representative's signature."</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  Make a copy of these orders for your records and return the original to the address below:  Minnesota Department of Health, Division of Compliance Monitoring, Licensing and Certification Program, P.O. Box 64900 St. Paul, MN 55164-0900	2 000		
21390	MN Rule 4658.0800 Subp. 4 A-I Infection Control  Subp. 4. Policies and procedures. The infection control program must include policies and procedures which provide for the following: A. surveillance based on systematic data collection to identify nosocomial infections in residents; B. a system for detection, investigation, and control of outbreaks of infectious diseases; C. isolation and precautions systems to reduce risk of transmission of infectious agents; D. in-service education in infection prevention and control; E. a resident health program including an immunization program, a tuberculosis program as defined in part 4658.0810, and policies and procedures of resident care practices to assist in the prevention and treatment of infections; F. the development and implementation of employee health policies and infection control practices, including a tuberculosis program as defined in part 4658.0815; G. a system for reviewing antibiotic use; H. a system for review and evaluation of products which affect infection control, such as disinfectants, antiseptics, gloves, and incontinence products; and I. methods for maintaining awareness of current standards of practice in infection control.	21390		

Minnesota Department of Health

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21390	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure proper infection control practices were implemented during resident procedures for 2 of 2 residents (R8 and R18) which R8 was observed for pressure ulcers treatments and R18 during blood glucose monitoring.</p> <p>Findings include:</p> <p>R8's Admission Record (computer generated) dated 7/2/14 indicated R8's diagnoses included venous insufficiency, peripheral vascular disease, diabetes type 2, and ulcer of other part of the foot.</p> <p>R8's quarterly Minimum Data Set (MDS) dated 4/11/14, indicated severe cognitive impairment with disorganized thinking and risk for the development of pressure ulcers.</p> <p>R8's Physician Orders dated 7/1/14, directed wound care to bilateral outer ankle pressure ulcers daily at hour of sleep to cleanse with normal saline and gauze, apply Mepitel dressing, hydrogel, gauze and cover with Medipore.</p> <p>R8's Plan of Care (POC) dated 6/23/14, indicated risk of developing a pressure ulcer, and had developed pressure ulcers on the bilateral outer ankles due to sitting with legs crossed on the floor when doing activities. A computer-generated electronic Treatment Administration Record (ETAR) dated 7/1/14, to 7/31/14, indicated R8 was to receive wound care daily to left and right outer ankles, cleanse with normal saline, apply Mepitel one, hydrogel and gauze dressing, and</p>	21390		



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21390	<p>Continued From page 3</p> <p>apply skin protectant wipe to skin around wounds.</p> <p>On 7/1/14, at 2:55 p.m. registered nurse (RN)-C, the director of nursing (DON), physical therapist (PT)-A, and licensed practical nurse (LPN)-C entered R8's room to provide ulcer care to R8's bilateral outer ankles. LPN-C was observed to gather supplies from a locked cupboard in R8's room and placed several disposable gloves into the left hand pocket of her uniform top. LPN-C applied hand sanitizer to her hands and reached into the pocket to retrieve a pair of the disposable gloves and applied the gloves to her hands. RN-C had already removed the old dressings from R8's left and right outer ankles and had also measured the wounds. LPN-C used the saline soaked gauze in a paper cup to first cleanse around R8's left ankle ulcer, and applied the skin protectant wipe to the left ankle surrounding skin. With the same soiled gloves on, and using saline-soaked gauze, LPN-C cleansed around R8's right ankle ulcer, and applied the skin protectant using a new wipe to R8's right outer ankle. With the same soiled gloves on, LPN-C returned to R8's left ankle ulcer and applied the gauze and dressings, securing the dressings in place with Medipore (a dressing with tape along the borders). With the same soiled gloves on, LPN-C applied the gauze and dressings to R8's right ankle and secured the dressings in place with the Medipore. LPN-C gathered up the dressing wrappers and used supplies, disposing of the supplies in a nearby garbage can, removed the used gloves, and sanitized her hands.</p> <p>On 7/1/14, at 3:15 p.m. LPN-C stated she usually places the gloves to be used during a dressing change procedure on a paper towel near the dressings. LPN-C further stated she was unaware she had placed the disposable gloves in</p>	21390		

Minnesota Department of Health

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21390	<p>Continued From page 4</p> <p>a pocket of her uniform when gathering the supplies for R8's dressing change procedure. LPN-C confirmed she had gone back and forth between R8's two ankle ulcers when cleansing, applying the skin protectant wipe, and applying the new dressings without changing the gloves or sanitizing her hands.</p> <p>On 7/1/14, at 3:20 p.m. RN-C and the DON stated gloves used for dressing change procedures should not be stored in the uniform pockets. RN-C and the DON confirmed when performing dressing change procedures for different wounds, the procedures should be completed separately as to avoid cross-contamination, with the removal of the gloves, hands being sanitized and new gloves applied.</p> <p>The facility's Employee Exposure Control Plan reviewed/revised 8/19/13, indicated gloves should be changed and hands should be washed between each site being cared for on an individual resident.</p> <p>R18 was observed on 7/2/14, at 8:00 a.m. when the licensed practical nurse (LPN)-B wearing disposable gloves, completed a blood glucose check for R18 using a multi-resident-use blood glucose machine. LPN-B removed the disposable gloves following the procedure and did not wash or sanitize hands prior to opening R18's room door, leaving the room, and opening the door to enter the medication room while carrying the blood glucose machine and equipment.</p> <p>During an interview on 7/2/14, at 8:28 a.m. LPN-B verified she did not sanitize hands after removing disposable gloves and prior to leaving R18's room following a blood glucose check.</p>	21390		

Minnesota Department of Health

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21390	<p>Continued From page 5</p> <p>During an interview on 7/2/14, at 9:50 a.m. director of nursing (DON) verified hands should be sanitized after removing gloves.</p> <p>The policy and procedure for employee exposure control dated 8/19/13, indicated employees were to sanitize their hands immediately or as soon as feasible after removal of gloves.</p> <p>The policy and procedure for hand hygiene dated 8/19/11; indicated employees were to decontaminate hands using an antiseptic hand rub or antiseptic hand wash after removing gloves.</p>	21390		
21426	<p>MN St. Statute 144A.04 Subd. 4 Tuberculosis Prevention And Control</p> <p>(a) A nursing home provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality Weekly Report (MMWR). This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, residents, and volunteers. The Department of Health shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) Written compliance with this subdivision must be maintained by the nursing home.</p>	21426		

Minnesota Department of Health

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21426	<p>Continued From page 6</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure baseline screening for active tuberculin (TB) risk factors and symptoms was completed for 4 of 5 newly hired employees (human services technician (HST)-G, food service worker (FSW)-B, cook-A, and registered nurse (RN)-D) reviewed for tuberculosis prevention and control.</p> <p>Findings include:</p> <p>The Regulations for Tuberculosis Control In Minnesota Health Care Settings issued July 2013 reads on page 10. "Baseline TB screening is required for all HCWs [health care workers] (table 3.1). Baseline TB screening consists of three components: 1. Assessing for current symptoms of active TB disease, 2. Assessing TB history, and 3. Testing for presence of infection with Mycobacterium tuberculosis by administering either a two-step TST [Tuberculin Skin Test] or single IGRA [Interferon Gamma Release Assay]."</p> <p>Human services technician (HST)-G, food service worker (FSW)-B, cook-A, and registered nurse (RN)-D. records were reviewed and they all were hired form March 2014 to present and lacked a baseline Tuberculosis (TB) symptom screening tool.</p> <p>During an interview on 7/2/14 at 11:00 a.m., the assistant director of nursing (ADON)-E verified the TB symptom screening should have been completed on all newly hired employees.</p>	21426		

Minnesota Department of Health

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21426	Continued From page 7  The policy and procedure for tuberculosis screening, evaluation, and management for employees dated 9/1/09, indicated all health care workers are to complete a baseline TB screening upon hire.	21426		
21805	MN St. Statute 144.651 Subd. 5 Patients & Residents of HC Fac. Bill of Rights  Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.  This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure a dignified dining experience was promoted for 1 of 5 residents (R10) observed for dignity during dining.  Findings include:  R10 's diagnoses included dementia and cerebral vascular accident (stroke) according to the admission form. The Minimum Data Set (MDS) indicated R10 was unable to communicate needs, and was totally dependent on staff for feeding, mobility, and all activities of daily living.  During an observation 7/1/14, at 8:35 a.m. R10 was sitting in a high-back wheelchair at the table located in the dining room while being assisted to eat breakfast by human services technician (HST)-E. HST-E was standing and holding the bowl of hot cereal in hand while giving bites to R10. At 8:45 a.m., HST-E walked away from R10	21805		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>MN VETERANS HOME SILVER BAY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>45 BANKS BOULEVARD SILVER BAY, MN 55614</b>		
(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
21805	<p>Continued From page 8</p> <p>to assist another resident who was at another table HST-E did not return to help R10 complete the meal. R10 had eaten most of his hot cereal and had consumed approximately 1/2 of his fluids offered. R10 was observed sitting at the table without assistance until 9:15 a.m.</p> <p>R10's care plan dated 8/25/13, directed staff to assist with meals.</p> <p>During an interview on 7/1/14, at 8:55 licensed practical nurse (LPN)-A verified staff are to sit with resident while feeding and are to stay with them until the resident is finished eating.</p> <p>During an interview on 7/2/14, at 2:35 p.m. the director of nursing (DON)-B verified staff are not to stand while feeding residents unless it is a special accommodation. The DON also verified the resident should have had the opportunity to finish the meal and the staff member should have communicated to other staff to finish feeding the resident.</p> <p>The undated facility policy and procedure for dining routine-nursing responsibility indicated staff should be seated when assisting residents and are to be present throughout the meal.</p>	21805		