

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2025
NAME OF PROVIDER OR SUPPLIER The Waterview Shores LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 402 - 13th Avenue Two Harbors, MN 55616	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to promote a dignified dining experience for 6 of 6 residents reviewed (R1, R2, R3, R4, R5, R6) who required assistance to eat and displayed cognitive impairments. Findings include:R1's admission Record indicated diagnosis of femur fracture, anxiety and dementia. R1's quarterly Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment and indicated he required substantial to maximal assistance to eat.R1's care plan dated 6/12/25, identified an alteration in cognition, alteration in communication and a self-care deficit. The care plan further identified a potential for alteration in nutrition and directed staff to provide meal set up and assistance as needed.R2's admission Record indicated diagnosis of facial weakness, dysphagia (a language disorder causing difficulty with speech, understanding language, reading, or writing), depression, and neurocognitive disorder with Lewy Bodies.R2's admission MDS dated [DATE], identified severe cognitive impairment and indicated he was dependent on staff to eat.R2's care plan dated 5/23/25, identified and alteration in cognition, and a self-care deficit. The care plan directed staff to assist with consumption of meals.R3's admission Record indicated diagnosis of heat failure, aspiration pneumonia and dementia.R3's admission MDS dated [DATE], identified severe cognitive impairment and indicated she required set up or clean up assistance with meals. R3's care plan dated 6/18/25, identified an alteration in cognition, a self-care deficit and a risk for altered nutrition and directed staff to assist with set up of meals.R4's admission Record indicated she admitted to the facility 12/4/19. Diagnosis included traumatic brain injury, anxiety, depression and dementia.R4's quarterly MDS dated [DATE], identified severe cognitive impairment and indicated she required substantial to maximal assistance to eat.R4's care plan dated 4/17/25, identified and alteration in cognition, a self-cared deficit and a potential for altered nutritional status. The care plan directed staff to assist with meals due to vision.R5's admission Record indicated a diagnosis of Alzheimer's, dementia and anxiety.R5's quarterly MDS dated [DATE], identified severe cognitive impairment and indicated she required partial to moderate assistance to eat.R5's care plan dated 6/27/25, identified an alteration in cognition, self-care deficit and a potential for alteration in nutrition due to need for a mechanically altered diet. The care plan directed staff to provide meal set-up and assistance.R6's admission Record indicated diagnosis of cognitive communication deficit, Alzheimer's disease, depression and dementia.R6's quarterly MDS dated [DATE], identified severe cognitive impairment and indicated she required substantial to maximal assistance to eat.R6's care plan dated 6/13/25, identified a cognitive communication deficit, self-care deficit and potential for alteration in nutrition. The care plan directed staff to assist with set up of meals.During observation on 8/21/25 at 4:28 p.m., R1, R2 and R3 were seated in the dinette area of the unit. Nursing assistant (NA)-A and licensed practical nurse (LPN)-A were assisting the three residents to eat while standing over them. LPN-A was assisting R2 while completing other tasks in the dinette. NA-A finished assisting R1 to eat and sat down next to R3.During interview on 8/21/25 at 4:32 p.m., NA-A stated the feed assists get their trays first so there were enough staff in the dining room to pass out trays.During interview on 8/21/25 at 4:35 p.m., LPN-A said sometimes they had many feeders so we get them out of the way, so we can pass trays.During observation and interview on 8/21/25 at 4:39 p.m., NA-B was assisting R5 to eat in the dinette on the other end of the building. NA-B said dinner was served at 5:00 p.m., in the large dining room. NA-B said they had feeders and said the kitchen brings their food 30 minutes earlier so they could finish before service in the main dining room. During interview on 8/21/25 at 5:00 p.m., the administrator stated the nursing department had asked for trays to be delivered early for residents who did not eat in the dining room. The administrator said the early trays were for the residents who required assistance to eat and said staff wanted to make it easier for them (staff). The administrator said the facility had been doing the dining service that way on and off for a few years. The administrator provided a list of residents who received their trays early. Six of the seven residents were unable to choose if they would have preferred to eat in the main dining room with the other residents in the facility.Facility Policy Assistance with Meals dated July 2017, indicated all residents will be encouraged to eat in the dining room. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity. for example: not standing over residents while assisting with meals, avoiding the use of labels when referring to resident (e.g., feeders).</p>		