



File
00381

Protecting, Maintaining and Improving the Health of Minnesotans

May 6, 2010

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

Re: Enclosed Reinspection Results - Project Number SL00381018

Dear Ms. Gilbertson:

On May 6, 2010 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 March 11, 2010, with orders received by you on March 25, 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,

A handwritten signature in cursive script that reads "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

L003R10lic.rtf

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00381	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/6/2010 <i>OG</i>
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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
Correction Completed ID Prefix <u>20565</u> Reg. # <u>MN Rule 4658.0405 Subp.</u> LSC _____	05/06/2010	Correction Completed ID Prefix <u>20830</u> Reg. # <u>MN Rule 4658.0520 Subp.</u> LSC _____	05/06/2010	Correction Completed ID Prefix <u>20895</u> Reg. # <u>MN Rule 4658.0525 Subp.</u> LSC _____	05/06/2010
Correction Completed ID Prefix <u>21435</u> Reg. # <u>MN Rule 4658.0900 Subp.</u> LSC _____	05/06/2010	Correction Completed ID Prefix <u>21545</u> Reg. # <u>MN Rule 4658.1320 A.B.C</u> LSC _____	05/06/2010	Correction Completed ID Prefix <u>21565</u> Reg. # <u>MN Rule 4658.1325 Subp.</u> LSC _____	05/06/2010
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 _____	

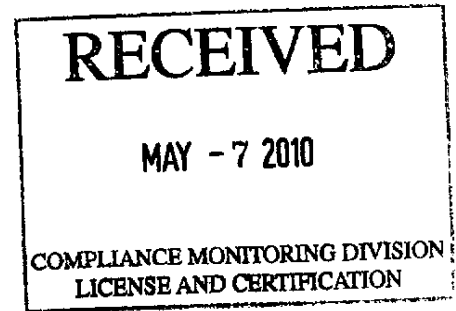
Reviewed By State Agency	Reviewed By <i>PH/NOs</i>	Date: <i>5/6/10</i>	Signature of Surveyor: <i>12831</i>	Date: <i>5/6/10</i>
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 3/11/2010	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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**Minnesota Department Of Health
Division of Compliance Monitoring
Licensing and Certification Program**

INFORMATIONAL MEMORANDUM

PROVIDER: MN Veterans Home Silver Bay
45 Banks Boulevard
Silver Bay, MN 55614



DATE OF SURVEY: May 5, 2010 through May 6, 2010

BEDS LICENSED:

HOSP: _____ NH: 87 BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: 76 BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER: 0

NAME(S) AND TITLE(S) OF PERSONS INTERVIEWED:

Pat Smedstad, Director of Nursing; Larry Gomer, RN Supervisor; Dani Pogorels, Recreation Program Assistant; Marian Grey, LPN ; David Larson, LPN; Vicke Tuorile, RN

SUBJECT: Licensing Revisit

ITEMS NOTED AND DISCUSSED:

An onsite re-visit was made to follow up state licensing orders issued as a result of a survey completed on March 11, 2010. The results of this visit were delineated during an exit conference which was tape recorded. Refer to Exit Conference Attendance Sheet (HR116) for the names of individuals attending the exit conference. Refer to the State-2567L and/or State-2567B for the status of state licensing deficiencies.

