

## Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 18, 2020

Administrator Mayo Clinic Health System - Lake City 500 West Grant Street Lake City, MN 55041

RE: CCN: 245218 Cycle Start Date: December 1, 2020

Dear Administrator:

On December 1, 2020, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

We are pleased to inform you that this survey resulted in no deficiencies being issued.

The CMS-2567 is being electronically delivered.

Feel free to contact me if you have questions.

Sincerely,

Mi Ping

Melissa Poepping, Health Program Representative Senior Program Assurance | Licensing and Certification Minnesota Department of Health P.O. Box 64970 Saint Paul, Minnesota 55164-0970 Phone: 651-201-4117 Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A. BUILDING       (X3) DATE SURVEY COMPLETED         NAME OF PROVIDER OR SUPPLIER       245218       B. WING       12/01/2020         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       500 WEST GRANT STREET LAKE CITY, MN 55041       500 WEST GRANT STREET LAKE CITY, MN 55041	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED							
AND PLAN OF CORRECTION       DENTIFICATION NUMBER:       A BUILDING       COMPLETED         245218       B. WING       International control supplication numbers       B. WING       12/01/2020         NAME OF PROVIDER OR SUPPLIER       B. WING       STREET ADDRESS, CITY, STATE, ZIP CODE       SOW WEST GRANT STREET         MAYO CLINIC HEALTH SYSTEM - LAKE CITY       International control supplication       PREVIDER OR SUPPLIER       SOW WEST GRANT STREET         MAYO CLINIC HEALTH SYSTEM - LAKE CITY       International control supplication       PREVIDER OR SUPPLIER       Sow WEST GRANT STREET         MAYO CLINIC HEALTH SYSTEM - LAKE CITY       International control supplication       PREVIDER OR SUPPLIER       Sow WEST GRANT STREET         MAYO CLINIC HEALTH SYSTEM - LAKE CITY       International control supplication       PREVIDER SPLAN OF CORRECTION       COMPLETED         PREVIDER CONSTRETED       SUMMARY STATEMENT OF DEFICIENCIES       International control supplication       PREVIDER CORRECTION       Compliance         E 000       Initial Comments       E 000       E 000       E 000       Initial Compliance with Emergency Preparedness regulations §483.73(b)(b)(b). The facility was IN full compliance with Sagnature is not required that the facility was IN full compliance with S483.80 Infection Control survey was conducted on 12/1/20, at your facility by the Minnesota Department of Health to determine compliance with §483.80 Infection Control. The facility was IN full compliance.       F 000								
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## Electronically Signed

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.

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