



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via email

April 14, 2025

Administrator
Mille Lacs Health System
200 North Elm Street
Onamia, MN 56359

Re: SURVEY RESULTS
CCN: 241356
Cycle Start Date: March 25, 2025

Dear Administrator:

On March 25, 2025, 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 Critical Access Hospitals.

At the time of the survey, the survey team noted one or more deficiencies. A copy of the Statement of Deficiencies (CMS-2567) is electronically attached. Since your hospital has been found in substantial compliance with the Conditions of Participation, you are not required to submit a plan of correction. However, under Federal disclosure rules, the findings of this Medicare survey are available for public disclosure. Therefore, you may wish to submit your comments on the findings and your plans for correcting the cited deficiencies.

Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action.

A plan of correction could contain the following elements:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

Questions regarding all documents submitted as a response to the client care deficiencies (those preceded by a "A" tag).

Mille Lacs Health System

April 14, 2025

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LeAnn Huseth, RN, Regional Operations Supervisor
Fergus Falls District Office
Health Regulation Division
Minnesota Department of Health
2312 College Way
Fergus Falls, 56537
Email: leann.huseth@state.mn.us
Office: (218) 332-5140 Mobile: (218) 403-1100

Please feel free to call me with any questions related to this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

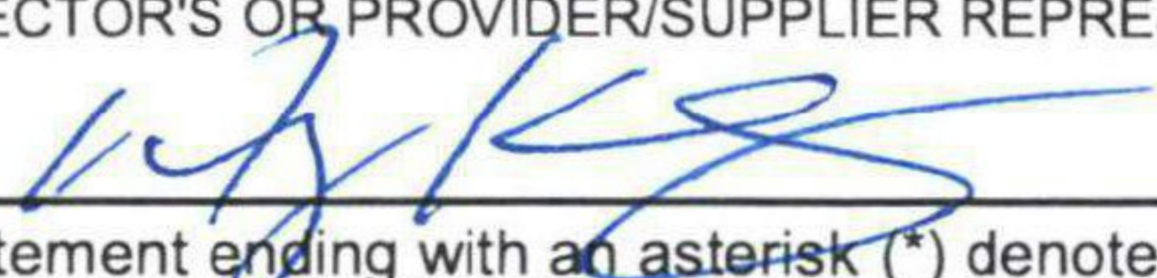
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 241356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/25/2025
NAME OF PROVIDER OR SUPPLIER MILLE LACS HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORTH ELM STREET ONAMIA, MN 56359	
(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) COMPLETION DATE
C 000	INITIAL COMMENTS On March 19, 2025, March 24 and March 25,2025, a standard abbreviated survey was conducted at Mille Lacs Health System related to the Conditions of Participation at 42 CFR Part 485 Subpart F. Your Critical Access Hospital (CAH) was found to be NOT in compliance. The following complaint was reviewed: H13567181C (MN00110515), NO deficiencies were cited related to the complaint.	C 000	We have implemented these formal QAPI projects:	04/30/2025
C1306	QAPI CFR(s): 485.641(b)(2), (b)(3) (b) Standard: QAPI Program Design and scope. The CAH's QAPI program must: (2) Be ongoing and comprehensive. (3) Involve all departments of the CAH and services (including those services furnished under contract or arrangement). This STANDARD is not met as evidenced by: Based on interview and document review, the Critical Access Hospital (CAH) failed to ensure all departments CAH wide were evaluated through the quality assessment and performance improvement (QAPI) program. Findings include: On 3/25/25, a review of QAPI documents lacked evidence of a QAPI project for discharge planning and telemedicine. During an interview on 3/25/25 at 4:10 p.m., Director of Quality (DQ) indicated there was no QAPI projects for discharge planning and telemedicine. DQ stated there was nothing	C1306	Telemedicine for Trauma Consults: Enhancing utilization and documentation of trauma telehealth consults to improve timely access to specialty care. Goal of 90% of all traumas utilize our telehealth provider. Discharge Planning: Improving the consistency, timeliness, and effectiveness of discharge follow-up calls across departments. Goal is to complete calls to 90% of discharged patients. Procedure for Implementing Telemedicine for Trauma Consults: Develop clear criteria and protocols for trauma cases requiring telehealth consults. Provide training for ED staff and providers on when and how to initiate telehealth consults. Include monthly tracking of telehealth consult utilization. Responsible for implentation- Director of Nursing for Acute Care/Emergency Department and Quality Director	

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

TITLE

(X6) DATE



CEO

4/16/25

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 241356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/25/2025
NAME OF PROVIDER OR SUPPLIER MILLE LACS HEALTH SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORTH ELM STREET ONAMIA, MN 56359		
(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) COMPLETION DATE	
C1306	Continued From page 1 formal reported to the QAPI committee. The facility policy Quality Assessment and Performance Improvement (QAPI) Program, undated revealed the facility would complete an annual Program Assessment would be completed as part of the QAPI program. The assessment would look at an annual summary of the dimension of care within our services and the evaluation of utilization from the previous year. In addition, the QAPI activities would be integrated across all service areas of their facility.	C1306	<p>Discharge Phone Calls:</p> <p>Develop standardized scripts and documentation templates for discharge calls.</p> <p>Implement workflow requiring follow-up phone calls within 48 hours of discharge.</p> <p>Use calls to assess patient understanding of instructions, medication reconciliation, symptom review, and scheduling of follow-up appointments.</p> <p>Track call completion rates and identify common issues or concerns to inform quality improvements.</p> <p>Responsible for implementation- Director of Nursing for Acute Care/Emergency Department and Quality Director</p> <p>Monitoring Procedure:</p> <p>Quality Director will track implementation of both projects and report monthly to the QAPI Committee.</p> <p>Internal audits will monitor compliance with telehealth consult protocols and discharge call completion rates.</p> <p>QAPI dashboard has been updated to include telehealth and discharge QAPI projects</p>	04/30/2025	



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April 14, 2025

Administrator
Mille Lacs Health System
200 North Elm Street
Onamia, MN 56359

Re: Licensing Orders
CCN: 241356
Cycle Start Date: March 25, 2025

Dear Administrator:

On March 25, 2025, a survey was completed by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for Critical Access Hospitals. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the licensing requirements.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please note it is your responsibility to share the information contained in this letter and the results of the visit with the President of your Governing Body.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00374A	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/25/2025
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NAME OF PROVIDER OR SUPPLIER MILLE LACS HEALTH SYSTEM	STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORTH ELM STREET ONAMIA, MN 56359
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(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
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6 000	<p>Initial Comments</p> <p>In accordance with MN State Statute 144.55 Subd 3., for the purpose of hospital licensure, the commissioner of health shall use as minimum standards the hospital certification regulations. Mille Lacs Health System was surveyed on March 19, 2025, March 24 and 25, 2025, to determine compliance with Minnesota State Licensing Requirements. Your facility has been found to be NOT in compliance.</p> <p>The following complaint was reviewed: H13567181C (M00N110515). Refer to the CMS 2567.</p> <p>Please sign the STATE FORM at the bottom of page and return to the state agency by fax or email to the assigned supervisor listed below:</p> <p>Name & Title: LeAnn Huseh Email: leann.huseh@state.mn.us</p>	6 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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