



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 6, 2026

Administrator
LAKEHOUSE HEALTHCARE & REHABILITATION CENTER
3737 BRYANT AVENUE SOUTH
MINNEAPOLIS, MN 55409

RE: CCN: 245055

Cycle Start Date: March 10, 2026

Dear Administrator:

On April 22, 2026, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245055	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/10/2026
NAME OF PROVIDER OR SUPPLIER LAKEHOUSE HEALTHCARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3737 BRYANT AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55409	
(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
F0000	<p>INITIAL COMMENTS</p> <p>On 3/3/26 through 3/10/26, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H50552462C(2703943), H50557101C(2786476), H50558922C(2678605), H50556584C(2745584), and H50556584C(2743132).</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		03/31/2026
F0684 SS = D	<p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews and document review, the facility failed to reassess a resident after a change in condition for 1 of 4 residents (R1) reviewed for</p>	F0684	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance</p> <p>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident 1 discharged from the facility on 12/15/2026.</p> <p>2. How will the facility identify other residents</p>	04/15/2026

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 reverse for further 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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F0684 SS = D	<p>Continued from page 1 quality of care. R1 was assessed after a change in condition about 12:00 a.m., slept through the night, and was not reassessed until a visiting family member requested R1 transfer to the hospital.</p> <p>Findings include:</p> <p>R1's Provider Orders for Life Sustaining Treatment (POLST) dated 8/15/16, Indicated if R1 has no pulse and is not breathing instructions were do not resuscitate (DNR), do not intubate (DNI). When not in cardiopulmonary arrest follow sections in the B Goals for Treatment and C Interventions and Treatment area of the form. Section B indicated provide comfort care – do not intubate but use medication, oxygen, oral suction, and manual clearing of airways, etc. as needed for immediate comfort and in an emergency call the person listed. Section C had both boxes checked for oral and IV/IM antibiotics.</p> <p>R1's revised care plan dated 7/18/25, indicated he could walk independently with a walker. He needed one staff member to help him get out of bed, toilet, bathe, dress, and shower. He was on a toileting schedule for every two to three hours while awake and received incontinent care on the night shift during every two-hour rounds.</p> <p>R1's care conference dated 9/8/25, indicated FM-A was present and his code status was reviewed and confirmed at DNR, focusing on comfort care at the facility.</p> <p>R1's quarterly Minimum Data Set (MDS) dated 11/25/25, indicated he had normal cognition, no behaviors, and a minimal depression score. He took antipsychotic medication to treat his Schizophrenia diagnosis.</p> <p>R1's oxygen saturation summary document indicated:</p> <p>12/5/25, room air – 95%</p> <p>11/28/25, room air – 96%</p> <p>11/22/25, room air – 93%</p> <p>11/7/25, room air – 91%</p> <p>10/31/25, room air – 95%</p>	F0684	<p>Continued from page 1 having the potential to be affected by the same deficient practice?</p> <p>An audit was conducted of residents experiencing a change in condition over the past 7 days to ensure assessments were completed and documented per facility policy.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>The facility re-educated licensed nurses to the process and expectations for documenting and evaluating a change of condition.</p> <p>4. Monitoring to ensure compliance</p> <p>The Director of Nursing or Designee will audit 3 residents with a change of condition for 4 weeks, to ensure the evaluation was completed and individualized interventions are implemented with findings reviewed through QAPI.</p> <p>5. Date corrective action will be completed?</p> <p>04/15/2026</p>	

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F0684 SS = D	<p>Continued from page 2</p> <p>10/24/25, room air – 94%</p> <p>10/10/25, room air – 94%</p> <p>10/3/25, room air – 95%</p> <p>9/26/25, room air – 96%</p> <p>R1's provider note dated 12/11/25, indicated he was alert and responsive, but had chronic "non-comprehensible" communication. He had chronic inflammatory arthritis, and lower urinary tract symptoms (LUTS) and altered urination patterns caused by prostate issues.</p> <p>R1's physician order dated 12/13/25 at 11:51 p.m., indicated staff would obtain an Xray "today" to rule out pneumonia. In addition, staff would test him for influenza.</p> <p>R1's request for an Xray dated 12/13/25 at 11:50 p.m., indicated he needed a chest Xray for a cough.</p> <p>R1's progress note dated 12/14/25 at 00:04 a.m., written by registered nurse (RN)-A indicated dayshift reported a cough. Vital signs at the start of her afternoon shift were normal temperature, heart rate was elevated at 94 (average heart rate for his age was 60-100), respiration rate was 20 (average 12-20 breaths per minute), blood pressure was 100/63 (normal for his age would be 90/60 to 120/80), and his oxygen level was 89-90%. He drank fluids and ate ice cream and yogurt. At the end of the shift his oxygen level dropped to 85 to 90% on room air, and he started on oxygen at 2 liters per minute (LPM). On call nurse practitioner was updated, and they received orders for an Xray. RN-B was updated, and she brought the oxygen to his room. FM-A was updated on his condition. R1 was alert, answering questions while remaining in bed for the rest of the shift. Staff continue to monitor his status.</p> <p>R1's progress note dated 12/14/25 at 7:41 a.m., written by licensed practical nurse (LPN)-A who worked on the night shift indicated she monitored him all night, and he slept. She called the portable Xray company four times to find out when they would come but no one answered.</p>	F0684		

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F0684 SS = D	<p>Continued from page 3</p> <p>R1's medication administration record (MAR) dated 12/14/25 indicated he took his morning 8:00 a.m. medication.</p> <p>R1's progress note dated 12/14/25 at 11:50 a.m., indicated he was transferred to the hospital related to increased chest congestion and low oxygen saturation less than 81% on 4 LPM. The Xray was not completed because the company did not respond to their calls. The Covid-19 and A/B flu tests were negative. FM-A was at the facility and wanted R1 to go to the hospital. The on-call nurse was updated.</p> <p>R1's late entry progress note dated 12/14/25 at 12:20 p.m. indicated he had a cough and shortness of breath. His oxygen was increased to 4 LPM because his oxygen levels were less than 80%. His blood pressure was 71/45, temperature was 98.1, and heart rate 108. He did take his medication without food. 911 was called because the Xray service was delayed and he was transported to the hospital.</p> <p>During an interview on 3/4/26 at 12:35 p.m., FM-A stated she was R1's cousin and power of attorney. On 12/13/25, around 11:00 p.m. her cousin was notified that he was not feeling well and had a cough. He started on oxygen 2 LPM. She called the provider who ordered a chest Xray and influenza test. When she arrived at the facility around 10:00 a.m. She was told he was able to take his medication in the morning, but they had to crush his pills. When she saw him, he looked like he had a fever, and he was struggling to breathe. He was having delusions, and he did not recognize her. The nursing assistant working at the time told her she had given him a bed bath and made him comfortable. She was very concerned and requested to talk to the head nurse. The head nurse assessed the patient and 911 was called to transport R1 to the hospital. Once at the hospital they were told his oxygen levels were so low that there was nothing they could do for him, and his family should be notified to say goodbye. She was in shock that his condition deteriorated from a cough to death so quickly. She was concerned that the facility did not follow proper criteria when he developed a cough and his condition deteriorated.</p> <p>During an interview on 3/10/26, at 10:39 a.m., the facility medical director (MD)-A stated if a resident indicated comfort care on their POLST, he would not</p>	F0684		

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F0684 SS = D	<p>Continued from page 4 send them to the hospital but treat them at the facility while keeping them comfortable. R1 did not have a fever, and the flu test at the facility was negative. He added this year Influenza A was very deadly because the flu vaccination did not provide sufficient coverage. It was his opinion that R1's condition could rapidly deteriorate from midnight to 10:30 a.m. when he was transferred to the hospital.</p> <p>During an interview on 3/10/26 at 11:29 a.m., RN-A stated on 12/13/25, the only thing she remembered was he needed help to eat. When a resident had a change in condition, they would assess the resident, get a set of vital signs, and update the provider and family. The provider would always ask what their code status was. If he were on comfort care, she would not have expected the provider to send him to the hospital for treatment but treat him at the facility while keeping him comfortable.</p> <p>During an interview on 3/10/26 at 11:37 a.m., RN-B did not remember the details on 12/13/25. As a supervisor she would have been the one to bring oxygen to the room. If the POLST indicated comfort care, she would expect the resident to remain at the facility unless the family wanted him transferred to the hospital.</p> <p>During an interview on 3/10/26 at 12:15 p.m., LPN-B stated comfort care like a hospice resident, if they needed oxygen or develop worsening symptoms, she would have updated the provider and family.</p> <p>During an interview on 3/10/26 at 12:22 p.m., regional director of clinical services (DCS)-A stated she spoke with the triage NP from 12/13/25. The NP indicated based on the POLST and comfort care "had I wanted him sent to the hospital I would have." She ordered an Xray and flu test to rule out pneumonia. If positive she would have ordered antibiotics while keeping him comfortable.</p> <p>During an interview on 3/10/26 at 2:00 p.m., the administrator stated the nursing staff document by exception. Protocol on night shift was to check and turn every resident every two hours. Staff were monitoring him, and the nightshift nurse documented that he slept all night. If he had worsened throughout the night, she would have expected her staff to update the provider and family. The staff treated him the same</p>	F0684		

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F0684 SS = D	<p>Continued from page 5 as a hospice resident focusing on managing symptoms and providing comfort.</p> <p>During an interview on 3/10/26 at 2:29 p.m., LPN-A stated she took over R1's care from RN-A on nightshift. She said he was checked on every 2 hours for incontinent care and repositioning. She did check his oxygen levels, and it was above 90% on oxygen. She was surprised to hear his condition worsened and he died. R1 slept all night, and his status did not change enough to warrant calling the family and provider with an update. She added, if the POLST identified comfort care focus she would keep him comfortable, provide oxygen, and medication as ordered.</p> <p>During an interview on 3/10/26 at 2:57 p.m. DCS-A stated she could not find a policy defining comfort care. She added, comfort care was defined on the POLST document on page two.</p> <p>Facility policy Notification of Changes dated 5/23, indicated a significant change would involve a life-threatening condition, complication, or when a provider would need to alter current treatment plan.</p>	F0684		

Minnesota State Department of Health

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20000	<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:</p> <p>On 3/3/26 through 3/10/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p> <p>The following complaints were reviewed: H50552462C(2703943), H50558922C(2678605), H50557101C(2786476), H50556584C(2745584), and</p>	20000		03/31/2026

Office of Primary Care and Health Systems Management

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Minnesota State Department of Health

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20000	Continued from page 1 H50556584C(2743132). Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 24, 2026

Administrator
LAKEHOUSE HEALTHCARE & REHABILITATION CENTER
3737 BRYANT AVENUE SOUTH
MINNEAPOLIS, MN 55409

RE: CCN:245055

Cycle Start Date: March 10, 2026

Dear Administrator:

On March 10, 2026, 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.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- How the facility will identify other residents having the potential to be affected by the same deficient practice.

What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.

- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Annette Winters, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
Saint Paul, Minnesota 55164-0975
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section

above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or

Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by June 10, 2026 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 10, 2026 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have

one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

Travis Z. Ahrens
State Fire Safety Supervisor
Health Care & Correctional Facilities
MN Department of Public Safety-Fire Marshal Division
445 Minnesota St., Suite 145
St. Paul, MN 55101
Email: travis.ahrens@state.mn.us

Web: www.sfm.dps.mn.gov

Cell: 1-507-308-4189

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
Office: 651-201-4112



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 24, 2026

Administrator
LAKEHOUSE HEALTHCARE & REHABILITATION CENTER
3737 BRYANT AVENUE SOUTH
MINNEAPOLIS, MN 55409

Re: Event ID: 1F1FCF-H1

Dear Administrator:

The above facility survey was completed on March 10, 2026, 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 - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted 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 feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Compliance Analyst | Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Kamala.Fiske-Downing@state.mn.us
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