Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
February 19, 2025

Administrator
Lakehouse Healthcare & Rehabilitation Center
3737 Bryant Avenue South
Minneapolis, MN 55409

RE: CCN: 245055
Cycle Start Date: December 23, 2024

Dear Administrator:

On January 15, 2025, we notified you a remedy was imposed. On February 12, 2025 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of February 5, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective March 23, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of January 15, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 23, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on February 5, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
December 30, 2024

Administrator
Lakehouse Healthcare & Rehabilitation Center
3737 Bryant Avenue South
Minneapolis, MN 55409

RE: CCN: 245055
Cycle Start Date: December 23, 2024

Dear Administrator:

On December 23, 2024, 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 Operations Supervisor, 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 March 23, 2025 (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 June 23, 2025 (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.

Feel free to contact me if you have questions.

Sincerely,

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

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Electronically delivered

December 30, 2024

Administrator
Lakehouse Healthcare & Rehabilitation Center
3737 Bryant Avenue South
Minneapolis, MN 55409

Re: Event ID: 2P4511

Dear Administrator:

The above facility survey was completed on December 23, 2024 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,

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 CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245055	A. BUILDING _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEHOUSE HEALTHCARE & REHABILITATION CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 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
F 000	INITIAL COMMENTS On 12/23/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed. H50552877C/MN109199 with a deficiency issued at F684 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. 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.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility	F 684	R1 has discharged.	1/14/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/02/2025

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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F 684	Continued From page 1 failed to provide ensure that 1 of 3 residents (R1) received treatment in accordance with professional standards of practice. R1 was discharged from the hospital with identified "sores" on his lower legs and the facility did not provide any cares for three days to his legs. Findings include: R1's care plan dated 8/22/24 indicated R1 had a potential for impaired skin integrity related to decreased mobility, incontinence, anticoagulation therapy, diabetes type II and predisposing disease. R1's interventions were: -Encourage good nutrition and hydration to promote healthier skin dated 8/22/24. -Avoid scratching and keep hands and body parts from excessive moisture, keep fingernails short dated 8/22/24. -Keep skin clean and dry revision date of 10/15/24 -Apply Mepilex border dressing to coccyx area to prevent skin breakdown over body prominences dated 10/23/24. -Wear padded boots when in bed to protect heels from breakdown dated 10/23/24. R1's Minimum Data Set (MDS) dated 10/21/24 indicated R1's Brief Interview for Mental Status (BIMs) score was a nine indicating R1 was moderately cognitively impaired. R1 required moderate assistance with toileting hygiene, lower body dressing, showering, and bathing and transferring. R1's diagnoses were cerebral infarction (stroke), cardiogenic shock (when the heart cannot, pump enough blood and oxygen to the brain and other vital organs), atrial fibrillation (irregular heart rate), cellulitis (bacterial infection of the skin, causing swelling and inflammation) of	F 684	Residents with identified skin impairments have orders and receive treatments in accordance with professional standards of practice. Nurse managers and Licensed Nurses have been re-educated on completing skin evaluations upon admission and obtaining treatment orders for residents with identified skin impairments. Director of Nursing/Designee will conduct 3 audits weekly x 3 weeks to ensure a comprehensive skin assessment is completed and treatment orders are obtained, as applicable, for residents that admit to Lakehouse. Findings of this audit will be reviewed at QAPI x 3 months.	

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F 684	Continued From page 2 both lower limbs, and dysphagia (difficulty swallowing). R1's nursing progress note dated 10/7/24 at 3:46 p.m. indicated R1 was sent to the hospital at 2:00 p.m. due to swollen left lower extremity and declined wound care on that leg. The area showed redness and R1 complained of pain. R1's nursing progress note dated 10/7/24 at 10:50 p.m. indicated the facility received a call from the emergency department with an updated status that R1 had a urinary tract infection and cellulitis (a bacterial skin infection). R1 was admitted to the hospital. R1's hospital note dated 10/8/24 indicated R1 was admitted with a lower extremity wound, cellulitis and abscess of the foot. R1 was septic related to soft tissue versus urinary infection. The source was soft tissue/cellulitis in his feet versus urine. There was a concern for possible necrotizing fasciitis on both lower extremities given rapid decompensation in the emergency department. R1 was treated with medications Linezolid and cefepime (antibiotics). R1's hospital discharge summary dated 10/15/24 at 2:31 p.m. indicated R1 was hospitalized for septic shock from a leg wound. The discharge summary did not include wound care orders. R1's nursing progress admission note dated 10/15/24 at 9:17 p.m. indicated R1 returned to the facility at 6:11 p.m. R1 was alert and oriented. His skin was clear, except for some dark dry sore scalps [sic] on both legs. Each foot was wrapped in a bandage. The note did not indicate whether the wraps were removed or the conditions of his	F 684		

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F 684	Continued From page 3 feet. R1's admission/readmission nursing assessment on 10/15/24 at 9:28 p.m. indicted R1's skin color was normal, tissue turgor (measure of skin elasticity) was normal, temperature was warm, R1 had no wounds. His skin was observed to have been clean. No edema (swelling caused by fluid retention) was identified; however, he had an intervention to elevate his legs for edema. There was no documentation under skin integrity of any concerns. R1's nursing progress note dated 10/18/24 at 2:32 p.m. indicated R1's wound measured 16-centimeter (cm) x 10 cm open blister on top of his left foot with a 5 cm x 1 cm area noted to the inner aspect of his right lower extremity. Both areas cleaned with wound cleaner, oil emulsion dressing applied and covered with an ABD (abdominal gauze pad used to absorb heavily draining wounds) and kerlix and was secured with tape. A skin assessment was not completed. R1's weekly skin evaluation dated 10/21/24 at 1:04 p.m. indicated previously identified skin alterations. No other documentation was noted on the evaluation. R1's electronic medical record (eMAR) dated 10/18 - 10/24/24 indicated the facility started daily wound care to R1's top of left foot, cleanse with wound cleanser, apply Vaseline gauze and cover with ABD and kerlix wrap. In addition, right inner aspect of lower extremity; cleanse with wound spray, apply Vaseline gauze, wrap with kerlix one time a day for wound care. No treatment was completed for R1 from 10/15/24 until 10/18/24.	F 684		

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F 684	Continued From page 4 R1's facility wound nurse practitioner visit note dated 10/23/24 indicated R1 was seen for bilateral leg and foot wounds. R1 was recently hospitalized and was noted to have right shin and left dorsal (outer side) foot wounds appearing to be venous ulcers (wounds in the low extremities caused by problems with blood flow). He reported significant pain with wound treatments. He continued to have leg swelling and could not always tolerate compression stockings or wraps. R1's wound was debrided (removing of dead or infected tissue) to the muscle layer. R1's electronic medical record (eMAR) dated 10/24/24 - 10/29/24 indicated R1 received wound care to his left foot: Cleanse wound, pat dry, apply a thin layer or medihoney, oil emulsion, cover with ABD and rolled gauze, change daily and as needed. In addition, wound care to right leg, cleanse wound, pat dry, cover with oil emulsion gauze, ABD, roll gauze and charge daily and as needed. R1's nursing progress note dated 10/28/24 at 1:20 p.m. indicated at 12:30 p.m. the nurse manager saw physical therapy with R1 in the hallway with R1 in his wheelchair. R1 was yelling in pain at any attempt to move, apply pressure or touch left leg. R1 had bandages over his feet per orders. His skin was warm, red, and taut (tight). His left upper extremity had 3+ pitting swelling (a moderate level of fluid build-up in the body that appears as a deep dent in the skin that takes 30 seconds to go away after pressure is applied). R1's left upper extremity was more swollen but the yelling out in pain was a drastic difference from that morning. R1's nursing progress note on 10/28/24 at 2:53	F 684		

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F 684	Continued From page 5 p.m. indicated at the start of the shift R1 was alert and did not verbalize any pain. R1 was found sitting on the floor next to his bed by a nursing assistant. According to R1 he got up from the bed, walked over to get his cane and he fell on his buttocks while trying to sit back on his bed. R1 denied any injury, and none was observed. R1 was sent to the hospital due to left foot and lower extremity swelling unrelated to the fall. R1's medical intensive care unit progress note (MICU) dated 10/31/24 indicated R1 was admitted on 10/28/24 for sepsis due to a worsening left foot wound. He was transferred to the MICU on 10/30/24 for clinical instability (hypotension, worsening altered mental status) with acute chronic heart failure causing cardiogenic shock on top of suspected septic shock. R1's sepsis was due to an unspecified organize, unspecified whether active organ dysfunction present. R1's hospital surgical note dated 11/7/24 indicated R1 was admitted on 10/28/24 with altered mental status and worsened lower extremity cellulitis in association with a known left foot wound. R1's lower extremity wound had progressively worsened in appearance since his 10/8/24 hospitalization with new development of cellulitis to his upper ankle and development of eschar (scab) with regions of necrosis noted on periphery (outer limits). On 10/30/24 R1 appeared to clinically worsen with altered mental status and worsened hypotension and was transferred to MICU for continued cares. Cardiology heavily involved in management of R1's suspected cardiogenic shock resulting from ischemic cardiomyopathy. From a surgical perspective it was felt there was little evidence to	F 684		

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F 684	Continued From page 6 support R1 was in septic shock as a result of the wound. However, R1 clinically worsened overnight 11/2/24 - 11/3/24 and was taken to the operating room for a left below the knee amputation on 11/3/24. Upon interview on 12/23/24 at 1:00 p.m. registered nurse (RN)-A stated on 10/6/24 R1 was found to have had a wound on the top of his left foot and increased pain. He was sent to the emergency room and was admitted to the hospital until 10/15/24. Upon chart review with the surveyor RN-A noticed the RN who completed the readmission assessment indicated there were no skin concerns documented on the assessment, but on the progress note it was noted that a was a dark dry scab on both legs and each leg foot was wrapped in a bandage. RN-A stated R1 returned from the hospital without any treatment orders for his legs. RN-A could not find any documentation indicating when and if R1's dressings were removed or if any treatments were completed until 10/18 /24 when the progress note indicated R1 had venous ulcers. RN-A stated the nurse who completed the readmission assessment had been terminated from her position at the facility. RN-A stated the RN who completed the readmission skin assessment should have started house orders and notified the nurse practitioner for orders. Upon interview on 12/23/24 at 1:49 p.m. R1's facility Nurse Practitioner (NP)-A stated she saw R1 on 12/21/24 and referred him to the facilities wound care team. She stated there were orders in place for cleansing and covering the wound dated 10/18/24. She stated she did not recall writing the orders, but the orders could have been a verbal order as her name was attached to	F 684		

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F 684	Continued From page 7 them. She stated with R1's multiple medical concerns the staff should have been looking at his legs daily and charting. The NP stated R1 passed away in the hospital. She believed the cause of death was cardiogenic shock but was not certain. She stated she read in a note that R1's below the knee amputation and his death were not caused from sepsis from his wounds. She stated she does not know if the facility would have started a treatment on 10/15/24 would have made a difference. "I don't what happened in those three days." Upon interview on 12/23/24 at 4:40 p.m. the facility wound NP-B stated she only saw R1 once and that was on 10/23/24. She stated R1's wounds were not infected on that day. She stated she completed a successful debridement. She stated the facilities failure to address or begin treatment to his leg wound until 10/18/24 did not add to any harm for R1. Upon interview on 12/23/24 at 3:42 p.m. the director of nursing (DON) stated R1 returned with no orders for wounds and stated that was it also the hospital's fault for not providing orders and this has been an ongoing problem. The DON stated she did notice R1 returned on the 10/15/24 and did not start wound treatment on 10/18/24 she stated the facility attempts to get orders going with 48 hours. The DON expected staff to fully observe skin on all skin assessment or otherwise document reason it could not be completed. Upon interview on 12/24/24 at 9:01 a.m. R1's medical provider stated the facility should be physically observing residents' skin on their assessments. She stated she could not answer if harm was caused with the three days R1's skin	F 684		

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LAKEHOUSE HEALTHCARE & REHABILITATION CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 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
F 684	Continued From page 8 was not assessed, however R1's cause of death was from cardiogenic shock. "He had so much going on." A facility policy titled Admission policy dated January 2024 indicated the admission procedure included to screen the resident and perform a body check as able.	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00276	A. BUILDING: _____ B. WING _____	C 12/23/2024

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On 12/23/24 a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure The following complaint were reviewed during the survey H50552877C/MN109199	2 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/02/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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2 000	Continued From page 1 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.	2 000		