



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 8, 2024

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

RE: CCN: 245055
Cycle Start Date: April 24, 2024

Dear Administrator:

On April 24, 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, Federal Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
625 Robert Street North
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 July 24, 2024 (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 October 24, 2024 (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) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, 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:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

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

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.

Lakehouse Healthcare & Rehabilitation Center

May 8, 2024

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Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Zahler". The signature is cursive and somewhat stylized.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
PO Box 64900
625 Robert Street North
St. Paul, MN 55155
Office: 651-201-4384
Email: holly.zahler@state.mn.us



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May 8, 2024

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

Re: Event ID: N72T11

Dear Administrator:

The above facility survey was completed on April 24, 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,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building | HRD 3A 3rd Floor
Office: 651-201-4384
Email: holly.zahler@state.mn.us

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

PRINTED: 05/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2024
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NAME OF PROVIDER OR SUPPLIER LAKEHOUSE HEALTHCARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 4/22/24 and 4/24/24, 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.</p> <p>The following complaints were reviewed. HH50553232C (MN00102542), H50553107C (MN00102391), H50553204C (MN00102376), H50553345C (MN00102619), and H50553367C (MN00102722).</p> <p>The following complaints were reviewed. H50553140C (MN00102379) with a deficiency issued at F580.</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>	F 000		
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which</p>	F 580		5/14/24

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

TITLE

(X6) DATE

Electronically Signed

05/10/2024

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 580	<p>Continued From page 1</p> <p>results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct</p>	F 580		

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F 580	<p>Continued From page 2</p> <p>part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to notify the family of one of six residents (R4) reviewed when R4 had an unwitnessed fall, an unrelated injury, and a change in cognition requiring hospitalization.</p> <p>Findings include:</p> <p>R4's care plan dated 12/27/23 indicated R4 was at risk for falls and included interventions to reduce fall risks.</p> <p>Minimum Data Set (MDS), dated 1/2/24, for R4's admission to the facility indicated he was admitted on 12/27/24. R4's functional assessment indicated he required minimal standby assistance with ambulating and did not use a wheelchair or scooter. R4's scored a 12 on his Brief Interview for Mental Status (BIMS), indicating he was moderately cognitively intact. R4's relevant diagnoses included Parkinson's disease, and a surgical encounter for repair of a perforated duodenal ulcer.</p> <p>An Un-witnessed fall report, dated 1/14/24 at 9:30 p.m., indicated R4 was found in the floor of his room after he had been assisted to bed. The report indicated R4 believed he had to get ready to see his granddaughter and had fallen while trying to dress himself. The report indicated R4 reported he had fallen on his left shoulder and was not in any pain at that time. The report indicated staff resituated R4 in his bed, initiated neurological and frequent checks, updated the</p>	F 580	<p>This provider submits the following plan of correction in good faith and to comply with Federal and State Law. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusions stated in the statement of Resident has her requests met as per regulations</p> <p>R4 is no longer at the facility</p> <p>Residents with changes in condition are being reviewed to identify that, when applicable, their responsible party is being informed of their change in condition. Staff development/designee will re-educate licensed nursing staff on informing responsible party about change in condition.</p> <p>To ensure correction is achieved and sustained audits will be conducted weekly for 4 weeks and then monthly for two months.</p> <p>Audit results will be reviewed at QAPI</p>	

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F 580	<p>Continued From page 3</p> <p>complex supervisor and the provider, and would notify family tomorrow morning.</p> <p>A nursing note, dated 1/16/24, R4 was visualized in his room at that time and reported no pain to nursing staff.</p> <p>A nursing note, dated 1/16/24, indicated R4 was becoming more confused and had become a high fall risk.</p> <p>A care conference was held on 1/17/24, and the care conference note indicated this meeting focused on appropriate placement for R4 upon his discharge.</p> <p>A nursing note, dated 1/17/24, indicated R4 had become more confused and had experienced a behavioral outburst. The note indicated R4 was non-participatory in physical therapy and was guarding his right hip.</p> <p>An interdisciplinary note, dated 1/17/24, indicated R4 had a sudden decrease in condition and would be seen by the provider for this change.</p> <p>A provider's note, dated 1/17/24, indicated R4 was seen for increased confusion and new hip pain. The note indicated R4 was unable to successfully ambulate on his right leg since that morning and could not remember what happened to his hip. The note indicated an x-ray of R4's right hip was ordered, along with several blood tests for his increased confusion.</p> <p>A nursing note, dated 1/18/24, indicated R4's radiographs revealed a fracture in the right femoral neck.</p>	F 580		

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F 580	<p>Continued From page 4</p> <p>A nursing note, dated 1/18/24, indicated R4's diet was altered for his safety and required his pills to be crushed and put into applesauce as he was having difficulty swallowing. The note indicated this was a change in condition.</p> <p>A nursing note on 1/19/24 indicated R4 was sent to the hospital via ambulance for his femoral fracture and increased pain.</p> <p>A nursing note in 1/19/24 indicated R4's family member was updated on R4's condition and transfer to the hospital.</p> <p>During an interview on 4/24/24 at 9:50 a.m., nursing assistant (NA)-A stated any change in a resident's condition should be reported to the nurse for further evaluation.</p> <p>During an interview on 4/24/24 at 11:48 a.m., nursing assistant (NA)-B stated any change in a resident's condition should be reported to the nurse for further evaluation.</p> <p>During an interview on 4/24/24 at 11:52 a.m., licensed practical nurse (LPN)-A stated any changes in condition should be documented and the provider should be notified. LPN-A stated the family must also be notified of any changes in condition.</p> <p>During an interview on 4/24/24 at 12:25 a.m., registered nurse (RN)-A stated any changes in condition should be communicated to the family. RN-A stated if a resident falls without injury overnight, the morning shift will notify the family.</p> <p>During an interview on 4/24/24 at 2:33 p.m., RN-B stated all changes in condition and falls are</p>	F 580		

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F 580	<p>Continued From page 5</p> <p>communicated to a resident's family as soon as possible.</p> <p>During an interview on 4/24/24 at 3:02 p.m., family member (FM)-A stated he was not made aware of R4's fall on 1/14/24, or his decline starting 1/17/24. FM-A stated R4's wife was also not informed of the fall or R4's change in condition until 1/19/24 when he was transferred to the hospital.</p> <p>During an interview on 4/24/24 at 3:32 p.m., nurse manager-B stated falls with injuries should be reported to families immediately. Nurse manager-B stated if a patient has a fall with no emergent injuries overnight, the family should be notified the next morning by nursing staff. Nurse manager -B stated she assessed R4 herself on 1/16/24 when erroneously he told his family he was in the emergency room for a broken hip. Nurse manager stated the next day, 1/17/24, R4 was completely different had a complete behavioral shift.</p> <p>During an interview on 4/24/24 at 4:40 p.m., the director of nursing (DON) stated families should be notified of any falls. The DON stated based on the nature of the fall, any injuries, and the time of the incident, the staff may notify families the next day. The DON stated any change in condition should be communicated to the patient's family.</p> <p>A facility policy titled "Change in Resident Condition," dated 8/18/23, indicated a resident's representative will be notified of any acute change in condition or health status changes as soon as possible. The policy defines health status changes as including cognitive, mood and behavior changes, and injuries. The policy</p>	F 580		

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F 580	Continued From page 6 indicated any notifications or attempts to notify family of these changes should be documented in the medical record.	F 580		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00276	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2024
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">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: On 4/22/24 and 4/24/24, 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</p> <p>The following complaints were reviewed during</p>	2 000		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

05/10/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00276	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2024
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2 000	<p>Continued From page 1</p> <p>the survey H50553232C (MN00102542), H50553107C (MN00102391), H50553204C (MN00102376), H50553345C (MN00102619) and H50553367C (MN00102722), H50553140C (MN00102379).</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>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.</p>	2 000		