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 Therefore, the NATCEP prohibition is rescinded.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

DEPARTMENT OF HEALTH

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: Reinspection Results
Event ID: 99XQ12

Dear Administrator:

On February 12, 2025 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 2, 2025. At this time these correction orders were found corrected.

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

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Electronically delivered

January 15, 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 December 30, 2024, we informed you that we may impose enforcement remedies.

On January 2, 2025, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found 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.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective March 23, 2025

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective March 23, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective March 23, 2025.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of

payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $12,924, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by March 23, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Lakehouse Healthcare & Rehabilitation Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 23, 2025. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 23, 2025 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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
January 15, 2025

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

Re: State Nursing Home Licensing Orders
Event ID: 99XQ11

Dear Administrator:

The above facility was surveyed on December 30, 2024 through January 2, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

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

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.

Please feel free to call me with any questions.

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 01/02/2025

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 12/30/24 through 1/2/25, 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 complaint was reviewed H50553502C/MN109365 and H50553807C/MN109464 with a deficiency cited at F842. 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 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records.	F 842		2/5/25

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

Electronically Signed | 01/22/2025

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 842	Continued From page 1 §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches	F 842		

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F 842	Continued From page 2 legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to accurately document new or changed medication orders for 2 out of 3 residents (R1, R2) reviewed for medical records. R1's seizure medication was changed from tablet form to oral solution, but the tablet form was not discontinued, which resulted in R1 being administered two doses. In addition, R2 did not receive three medications when he returned from a hospitalization resulting in missed doses of medication required for his liver disease and diabetes. Findings include: R1's medication order dated 12/14/24, indicated Levetiracetam 1000 milligram (mg) tablet two times a day. R1's admission Minimum Data Set (MDS) dated 12/17/24, indicated he had prostate cancer, high blood pressure, diabetes, dementia, impaired cognition related to a stroke and epilepsy. He	F 842	R1 and R2 have discharged. Residents that admit or re-admit will have accurately documented medication orders. Nurse managers, Licensed Nurses and HUCs have been re-educated on completing accurate orders and verifying that the orders are transcribed accurately for new or changed medications upon admission and re-admission. Director of Nursing/Designee will conduct 3 audits weekly x 3 weeks to ensure a comprehensive order verification is completed and medication orders are obtained, and transcribed accurately upon admission. Findings of this audit will be reviewed at QAPI x 3 months.	

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F 842	Continued From page 3	F 842		

required staff assistance with all activities of daily living (ADLS). He was admitted for Hospice (end of life care) respite (short stay when their caregiver was unable to care for them) care from 12/13/24 through 12/23/24.

R1's medication order dated 12/21/24, indicated a change to the Levetiracetam from tablet form to an oral solution. R1 received four doses of the oral solution from 12/21/24 through 12/23/24, in addition to the tablet form. R1 received 2000 mg two times a day.

R1's medication administration record dated 12/1/24 through 12/31/24, indicated: RN-A gave three additional doses of Levetiracetam from 12/21/24 through 12/22/24, and RN-B gave one extra dose on 12/23/24. The error was not found by the facility at the time of discharge on 12/23/24 when the resident discharged back to his home.

During interview on 12/30/24 at 12:55 p.m., registered nurse (RN)-A stated new medication orders are processed by the nursing staff. If he found two orders for the same medication one in a tablet form and the other in an oral solution, he would call the medical provider and then the pharmacy to clarify the order. He said he was not working at that time, and the initials on the MAR were not his.

During interview on 12/30/24 at 1:08 p.m., RN-B stated if he found two orders for the same medication one in a tablet form and the other in an oral solution, he would clarify the order. He stated on 12/23/24, he did not realize he gave the same medication with the same dosage in both tablet and liquid form. When he realized the mistake, he spoke to the nursing staff. The

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F 842	Continued From page 4	F 842		

dosage he gave was the last double dose before R1 was discharged to home.

During interview on 12/30/24 at 2:38 p.m., licensed practical nurse (LPN)-A stated she processed the Levetiracetam order changed on 12/21/24. She was not sure why she did not discontinue the tablet form. LPN-A stated the third floor served a difficult population of residence to include memory loss and behaviors. She felt while she was transcribing the order she must have gotten interrupted and when she went back to finish the documentation, she forgot to discontinue the tablet form. She stated moving forward she planned to discontinue the old order before she processed the new one.

During interview on 12/30/24 at 3:43 p.m., third floor manager RN-C stated recently in the last few months they no longer needed a second nurse to verify a new order was completed accurately. Prior to this decision they always had a second nurse make sure the order was correct and the electronic medical record would not let them click on the order until it was reconciled.

During interview on 12/31/24 at 9:30 a.m., RN-A stated the facility contacted him about the medication error, and he did not realize he was the nurse that gave the medication. He said if there were both an oral solution and tablet form for the same medication, he would not give it, and the MAR entries were a "clicking problem."

During interview on 1/2/25 at 1:20 p.m., director of nursing g (DON) stated the facility leadership changed the order process one to two months ago. The new process eliminated another nurse to verify each new order was transcribed

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

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F 842	Continued From page 5 correctly. R2's admission Minimum Data Set (MDS) dated 11/4/24, indicated Metabolic and Hepatic Encephalopathy (when a diseased liver could no longer filter the body's waste from the blood stream leading to a buildup of toxins in the brain and abdomen), diabetes, and depression. He had normal cognition and made his own decisions except when his brain built up toxins leading to memory loss and confusion. R2's hospital discharge instructions dated 12/26/24, indicated to administer: -Rifaximin (medication to reduce the buildup of toxins in the brain.) The order was for 550 mg two times a day. He should have received a dose on 12/26/24 at 8:00 p.m., He missed a total of six doses. In addition, the order was not processed until 12/29/24, when he was already back in the hospital. - Glargine insulin (diabetic medication) was increase to 70 units at bedtime. He did not receive a dose at 9:00 p.m. on 12/26/24, 12/27/24, and 12/28/24. In addition, the order was not processed until 12/29/24, when he was already back in the hospital. -Metformin (diabetic medication) 500 mg two times a day should have started on 12/26/24 at 5:00 p.m., but he never received the medication. In addition, the order was not processed until 12/30/24 when he was already back in the hospital. R2's blood sugar levels dated 12/26/24 when he returned to the facility was 240. From 12/26/24 at 4:12 p.m. through 12/29/24 at 12:30 p.m., his lowest blood sugar was 140, and his highest was 356. Normal blood sugar levels are 70 to 100.	F 842		

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 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEHOUSE HEALTHCARE & REHABILITATION CENTER	3737 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409

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F 842	Continued From page 6 During interview on 1/2/24 at 1:20 p.m., the DON stated even though R2 came back from the hospital on 12/26/24 at 4:00 p.m., the Rifaximin, Glargine, and Metformin's start date was when he was already back in the hospital. She did not realize the missed doses until 12/29/24 and 12/30/24, when she entered the order into the MAR. She stated recently they stopped requiring two nurses to review new orders for accuracy. She was unhappy with the change and will reinstitute the practice. Facility policy Medication Orders dated 12/24, when processing new order, the staff will discontinue the previous order before entering the new order. When an order comes from the hospital after discharge the nurse would verify an appropriate signature of the ordering position. Any unsigned order would need validation from the facility provider before giving.	F 842		

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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 12/30/24 through 1/2/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders	2 000		

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

Electronically Signed | 01/22/25

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2 000	Continued From page 1 and identify the date when they will be completed. The following complaints were reviewed: H50553502C/MN109365 and H50553807C/MN109464 with a licensing order issued at 4658.0450 Subp. 1 A-P Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is	2 000		

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2 000	Continued From page 2 not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 625	MN Rule 4658.0450 Subp. 1 A-P Clinical Record Contents; In General Subpart 1. In general. Each resident's clinical record, including nursing notes, must include: A. the condition of the resident at the time of admission; B. temperature, pulse, respiration, and blood pressure, according to part 4658.0520, subpart 2, item I; C. the resident's height and weight, according to part 4658.0520, subpart 2, item J; D. the resident's general condition, actions, and attitudes; E. observations, assessments, and interventions provided by all disciplines responsible for care of the resident, with the exception of confidential communications with religious personnel; F. significant observations on, for example, behavior, orientation, adjustment to the nursing home, judgment, or moods; G. date, time, quantity of dosage, and method of administration of all medications, and the signature of the nurse or authorized persons who administered the medication; H. a report of a tuberculin test within the three months prior to admission, as described	2 625		2/5/25

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2 625	Continued From page 3 in part 4658.0810; I. reports of laboratory examinations; J. dates and times of all treatments and dressings; K. dates and times of visits by all licensed health care practitioners; L. visits to clinics or hospitals; M. any orders or instructions relative to the comprehensive plan of care; N. any change in the resident's sleeping habits or appetite; O. pertinent factors regarding changes in the resident's general conditions; and P. results of the initial comprehensive resident assessment and all subsequent comprehensive assessments as described in part 4658.0400. This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to accurately document new or changed medication orders for 2 out of 3 residents (R1, R2) reviewed for medical records. R1's seizure medication was changed from tablet form to oral solution, but the tablet form was not discontinued, which resulted in R1 being administered two doses. In addition, R2 did not receive three medications when he returned from a hospitalization resulting in missed doses of medication required for his liver disease and diabetes. Findings include: R1's medication order dated 12/14/24, indicated Levetiracetam 1000 milligram (mg) tablet two times a day.	2 625	corrected	

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2 625	Continued From page 4 R1's admission Minimum Data Set (MDS) dated 12/17/24, indicated he had prostate cancer, high blood pressure, diabetes, dementia, impaired cognition related to a stroke and epilepsy. He required staff assistance with all activities of daily living (ADLS). He was admitted for Hospice (end of life care) respite (short stay when their caregiver was unable to care for them) care from 12/13/24 through 12/23/24. R1's medication order dated 12/21/24, indicated a change to the Levetiracetam from tablet form to an oral solution. R1 received four doses of the oral solution from 12/21/24 through 12/23/24, in addition to the tablet form. R1 received 2000 mg two times a day. R1's medication administration record dated 12/1/24 through 12/31/24, indicated: RN-A gave three additional doses of Levetiracetam from 12/21/24 through 12/22/24, and RN-B gave one extra dose on 12/23/24. The error was not found by the facility at the time of discharge on 12/23/24 when the resident discharged back to his home. During interview on 12/30/24 at 12:55 p.m., registered nurse (RN)-A stated new medication orders are processed by the nursing staff. If he found two orders for the same medication one in a tablet form and the other in an oral solution, he would call the medical provider and then the pharmacy to clarify the order. He said he was not working at that time, and the initials on the MAR were not his. During interview on 12/30/24 at 1:08 p.m., RN-B stated if he found two orders for the same medication one in a tablet form and the other in an oral solution, he would clarify the order. He	2 625		

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2 625	Continued From page 5 stated on 12/23/24, he did not realize he gave the same medication with the same dosage in both tablet and liquid form. When he realized the mistake, he spoke to the nursing staff. The dosage he gave was the last double dose before R1 was discharged to home. During interview on 12/30/24 at 2:38 p.m., licensed practical nurse (LPN)-A stated she processed the Levetiracetam order changed on 12/21/24. She was not sure why she did not discontinue the tablet form. LPN-A stated the third floor served a difficult population of residence to include memory loss and behaviors. She felt while she was transcribing the order she must have gotten interrupted and when she went back to finish the documentation, she forgot to discontinue the tablet form. She stated moving forward she planned to discontinue the old order before she processed the new one. During interview on 12/30/24 at 3:43 p.m., third floor manager RN-C stated recently in the last few months they no longer needed a second nurse to verify a new order was completed accurately. Prior to this decision they always had a second nurse make sure the order was correct and the electronic medical record would not let them click on the order until it was reconciled. During interview on 12/31/24 at 9:30 a.m., RN-A stated the facility contacted him about the medication error, and he did not realize he was the nurse that gave the medication. He said if there were both an oral solution and tablet form for the same medication, he would not give it, and the MAR entries were a "clicking problem." During interview on 1/2/25 at 1:20 p.m., director of nursing g (DON) stated the facility leadership	2 625		

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2 625	Continued From page 6 changed the order process one to two months ago. The new process eliminated another nurse to verify each new order was transcribed correctly. R2's admission Minimum Data Set (MDS) dated 11/4/24, indicated Metabolic and Hepatic Encephalopathy (when a diseased liver could no longer filter the body's waste from the blood stream leading to a buildup of toxins in the brain and abdomen), diabetes, and depression. He had normal cognition and made his own decisions except when his brain built up toxins leading to memory loss and confusion. R2's hospital discharge instructions dated 12/26/24, indicated to administer: -Rifaximin (medication to reduce the buildup of toxins in the brain.) The order was for 550 mg two times a day. He should have received a dose on 12/26/24 at 8:00 p.m., He missed a total of six doses. In addition, the order was not processed until 12/29/24, when he was already back in the hospital. - Glargine insulin (diabetic medication) was increase to 70 units at bedtime. He did not receive a dose at 9:00 p.m. on 12/26/24, 12/27/24, and 12/28/24. In addition, the order was not processed until 12/29/24, when he was already back in the hospital. -Metformin (diabetic medication) 500 mg two times a day should have started on 12/26/24 at 5:00 p.m., but he never received the medication. In addition, the order was not processed until 12/30/24 when he was already back in the hospital. R2's blood sugar levels dated 12/26/24 when he returned to the facility was 240. From 12/26/24 at 4:12 p.m. through 12/29/24 at 12:30 p.m., his	2 625		

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2 625	Continued From page 7 lowest blood sugar was 140, and his highest was 356. Normal blood sugar levels are 70 to 100. During interview on 1/2/24 at 1:20 p.m., the DON stated even though R2 came back from the hospital on 12/26/24 at 4:00 p.m., the Rifaximin, Glargine, and Metformin's start date was when he was already back in the hospital. She did not realize the missed doses until 12/29/24 and 12/30/24, when she entered the order into the MAR. She stated recently they stopped requiring two nurses to review new orders for accuracy. She was unhappy with the change and will reinstitute the practice. Facility policy Medication Orders dated 12/24, when processing new order, the staff will discontinue the previous order before entering the new order. When an order comes from the hospital after discharge the nurse would verify an appropriate signature of the ordering position. Any unsigned order would need validation from the facility provider before giving. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 625		