



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 18, 2025

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

RE: CCN: 245055
Cycle Start Date: July 18, 2025

Dear Administrator:

On August 29, 2025, we notified you a remedy was imposed. On November 3, 2025 the Minnesota Departments of Health and Public Safety 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 October 2, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective October 18, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of September 10, 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 is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from September 3, 2025. 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,

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

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



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

Re: Reinspection Results
Event ID: 1D0F82-H2

Dear Administrator:

On September 9, 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 July 18, 2025. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
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An equal opportunity employer.



Protecting, Maintaining and Improving the Health of All Minnesotans

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August 6, 2025

Administrator

LAKEHOUSE HEALTHCARE & REHABILITATION CENTER

3737 BRYANT AVENUE SOUTH
MINNEAPOLIS, MN 55409

RE: CCN:245055

Cycle Start Date: July 18, 2025

Dear Administrator:

On July 18, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for 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:

**Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334**

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 October 18, 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 January 18, 2026 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

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

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

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

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

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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August 6, 2025

Administrator

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

Re: State Nursing Home Licensing Orders

Event ID: 1D0F82-H1

Dear Administrator:

The above facility was surveyed on July 18, 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:

**Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334**

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 CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245055	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER LAKEHOUSE HEALTHCARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3737 BRYANT AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55409	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>On 7/17/25 through 7/18/25, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was not found NOT to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed: H50559289C (MN00114520) with deficiencies cited at F580, F655, F658.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		09/03/2025
F0580 SS = D	<p>Notify of Changes (Injury/Decline/Room, etc.)</p> <p>CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(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 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</p>	F0580	<p>The cited resident, resident #310857 D.C., has been discharged per the plan of care to an assisted living community</p> <p>Residents residing at Lakehouse Healthcare and Rehab Center, and potential residents admitting to Lakehouse Healthcare and Rehab Center who have a diagnosis of congestive heart failure have the potential to be affected.</p> <p>Identified residents have orders in place for provider notification of weight gain, including parameters of when to notify the provider. Potential admissions will be reviewed upon acceptance to the facility, and communication will be initiated with the hospital/and/or accepting provider to ensure that appropriate orders are in place related to parameters for notification of weight gain for identified patients with congestive heart failure. Residents with weight gains outside the prescribed notification parameters</p>	09/03/2025

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0580 SS = D	<p>Continued from page 1 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)</p> <p>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 part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure the physician was notified of a rapid weight gain for resident with diagnosis of Congestive Heart Failure (CHF)(one warning sign of CHF is rapid weight gain which could indicate fluid buildup in the body) and failed to contact physician to receive clarification on orders for 1 of 3 resident (R1) who was admitted to the facility without weight and notification parameters related to CHF diagnosis.</p> <p>Findings Include:</p>	F0580	<p>Continued from page 1 have had their providers notified of the change.</p> <p>Nurses and Admission team members have been educated on ensuring that residents with a congestive heart failure diagnosis have orders in place that include the following items: weight monitoring, including frequency and parameters for when to notify the provider of weight gain.</p> <p>The DON/designee will audit 5 residents per week x 4 weeks who have a diagnosis of congestive heart failure for appropriate orders for weight frequency and parameters for provider notification of weight gain. Audits will include confirmation that provider was notified if weight gain occurred.</p> <p>The DON/designee will audit up to five admissions per week x 4 weeks for residents with a diagnosis of congestive heart failure, to ensure there are appropriate orders related to weight frequencies and parameters for provider notification of weight gain.</p> <p>The results of the audits will be reviewed at the QAPI meeting for determination of ongoing audits.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245055	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
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F0580 SS = D	<p>Continued from page 2</p> <p>R1's admission Minimum Data Set (MDS) assessment dated 7/2/25 identified an admission of 6/27/25, intact cognition and a medical diagnosis of CHF.</p> <p>R1's physician order dated 6/27/25 identified R1's indicated to weigh R1 for 1 day, then weekly for 4 weeks then monthly.</p> <p>R1's hospital discharge weight was 188 pounds (lbs.) on 6/27/25.</p> <p>R1's recorded daily weights at the facility were as follows:</p> <ul style="list-style-type: none"> -6/27/25 194 lbs. -6/29/25 192 lbs. -7/2/25 197 lbs. and 199 lbs. -7/3/25 197 lbs. -7/4/25 200 lbs. -7/7/25 207 lbs. <p>R1's Nurse Practitioner visit notes dated 6/30/25, indicated daily weights and to follow up with cardiology. No parameters were ordered on this visit.</p> <p>R1's primary physician notes for 7/1/25 visit indicated no changes to orders occurred and plan for CHG was to continue current medications.</p> <p>R1's cardiovascular visit dated 7/7/25 indicated a weight gain of 18 lbs. since hospital discharge. Medication changes included to increase furosemide (Lasix) to 40 milligrams (mg) twice a day, start potassium 40 mg once a day and one tablet of Metolazone before taking Lasix. Daily weight to be taken before food or drink, and after using the bathroom. Call provider if weight gain of 2 lbs. in a day or 5 lbs. in a week. Dry weight is estimated around 190 lbs.</p> <p>Facility progress notes dated 6/27/25 through 7/7/25 lacked evidence of communication with R1's primary physician concerning clarification of weights and parameters to manage R1's CHF diagnosis.</p> <p>When interviewed on 7/17/25 at 10:56 a.m., director of nursing (DON) stated nurses were to clarify orders when needed; R1 discharge order from the hospital was weights only however orders did not give any parameters</p>	F0580		

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F0580 SS = D	Continued from page 3 which was not common for someone with CHF. DON stated nursing did not contact R1 primary physician for clarification and R1 did have a weight gain between admission and his cardiovascular appointment on 7/7/25. DON stated she became aware of R1's weights not being complete routinely and no orders with parameters at that time; education was started with staff and resident audits were started regarding orders the morning of this survey entrance. DON stated not all staff had been educated. DON was not aware of any protocol for staff to follow except knowing "best practice" to clarify orders when there was weight gain and diagnosed with CHF, primary physicians would be called for this clarity.	F0580		
F0655 SS = D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-	F0655	The cited resident, resident #310857 D.C., has been discharged per the plan of care to an assisted living community. Newly admitted residents to Lakehouse Healthcare and Rehab Center have the potential to be affected. The facility has developed and implemented an effective person-centered baseline care plan for \ residents admitted to the facility within the first 48 hours of admission. IDT members involved in the care planning process have been educated on the regulatory requirements for completing an effective baseline care plan within 48 hours of admission for all newly admitted residents. The DON/designee will audit 5 new admissions per week x 4 weeks to ensure that the baseline care plan is completed within 48 hours and is effective and person-centered. The results of the audits will be reviewed at the QAPI meeting for determination of ongoing audits.	09/03/2025

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245055</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING</p>	<p>(X3) DATE SURVEY COMPLETED 07/18/2025</p>	
<p>NAME OF PROVIDER OR SUPPLIER LAKEHOUSE HEALTHCARE & REHABILITATION CENTER</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE 3737 BRYANT AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55409</p>		
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<p>F0655 SS = D</p>	<p>Continued from page 4 (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to develop and implement a baseline care plan which provided effective and person-centered care direction to meet professional standards of care for 1 of 3 residents (R1) who admitted to the facility with a diagnosis of congested heart failure (CHF). Additionally, the facility failed to implement a baseline care plan within 48 hours of admission for 1 of 3 (R1) reviewed. Findings include: R1's admission Minimum Data Set (MDS) assessment dated 7/2/25, identified an admission of 6/27/25, intact cognition and a medical diagnosis of congestive heart failure (CHF). R1's physician order dated 6/27/25 identified R1's indicated to weigh R1 for 1 day, then weekly for 4 weeks then monthly. R1's baseline care plan dated 6/30/25, indicated Focus Cardiovascular: the resident has impaired cardia output due to diagnosis of CHF. Interventions listed as: -monitor vital signs and notify MD of significant abnormalities.</p>	<p>F0655</p>		

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NAME OF PROVIDER OR SUPPLIER LAKEHOUSE HEALTHCARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3737 BRYANT AVENUE SOUTH , MINNEAPOLIS, Minnesota, 55409	
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F0655 SS = D	<p>Continued from page 5</p> <p>-Lab work.</p> <p>-Weight monitoring daily</p> <p>R1's Baseline care plan lacked evidence of specific care parameters for weight monitoring related to R1 diagnosis of CHF (one warning sign of CHF is rapid weight gain which could indicate fluid buildup in the body). Though the care plan did direct to take daily weights, there was lack of direction related to contacting a physician for weight gain within specific time frames necessary to meet R1's person centered care needs to effectively treat his CHF.</p> <p>Base line care plan was not developed and implemented within 48 hours of admission.</p> <p>R1's documented daily weights at facility were as followed:</p> <p>6/27/25 194 lbs.</p> <p>6/29/25 192 lbs.</p> <p>7/2/25 197 lbs. and 199 lbs.</p> <p>7/3/25 197 lbs.</p> <p>7/4/25 200 lbs.</p> <p>7/7/25 207 lbs.</p> <p>R1's cardiovascular visit dated 7/7/25, indicated a weight gain of 18 lbs. since hospital discharge and was being seen for CHF. Medication changes included to increase Lasix to 40 milligrams (mg) twice a day, start potassium 40 mg once a day and one tablet of Metolazone before taking furosemide. Daily weight to be taken before food or drink, after using the bathroom. Call provider if weight gain of 2 lbs. in a day or 5 lbs. in a week. Dry weight is estimated around 190 lbs.</p> <p>R1's physician order dated 7/8/25 indicated to take Metolazone 2.5 milligrams (mg) by mouth one time a day until 7/8/25 before taking morning Lasix.</p> <p>Physician orders dated 7/7/25 indicated to take Lasix 20 mg for CHF.</p> <p>R1's physician order dated 7/9/25 indicated to weigh daily C1 before eating or drinking. Call physician for weight gain of over 2 lbs. in 24 hours or increase in 5 lbs. in 1 week.</p>	F0655		

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F0655 SS = D	<p>Continued from page 6</p> <p>When interviewed on 7/17/25 at 11:26 a.m., R1 stated when admitted to facility, weights were inconsistent, and he was not aware if his physician was contacted when there was a weight gain. R1 did recall gaining weight when first admitted to facility. R1 stated his family had to meet with facility to address weight increase concerns.</p> <p>When interviewed on 7/17/25 at 3:13 p.m., nurse manager (NM) stated protocol for a resident with diagnosis of CHF would include weights and if there was a weight gain the physician would be updated. NM stated the baseline care plan was to be developed within 48 hours and acknowledged R1's baseline care plan was not completed on time and confirmed there was not weight parameters in R1 baseline care plan however, there were not orders for parameters. NM stated a nurse should have clarified the order with the primary physician upon admission.</p> <p>When interviewed on 7/18/25 at 11:11 a.m., director of nursing (DON) stated R1 was admitted on 6/27/25 and the order received upon admission instructed to weigh R1 the day of admission and then weekly for 4 weeks and then monthly. Facility protocol for new admits was to weigh every day for 7 days and, in reviewing his record, there were a few weights missed with R1, so staff had been educated on this protocol. DON stated the order from the hospital was followed however, "it would be best practice" to have parameters for R1 because of his diagnoses of CHF. Additionally, DON stated R1's baseline care plan did address his diagnosis of CHF and did indicate to complete weights which was the order at the time.</p> <p>Facility policy titled "Comprehensive Care Planning", dated 1/2024 indicated Baseline Care Plan: Develop and implement instructions necessary to provide effective and resident-centered care to meet professional standards, develop within 48 hours of admission and include the following: initial goals based on admission orders, physician orders, dietary orders, therapy services, social services, PASARR recommendations, discharge goals and other applicable items.</p>	F0655		
F0658 SS = D	<p>Services Provided Meet Professional Standards</p> <p>CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p>	F0658	<p>The cited resident, resident #310857 D.C., has been discharged per the plan of care to an assisted living community.</p> <p>Residents residing at Lakehouse Health Care and Rehab Center with a diagnosis of congestive heart failure have the potential to be affected.</p>	09/03/2025

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F0658 SS = D	<p>Continued from page 7</p> <p>(i) Meet professional standards of quality.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and document review the facility failed to provide comprehensive nursing care to meet acceptable standards of clinical practice for 1 of 3 resident (R1) who was admitted to the facility with a diagnosis of congestive heart failure (CHF) and no clarification for daily weight and notification parameters were requested to ensure adequate medical care. This resulted in a 13-pound (lbs.) weight gain in ten days.</p> <p>Findings include:</p> <p>The National Institute of Health (NIH) (.gov)</p> <p>Nursing Management</p> <p>The nursing care plan for patients with HF should include:Relieving fluid overload symptomsRelieving symptoms of anxiety and fatiguePromoting physical activityIncreasing medication complianceDecreasing adverse effects of treatmentTeaching patients about dietary restrictionsTeaching patient about self-monitoring of symptomsTeaching patients about daily weight monitoring</p> <p>When To Seek Help</p> <p>Prompt assessment by the medical team is indicated in the following situations:Worsening symptoms of fluid overloadWorsening hypoxia Uncontrolled tachycardia regardless of the rhythmChange in cardiac rhythmChange in mental statusDecreased urinary output despite diuretic therapyMonitoring</p> <p>Patients with HF require frequent monitoring of vital signs, including oxygen saturation. They may also require constant monitoring of the heart rate and rhythm via telemetry monitoring. Frequent assessment and monitoring for symptoms is also indicated. All patients with HF require daily weight monitoring.</p> <p>Resource: Heart Failure (Congestive Heart Failure) (Nursing) - StatPearls - NCBI Bookshelf</p> <p>R1's admission Minimum Data Set (MDS) assessment dated 7/2/25, identified an admission of 6/27/25, intact cognition and a medical diagnosis of congestive heart failure (CHF).</p> <p>R1's baseline care plan dated 6/30/25, indicated Focus</p>	F0658	<p>Continued from page 7</p> <p>Residents with a diagnosis of congestive heart failure have been identified. Identified residents have orders in place for provider notification of weight gain, including parameters of when to notify the provider.</p> <p>Nurses have been educated to ensure that residents with a diagnosis of congestive heart failure have orders for weight frequency and provider notification for parameters for weight gain. They have been educated that if orders are not present on the admission orders, they should contact the provider for clarification.</p> <p>The DON/designee will audit 5 new admissions and 5 existing residents per week x 4 weeks to ensure that if they have a diagnosis of congestive heart failure, there are orders in place that address the frequency of obtaining weights and parameters for notification of the provider for weight gains. The results of the audits will be reviewed at the QAPI meeting for determination of ongoing audits.</p>	

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F0658 SS = D	<p>Continued from page 8</p> <p>Cardiovascular: the resident has impaired cardia output due to diagnosis of CHF. Interventions listed as:</p> <ul style="list-style-type: none"> -monitor vital signs and notify MD of significant abnormalities. -Lab work. -Weight monitoring daily <p>There were no parameters in this assessment when to notify MD if weight changed.</p> <p>R1's Baseline care plan lacked evidence of specific care parameters for weight monitoring related to R1 diagnosis of CHF (one warning sign of CHF is rapid weight gain which could indicate fluid buildup in the body). Though the care plan did direct to take daily weights, there was lack of direction related to contacting a physician for weight gain within specific time frames necessary to meet R1's person centered care needs to effectively treat his CHF.</p> <p>R1's physician order dated 6/27/25 identified R1's diagnosis of CHF and indicated to weigh for 1 day, then weekly for 4 weeks then monthly.</p> <p>R1's Nurse Practitioner visit notes dated 6/30/25, indicated daily weights and to follow up with cardiology. No parameters were ordered on this visit.</p> <p>R1's primary physician notes for 7/1/25 visit indicated no changes to orders occurred and plan for CHG was to continue current medications.</p> <p>R1's hospital discharge weight was 188 lbs. on 6/27/25. Documented daily weights at facility were as followed:</p> <ul style="list-style-type: none"> 6/27/25 194 lbs. 6/29/25 192 lbs. 7/2/25 197 lbs. and 199 lbs. 7/3/25 197 lbs. 7/4/25 200 lbs. 7/7/25 207 lbs. <p>R1's cardiovascular visit dated 7/7/25, indicated a weight gain of 18 lbs. since hospital discharge and was being seen for CHF. Medication changes included to</p>	F0658		

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F0658 SS = D	<p>Continued from page 9 increase Lasix to 40 milligrams (mg) twice a day, start potassium 40 mg once a day and one tablet of Metolazone before taking furosemide. Daily weight to be taken before food or drink, after using the bathroom. Call provider if weight gain of 2 lbs. in a day or 5 lbs. in a week. Dry weight is estimated around 190 lbs.</p> <p>R1's physician order dated 7/8/25 indicated to take Metolazone 2.5 milligrams (mg) by mouth one time a day until 7/8/25 before taking morning Lasix.</p> <p>Physician orders dated 7/7/25 indicated to take Lasix 20 mg for CHF.</p> <p>R1's physician order dated 7/9/25 indicated to weigh daily C1 before eating or drinking. Call physician for weight gain of over 2 lbs. in 24 hours or increase in 5 lbs. in 1 week.</p> <p>Interview on 7/16/25 at 1:21 p.m., family member (FM) stated there was concerns with facility not tracking R1's weights and he did have a significant weight increase. FM stated she was concerned the facility was not following physician's orders however he had not returned to the hospital but at a cardio appointment they found the increase in weight of 18 lbs. and had to make medication changes to remove the fluid.</p> <p>When interviewed on 7/17/25 at 11:26 a.m., R1 stated when admitted to facility his weights were inconsistent and was not aware if his physician was contact when there was a weight gain. R1 did recall gaining weight when first admitted to facility and his family had to meet with the facility to address weight increase concerns.</p> <p>When interviewed on 7/17/25 at 12:14 p.m., nursing assistant (NA)-A stated R1 did have daily weights and was to be weighed in the morning and then inform the nurse of the weight. NA-A stated R1 cannot weigh himself and report the weight, staff had to be present for accurate reading.</p> <p>When interviewed on 7/17/25 at 2:54 p.m., health unit coordinator (HUC) stated when a resident is admitted orders are entered into the computer system and the nurse will review them. HUC stated when R1 was admitted to the facility there was no weight protocol from the hospital orders and usually there would be parameters when there was a diagnosis of CHF. In this case the nurse would usually call the provider for clarification.</p> <p>When interview on 7/17/25 at 3:13 p.m., nurse manager</p>	F0658		

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F0658 SS = D	<p>Continued from page 10 (NM) stated there was a protocol for CHF which would include daily weights, and include weight gain parameters and when to contact provider. NM stated if a resident is admitted with CHF and no parameters are ordered, the provider would be contacted to clarify. NM reviewed R1's orders and confirmed there was no parameters when admitted to facility and should have been. NM reviewed R1's weights and confirmed daily weights were not documented however did not see a big weight increase and had no bad outcomes from the weight he had gained.</p> <p>When interviewed on 7/18/25 at 4:19 p.m., director of nursing (DON) stated "best practice" is to have daily weights with parameters when a resident is diagnosed with CHF and R1 did not have parameters in his orders when admitted to the facility. DON stated with new admissions the residents were to be weighed daily for 7 days, however when reviewing R1's weights some days were missed, though weights were of no concerns according to the order they had at the time of admission. DON added, there was no policy specifically concerning CHF and new admits however they had developed a new protocol yesterday, 7/17/25 concerning weights, orders and best practice, however not all staff had been educated yet. DON stated R1's care plan had also been revised on 7/17/25 which reflected new orders received on 7/7/25 with the weight parameters.</p> <p>When interviewed on 7/17/25 at 12:20 p.m., R1's cardiologist clinic nurse (CN) stated the 18 lbs. weight gain was from the hospital discharge and the weight on the day of the appointment on 7/7/25 and facility did not provide any other weights for this appointment. CN confirmed on 7/7/25 new orders were given to the facility of a onetime dose of Metolazone and increased Lasix to remove the extra fluid weight. CN stated there was a fax communication attempted on 7/1/25 and 7/2/25 to get weights from the facility and those weights were never received. CN stated with a weight gain of more than 2 lbs. in a day they would have expected the facility to follow up with the clinic because this demonstrated possible fluid retention.</p> <p>Facility policy titled "Comprehensive Care Planning," dated 1/2024, indicated comprehensive care plan to be developed for each resident, consistent with residents' rights, with measurable objectives and timeframes to meet medical, nursing, mental and psychological needs that identify in the comprehensive minimum data set assessment.</p>	F0658		

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 7/17/25 through 7/18/25, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with §42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed: H50559289C (MN00114520) with a deficiency cited at 0265.</p> <p>The facility's plan of correction (POC) will serve as</p>	20000		09/03/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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20000	Continued from page 1 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.	20000		
20265	Notification of Chg in Resident Health Status CFR(s): MN Rule 4658.0085 A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for: A. an accident involving the resident which results in injury and has the potential for requiring physician intervention; B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications; C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment; D. a decision to transfer or discharge the resident from the nursing home; or E. expected and unexpected resident deaths. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	20265	Corrected.	09/03/2025

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20265	<p>Continued from page 2</p> <p>Based on interview and document review, the facility failed to ensure the physician was notified of a rapid weight gain for resident with diagnosis of Congestive Heart Failure (CHF)(one warning sign of CHF is rapid weight gain which could indicate fluid buildup in the body) and failed to contact physician to receive clarification on orders for 1 of 3 resident (R1) who was admitted to the facility without weight and notification parameters related to CHF diagnosis.</p> <p>Findings Include:</p> <p>R1's admission Minimum Data Set (MDS) assessment dated 7/2/25 identified an admission of 6/27/25, intact cognition and a medical diagnosis of CHF.</p> <p>R1's physician order dated 6/27/25 identified R1's indicated to weigh R1 for 1 day, then weekly for 4 weeks then monthly.</p> <p>R1's hospital discharge weight was 188 pounds (lbs.) on 6/27/25.</p> <p>R1's recorded daily weights at the facility were as follows:</p> <p>-6/27/25 194 lbs.</p> <p>-6/29/25 192 lbs.</p> <p>-7/2/25 197 lbs. and 199 lbs.</p> <p>-7/3/25 197 lbs.</p> <p>-7/4/25 200 lbs.</p> <p>-7/7/25 207 lbs.</p> <p>R1's Nurse Practitioner visit notes dated 6/30/25, indicated daily weights and to follow up with cardiology. No parameters were ordered on this visit.</p> <p>R1's primary physician notes for 7/1/25 visit indicated no changes to orders occurred and plan for CHG was to continue current medications.</p> <p>R1's cardiovascular visit dated 7/7/25 indicated a weight gain of 18 lbs. since hospital discharge. Medication changes included to increase furosemide (Lasix) to 40 milligrams (mg) twice a day, start potassium 40 mg once a day and one tablet of Metolazone before taking Lasix. Daily weight to be taken before food or drink, and after using the bathroom. Call provider if weight gain of 2 lbs. in a day or 5 lbs. in</p>	20265		

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20265	<p>Continued from page 3 a week. Dry weight is estimated around 190 lbs.</p> <p>Facility progress notes dated 6/27/25 through 7/7/25 lacked evidence of communication with R1's primary physician concerning clarification of weights and parameters to manage R1's CHF diagnosis.</p> <p>When interviewed on 7/17/25 at 10:56 a.m., director of nursing (DON) stated nurses were to clarify orders when needed; R1 discharge order from the hospital was weights only however orders did not give any parameters which was not common for someone with CHF. DON stated nursing did not contact R1 primary physician for clarification and R1 did have a weight gain between admission and his cardiovascular appointment on 7/7/25. DON stated she became aware of R1's weights not being complete routinely and no orders with parameters at that time; education was started with staff and resident audits were started regarding orders the morning of this survey entrance. DON stated not all staff had been educated. DON was not aware of any protocol for staff to follow except knowing "best practice" to clarify orders when there was weight gain and diagnosed with CHF, primary physicians would be called for this clarity.</p>	20265		