



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered  
March 18, 2025

Administrator  
Parmly On The Lake LLC  
28210 Old Towne Road  
Chisago City, MN 55013

RE: CCN: 245328  
Cycle Start Date: February 11, 2025

Dear Administrator:

On March 7, 2025, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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

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



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
February 13, 2025

Administrator  
Parmly On The Lake LLC  
28210 Old Towne Road  
Chisago City, MN 55013

RE: CCN: 245328  
Cycle Start Date: February 11, 2025

Dear Administrator:

On February 11, 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:

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](mailto:annette.m.winters@state.mn.us)  
Mobile: (651) 558-7558

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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

If substantial compliance with the regulations is not verified by May 11, 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 August 11, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections

Parmly On The Lake LLC

February 13, 2025

Page 3

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](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](mailto:Melissa.Poepping@state.mn.us)



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February 13, 2025

Administrator  
Parmly On The Lake LLC  
28210 Old Towne Road  
Chisago City, MN 55013

Re: Event ID: EKB711

Dear Administrator:

The above facility survey was completed on February 11, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, 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](mailto:Melissa.Poepping@state.mn.us)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARMLY ON THE LAKE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>28210 OLD TOWNE ROAD</b> <b>CHISAGO CITY, MN 55013</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 2/10/25 - 2/11/25, 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.</p> <p>The following complaints were reviewed. H53287068C/MN110538 &amp; H53287544C/MN110644 with a deficiency issued at (F684)</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p>	F 684		2/11/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE 02/23/2025
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	<p>Continued From page 1</p> <p>Based on interview and record review the facility failed to that ensure treatment orders were implemented at the time prescribed for 2 of 3 residents (R1 and R2) reviewed for quality of care. R1 and R2 were receiving wound care from an outside provider and the facility did not transcribe and implement order changes for three to five days after the order was written.</p> <p>Findings include:</p> <p>R1's electronic Treatment Administration Record dated 1/1/25 - 2/3/25 indicated R1 received wound care treatment to his great and second toe lacerations on 1/29/25 and 1/31/25. No other treatments to the toe lacerations were completed at the facility.</p> <p>R1's admission Minimum Data Set (MDS) dated 1/16/25 indicated R1 had a brief inventory of mental status (BIMs) score of 5 indicating R1 was severely cognitively impaired. R1 was dependent upon staff for dressing, transferring, and toileting, he required moderate assistance with personal cares. R1's pertinent diagnoses were a fracture of the right lower leg and altered mental status.</p> <p>R1's wound provider note dated 1/24/25 indicated R1 had a new wound on his right great toe and second toe laceration. The wound measured 2.9 centimeters (cm) in length (L) x 1.4 cm width (W) and 0.1 cm depth (D). R1's wound had moderate serosanguinous exudate (blood and clear fluid drainage from a wound). The tissue of his wound was 100% granulated (new, pink fleshy tissue that forms on a healing wound). R1's orders were to cleanse with wound cleanser, pat dry, skin prep to peri-wound (outer edge), apply collagen, calcium alginate, and wrap with kerlix dressing</p>	F 684	<p>R1 is no longer a resident at the facility. Immediate corrective action was full-house audit of R2 and like residents to ensure wound care orders were transcribed into the chart and current.</p> <p>The Medication and Treatment Orders Policy was reviewed and remains current. New process implemented that all new wound care orders will be written on a pink sheet for easy identification, and entered in a timely fashion. Education provided to all licensed nurses, nurse managers, and Health Unit Coordinators (HUCs) on the importance of transcribing wound care orders in a timely fashion.</p> <p>Audits of new wound care orders weekly for 1 month then monthly for 1 month, discrepancies will be corrected immediately when identified in audits. Reeducation will be provided as needed to ensure compliance. The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p> <p>Corrections will be monitored by Director of Nursing or Designee</p>	

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F 684	<p>Continued From page 2 three times a week and as needed.</p> <p>R1's facility clinical physician orders dated 1/29/24 indicated 1/29/24 was the start date for the orders written on 1/24/25 for wound care to the laceration of the great toe and second toe. Cleanse the wound with wound cleanser, pat dry, skin prep to peri-wound, apply collagen, calcium alginate, wrap with kerlix and change three times a week as needed.</p> <p>R1's wound provider note dated 1/31/25 indicated R1's wound measured 2.9 cm L x 2.1 cm W x 0.1 cm D cm. The exudate was light serosanguinous. The tissue type was 80% necrotic (death of body tissue) and 20% granulation.</p> <p>R1's facility clinical order sheet dated 2/3/25 indicated 2/3/25 was the start date for 1/31/25 R1's wound care to laceration on right great and second toes to cleanse with wound cleanser, pat dry, apply betadine-soaked gauze, wrap with kerlix, and change daily and as needed.</p> <p>R1's facility nursing progress note dated 2/3/25 at 3:41 p.m. indicated during a skin check a new patch was noticed on R1's surgical incision instead of the steri-strips. When removed increased drainage and strong odor was noted. A call was placed to R1's provider with an update on R1's wound and the provided agreed to have R1 transported to the emergency department for further evaluation.</p> <p>R1's emergency department note dated 2/3/25 at 4:28 p.m. indicated R1 presented with a wound infection. R1's findings were a foul odor from the right foot with gangrenous (dead tissue caused by an infection or lack of blood flow) appearing</p>	F 684		

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F 684	<p>Continued From page 3</p> <p>second toe with swelling and ecchymosis (a bruise caused by blood leaking from a broken blood vessels) over the medial malleolus of the right foot. R1 was started on clindamycin (antibiotic) 900 milligrams (mg) in 50 milliliters (ml) of D5W (dextrose 5% in water intravenous) intermittently. Vancomycin (antibiotic) 1,000 mg in 200 ml dextrose. R1 was transported to a larger hospital on 2/5/25 to be seen by a vascular surgeon (refers to blood vessels, arteries, veins, and capillaries).</p> <p>R1's hospital progress note dated 2/9/25 at 8:08 a.m. indicated R1 was evaluated by orthopedics, vascular, and infectious disease. Given the severity of the infection and decreased perfusion of his foot an above the knee amputation was recommended. R1 agreed and the surgery was planned for 2/10/25.</p> <p>Upon interview on 2/10/25 at 1:10 the facility health unit coordinator (HUC) stated admission orders were the top priority and orders waited. She stated every Friday the wound provider rounded at the facility and then the order is faxed to the facility by Saturday. She stated she transcribes the wound providers notes every Monday from the prior Friday visits. She transcribed the order after 2 p.m. every Monday with the rationale that the day shift would have completed all their tasks for the day by 2:00 p.m. and new orders would mess that up.</p> <p>Upon interview on 2/10/25 at 1:45 p.m. registered nurse (RN)-A nurse manager stated the facility's wound provider visits every Friday and a facility nurse assists the provider with wound rounds. She stated she rounded with the provider on 1/24/25 and 1/31/25 and was aware a new wound</p>	F 684		

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F 684	<p>Continued From page 4</p> <p>was found on 1/24/25 and order changes were ordered on 1/31/25. She stated if she felt the wound was extensive, she would have put the order immediately but left for the HUC to transcribe on Monday. RN-A was not aware that R1 went from the time of the providers visit on 1/24/25 to 1/29/25 without a dressing change since the orders were three times a week and the HUC did not start the order until 1/29/25 five days later. She stated on 1/31/25 she was aware the order was changed to daily, and she did not update that order herself, leaving it for the HUC on 2/3/25 a Monday and the dressing did not get changed because R1 was sent to the emergency room on 2/3/25.</p> <p>Upon interview on 2/10/25 at 2:40 p.m. the facilities Nurse Practitioner (NP)-A stated she received a call on 2/3/25 regarding R1's wound that he was about to take a shower and the wound on his leg and toes had a strong odor, was swollen, and had turned black. NP-A gave orders to send R1 to the emergency department. She stated she was not aware the facility did not process orders right away. She stated her expectations would be to process orders in 24-hours or less.</p> <p>Upon interview on 2/10/25 at 3:22 p.m. licensed practical nurse (LPN)-A stated she managers the "other" wing of the facility and assists the provider with wound rounds on her side. She stated she transcribes new orders, or order changes immediately. She stated, "you can't leave a daily treatment order over a weekend." On Monday, the HUC on her side of the building verifies and confirms the orders.</p> <p>Upon interview on 2/11/25 at 9:01 a.m. R1's</p>	F 684		

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F 684	<p>Continued From page 5</p> <p>hospital Vascular Surgeon stated R1 had peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). R1 had just enough blood flow to maintain his legs leaving him with great difficult to heal. He stated he could not answer if the facility delaying wound care to the toes timely caused the amputation because R1 "had so much going on."</p> <p>Upon interview on 2/11/25 at 12:55 p.m. the facilities Medical Director stated he was not certain of the exact process the facility uses to transcribe provider orders. Wound orders cannot wait for 3-5 days. He stated the facility needed a better practice and the order process should be standard across all the units.</p> <p>Upon interview 2/11/25 at 1:16 p.m. the director of nursing (DON) stated she became aware during the survey that the units were not processing orders the same way and the facility was already working on education and a new way to process the wound orders so the orders can be processed on the same day for continuity of care.</p> <p>Upon interview on 2/11/25 at 2:15 p.m. the wound provider stated he was not aware that one of the units at the facility was waiting until the following week to process orders. "That is concerning."</p> <p>Upon interview on 2/11/25 at 3:38 p.m. R1's Orthopedic provider stated from an Orthopedic standpoint R1's vascular problem was his biggest issue, and the infection would have been difficult to treat related to R1's limited circulation in his right leg. He did not feel the facilities delayed treatment caused R1 to have an above the knee amputation.</p>	F 684		

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F 684	<p>Continued From page 6</p> <p>R2's annual MDS dated 12/10/25 indicated R2 had a BIMs score of 14 indicating she was cognitively intact. R2 required extensive assistance with toileting, dressing, and personal hygiene and R2 was dependent upon staff for transferring. R2's pertinent diagnosis was Multiple Sclerosis (the body's immune system eats away at the protective covering of the nerves).</p> <p>R2's wound provider orders dated 1/31/25 indicated R1 had a recurring area on her left gluteal fold (buttock) moisture associated skin damage (MASD) with orders to cleanse with Vashe wash, pat dry, skin prep to peri-wound, apply Santyl lotion, collagen sheet, cover with Mepilex dressing and to change three time a week and as needed.</p> <p>R2's clinical physician orders dated 2/3/25 indicated 2/3/25 was the start date from the 1/31/25 provider orders the orders were wound care to MASD left gluteal fold cleanse with Vashi wash, pat dry, skin prep to peri-wound apply Santyl lotion, collage sheet, cover with Mepilex, change three times a week and as needed.</p> <p>Upon interview on 2/11/25 at 11:19 a.m. R2 stated the facility staff changes her wound every other day. She did not the frequency the wound provider had ordered but had no complainants.</p> <p>A facility policy titled Medication and Treatment Orders dated 2/2024 indicated orders for medications and treatments will be transcribed accurately and in a timely fashion.</p>	F 684		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>02/11/2025</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 2/10/25 - 2/11/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

02/23/25

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>02/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARMLY ON THE LAKE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>28210 OLD TOWNE ROAD CHISAGO CITY, MN 55013</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	<p>Continued From page 1 the survey.</p> <p>H53287068C MN110538 H53287544C MN110644</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		