



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

Electronically delivered  
January 22, 2025

Administrator  
Woodlake Healthcare And Rehabilitation Center  
8000 Bass Lake Road  
New Hope, MN 55428-3118

RE: CCN: 245518  
Cycle Start Date: October 25, 2024

Dear Administrator:

On December 11, 2024, we notified you a remedy was imposed. On December 9, 2024 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 December 20, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective January 25, 2025, did not go into effect. (42 CFR 488.417 (b))

In our letter of December 11, 2024, 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 January 25, 2025, due to denial of payment for new admissions. Since your facility attained substantial compliance on December 20, 2024, 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 Therefore, the NATCEP prohibition is rescinded.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,

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

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



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December 11, 2024

Administrator  
Woodlake Healthcare and Rehabilitation Center  
8000 Bass Lake Road  
New Hope, MN 55428-3118

RE: CCN: 245518  
Cycle Start Date: October 25, 2024

Dear Administrator:

On November 7, 2024, we informed you that we may impose enforcement remedies.

On November 26, 2024, 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.

At the time of this survey, we identified the following deficiency:

F609 - Reporting of Alleged Violations - D

## 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 January 25, 2025.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective anuary 25, 2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective January 25, 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 January 25, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Woodlake Healthcare And Rehabilitation Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from January 25, 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.

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- 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 Supervisor, Federal 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 - 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 April 25, 2025 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is

Woodlake Healthcare And Rehabilitation Center

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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](mailto: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](mailto: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

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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,



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

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

PRINTED: 01/06/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODLAKE HEALTHCARE AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8000 BASS LAKE ROAD</b> <b>NEW HOPE, MN 55428</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 11/26/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed. H55181722C (MN00108533, MN00108577, and MN00108617) with a deficiency issued at F609.</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 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if</p>	F 609		12/20/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  12/17/2024
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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 609	<p>Continued From page 1</p> <p>the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to immediately, but no later than two hours, report to the state agency an allegation of abuse for one of three residents (R1) reviewed for employee to resident sexual abuse.</p> <p>Findings include:</p> <p>During an observation on 11/26/24 at 10:15 a.m. R1 was in his room calling out to nurse manager (NM)-A who was walking past R1's room. R1 was heard saying "they said not to take the abuse allegations lightly, so I called 911 again and they told me to call the sergeant". NM-A asked R1 if the police officer came to talk to him and R1 stated no. R1 stated "he wanted that woman arrested for abuse". NM-A stated, "it was not abuse". R1 stated "it was sexual abuse". NM-A stated to R1 "it was not sexual abuse" and walked out of R1's room.</p>	F 609	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p> <p>The facility reported R1's allegation of abuse to the Office of Health Facility Complaints immediately upon learning of the allegation on 11/26/24.</p> <p>All Residents of Woodlake have the potential to be affected.</p> <p>The leadership team including NM "A"</p>	

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F 609	<p>Continued From page 2</p> <p>R1's Facesheet indicated R1 was admitted to the facility on 9/25/24 with a primary diagnosis of gas gangrene. R1's additional diagnoses included pathological fracture on right radius, malignant neoplasm of prostate, paranoid schizophrenia, wedge compression fracture of third lumbar vertebra, wedge compression fracture of fourth lumbar vertebra, and wedge compression fracture of fifth lumbar vertebra.</p> <p>R1's Bladder and Bowel Assessment dated 9/27/24 indicated R1 was continent of urine and incontinent of bowel. The assessment indicated R1 used a urinal to urinate. R1 wore incontinent briefs.</p> <p>R1's Functional Abilities and Goals assessment dated 9/28/24 indicated R1 required substantial/maximal assistance with toileting and partial/moderate assistance with personal hygiene and transfers.</p> <p>R1's minimum data set (MDS) dated 10/1/24 indicated R1 had a brief interview for mental status (BIMS) score of fifteen, which indicated R1 was cognitively intact. R1 did not have hallucinations or delusions. R1's required substantial/maximal assistance with toileting hygiene, bathing, and dressing. R1 required partial/moderate assistance with personal hygiene. R1 was frequently incontinent of her bladder, and always incontinent of his bowel. R1 had schizophrenia and was not on antipsychotic medications.</p> <p>R1's BIMS assessment dated 10/24/24 indicated R1 had a score of fourteen which indicated R1 was cognitively intact.</p> <p>R1's progress note dated 11/17/24 indicated R1</p>	F 609	<p>have been educated on reporting allegations of abuse immediately but no later than 2 hours to the state agency.</p> <p>Audits to ensure allegations of abuse are reported immediately but no later than 2 hours to the state agency will be completed by DON/designee. The audit schedule will be as follows: 4 x per week x 4 weeks, then 3 times per week x 3 weeks, then 2 times per week x 2 weeks then, 1 time per week x 1 month. Results will be reviewed at QAPI to determine further auditing needs.</p>	

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F 609	<p>Continued From page 3</p> <p>stayed in bed during the duration of shift and staff has assisted R1 with activities of daily living.</p> <p>R1's care plan dated 11/22/24 indicated R1 had activities of daily living and mobility deficit related to gas gangrene of left foot, non-weight bearing on left leg, left lower extremity cellulitis, left and right foot wounds, weakness, peripheral vascular disease, anemia, malnutrition, paranoid schizophrenia, anxiety, malignant neoplasm of prostate, prediabetes, Charcot's joint in left foot, planter callosity, pain, and lumbar wedge compression fractures. The intervention placed on 11/22/24 was "cares in pairs".</p> <p>R1's care plan dated 11/25/24 indicated R1 had a history of behaviors. R1's behaviors are typically using the term abuse/hate crimes in relation to receive care such as being weighed, hair being washed/dried with hair dryer, and fixation on medical malpractice lawsuits from past hospital stays years ago. R1's behaviors are related to paranoid schizophrenia. The interventions indicated were two staff with R1 to provide cares "cares in pairs", follow the hospital psychology services, staff would anticipate resident care needs prior to R1 becoming overly stressed and explain the cares in advanced.</p> <p>R1's progress note did not indicate R1's allegations of sexual abuse.</p> <p>During an interview on 11/26/24 at 9:13 a.m., R1 stated on 11/17/24 an nursing assistant (NA) was providing pericare when the NA grabbed on to his anus and pulled on it "very hard" about two to three times. R1 described the incident as a "vicious and violent assault". R1 could not recall the name of the NA who assisted. R1 reported</p>	F 609		

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F 609	<p>Continued From page 4</p> <p>the incident to NM-A and thought NM-A had reprimanded or talked to the NA about it. R1 was unsure whether he obtained any injuries from the incident. R1 called 911 on 11/17/24 and described in detail what had happened. R1 stated the 911 operator told him to leave a message with the sergeant and the sergeant would call him back. R1 had left a message for the sergeant. R1 stated the receptionist brought R1 a note stating to call the sergeant back at the phone number provided. R1 provided the note.</p> <p>During an interview on 11/26/24 at 9:59 a.m., registered nurse (RN)-A stated she was told R1's care plan was updated with "cares in pairs" over the weekend because R1 stated he was not being cleaned up properly after an incontinent episode.</p> <p>During an interview on 11/26/24 at 10:25 a.m., NM-A stated she was told by R1 on 11/22/24 that an NA provided pericare after a bowel movement when the NA had wiped his anus too hard, and it was "sexual assault". NM-A talked with social services director (SSD) and the director of nursing (DON) about the incident and did not report the incident to the state agency because she does not make reports to the state agency. NM-A updated R1's care plan to assist R1 in "cares in pairs" to protect him and protect the facility.</p> <p>During an interview on 11/26/24 at 11:14 a.m., the SSD NM-A did not report an allegation of abuse to R1 or any concern of "rough cares". SSD was not informed about R1's report of sexual abuse.</p> <p>During an interview on 11/26/24 at 11:28 a.m., the DON stated she did not get a report from NM-A</p>	F 609		

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F 609	<p>Continued From page 5</p> <p>regarding R1's abuse allegation. If she knew if someone reported an allegation of abuse, she would immediately report it to the state agency and complete an investigation. DON expected a NM to report to SSD, the administrator, executive director (ED), or herself about allegations of abuse. DON stated herself would report it to the state survey agency. If DON is not in the facility, she would expect any leadership to report the allegations to the state survey agency.</p> <p>During an interview on 11/26/24 at 12:31 p.m., The administrator stated he was unaware of an abuse allegation from R1 and just learning today that R1 made allegations about sexual abuse. The administrator stated he would have reported allegations of sexual abuse to the state survey agency. The administrator's expectation is that management staff does report abuse allegations to himself and then he would report the allegations to the state survey agency. The administrator stated if he is not in the facility, there is a reporting structure for notifying the state survey agency.</p> <p>During an interview on 11/26/24 at 1:05 p.m., the executive director (ED) stated all allegations of abuse should be reported to the state survey agency. If a leadership staff learned about the sexual abuse on 11/22/24, it should have been reported to the state survey agency on 11/22/24.</p> <p>During an interview on 11/26/24 at 1:57 p.m., NM-B stated if she were told about an allegation of abuse, she would tell the DON, ensure the resident is safe, place the employee of the allegation on suspension pending the investigation, educate the staff if applicable, and then interview other entities such as social</p>	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODLAKE HEALTHCARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8000 BASS LAKE ROAD</b> <b>NEW HOPE, MN 55428</b>		
(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 609	<p>Continued From page 6</p> <p>services. NM-B would follow the directions of the DON. NM-B would report the allegations either within two hours or twenty-four hours depending on the allegation.</p> <p>During an interview on 11/26/24 at 2:02 a.m., DON stated she had reported the allegation to the state survey agency when she had found out about the allegations on the day of the survey, she reported the allegation to law enforcement and placed the aide on suspension pending the facility's investigation. The DON named NA-C as the aide who was involved in the incident based on R1's description.</p> <p>During an interview on 11/26/24 at 2:11 p.m., the police officer stated R1 told her he did tell NM-A about the sexual abuse allegations but could not recall when he told her. R1 told the police officer there was "some sort of penetration feeling" by sticking fingers into his anus.</p> <p>During an interview on 11/26/24 at 2:25 p.m., R1 stated he told NM-A about the sexual abuse because he thought she could help him. R1 only told NM-A about the incident because he was too embarrassed to notify anyone else.</p> <p>During an interview on 11/26/24 at 2:32 p.m., NA-C stated she did not recall events on 11/22/24 but recalls R1 never told her to stop providing pericare after an incontinent episode. NA-C told her he wanted to be cleaned better during pericares. NA-C stated she did not want to hurt R1 when providing pericares.</p> <p>The facility's Abuse, Neglect, and Exploitation policy and procedure dated January 2024 indicated all alleged violations would be reported</p>	F 609		

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

PRINTED: 01/06/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODLAKE HEALTHCARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8000 BASS LAKE ROAD</b> <b>NEW HOPE, MN 55428</b>		
(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 609	Continued From page 7 to the administrator, state agency, adult protective services and to all other required agencies within specified timeframes immediately, but not later than two hours after the allegation of made, if the events that cause the allegation involve abuse or result in serious bodily injury.	F 609		



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

Electronically delivered  
December 11, 2024

Administrator  
Woodlake Healthcare and Rehabilitation Center  
8000 Bass Lake Road  
New Hope, MN 55428-3118

Re: Event ID: XB2Q11

Dear Administrator:

The above facility survey was completed on November 26, 2024, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

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

Please feel free to call me with any questions.

Sincerely,

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

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODLAKE HEALTHCARE AND REHABILITATION CE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8000 BASS LAKE ROAD NEW HOPE, MN 55428</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 11/26/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was IN compliance with the MN State Licensure</p> <p>The following complaints were reviewed during the survey. H55181722C (MN00108533,</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

12/17/24

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>11/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODLAKE HEALTHCARE AND REHABILITATION CE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8000 BASS LAKE ROAD NEW HOPE, MN 55428</b>
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2 000	<p>Continued From page 1</p> <p>MN00108577, and MN00108617)</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software.</p> <p>The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		