DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
March 31, 2023

Administrator
Lake Minnetonka Care Center
20395 Summerville Road
Deephaven, MN 55331

RE: CCN: 245606
Cycle Start Date: January 23, 2023

Dear Administrator:

On March 29, 2023, 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.

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

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
January 26, 2023

Administrator
Lake Minnetonka Care Center
20395 Summerville Road
Deephaven, MN 55331

RE: CCN: 245606
Cycle Start Date: January 23, 2023

Dear Administrator:

On January 23, 2023, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

If substantial compliance with the regulations is not verified by April 23, 2023 (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 July 23, 2023 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.
Feel free to contact me if you have questions.

Sincerely,

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

DEPARTMENT OF HEALTH

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Electronically delivered

January 26, 2023

Administrator
Lake Minnetonka Care Center
20395 Summerville Road
Deephaven, MN 55331

Re: Event ID: T8N011

Dear Administrator:

The above facility survey was completed on January 23, 2023 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00234	A. BUILDING: _____ B. WING _____	C 01/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE MINNETONKA CARE CENTER	20395 SUMMERVILLE ROAD DEEPHAVEN, MN 55331

(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	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 1/23/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaint was found to be	2 000		

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2 000	Continued From page 1 SUBSTANTIATED: H56067417C (MN00089939), however NO licensing orders were issued. 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.	2 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245606	A. BUILDING _____ B. WING _____	C 01/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE MINNETONKA CARE CENTER	20395 SUMMERVILLE ROAD DEEPHAVEN, MN 55331

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F 000	INITIAL COMMENTS On 1/23/23, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H56067417C (MN00089939), with a deficiency cited at F925. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 925 SS=F	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to implement an effective pest control program to eliminate squirrels in the ceiling above the dining room. This failure affected had the potential to affect all 19 residents who resided in	F 925	2/8/2023 The dayroom area of the building was an addition to the main building many years ago. There is no access from the addition into the main building. Lake Minnetonka Care Center	3/2/23

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

Electronically Signed | 01/27/2023

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 925	Continued From page 1 the facility. Findings include: R1's quarterly Minimum Data Set (MDS) dated 10/25/22, noted R1 had intact cognition, was independent with all activities of daily living (ADL's) and had diagnoses such as schizophrenia, borderline personality disorder and asthma. R2's annual MDS dated 12/31/22, noted R2 had intact cognition, was independent with ADL's and had diagnoses such as major depressive disorder, type 2 diabetes and hyperlipidemia (high cholesterol) R3's quarterly MDS dated 1/2/23, noted R3 had intact cognition, was independent with ADLs and had diagnoses such as schizoaffective disorder, type 2 diabetes and constipation. R4's quarterly MDS dated 12/18/22, noted R4 had intact cognition, was independent with ADL's and had diagnoses such as major depressive disorder, insomnia and asthma. R5's quarterly MDS dated 11/26/22, noted R5 had intact cognition, was independent with ADL's and had diagnoses such as memory deficit following stroke, nicotine dependence and essential tremor. R6's quarterly MDS dated 11/26/22, noted R6 had intact cognition, was independent with ADL's and had diagnoses such as disorganized schizophrenia, type 2 diabetes, and anxiety disorder.	F 925	has a contract with Paffy's Pest Control to provide pest control management throughout the building. They provide monthly service. After inquiry with them about any possible abatement of said squirrels, they recommended contacting another certified pest control company. This company was contacted for any recommended approach to the issue. Their certified inspector strongly advised not closing any openings that may exist in the building because it will force any squirrels to find alternative means of egress and cause destruction to the property. Their recommended approach was to set traps to catch any squirrels before sealing any openings into the building. The suggested method was to open the roof area if squirrels are in the attic space. Given the winter season and cold weather any consideration of opening the roof should not commence until Spring, they recommended. Any possible damage to ceiling material inside the building will be addressed immediately. No squirrels have ever been identified or observed within the living space of the nursing home where staff and residents reside. The Administrator will be responsible for removal of squirrels that may be needed. 2/20/23 The abatement of said squirrels in the dayroom area ceiling will be complete by April 1, 2023. 2/27/23 The ceiling in the dayroom will be repaired by April 1, 2023. The Administrator will be responsible for this repair.	

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F 925	Continued From page 2 R7's quarterly MDS dated 1/4/23, noted R7 had intact cognition, required set up assistance with toileting, personal hygiene and supervision with transfers. R7's diagnoses included major depressive disorder, acute and chronic respiratory failure, and alcohol dependence in remission. During continuous observation on 1/23/23, in the dining room from 9:52 a.m. until 10:08 a.m. the sound of a small animal running and scratching in the ceiling is heard. The dining has a large deck adjacent to it that is accessible through a single door, the door has a white towel on the floor at the bottom of it. The deck is covered in snow and the door swings out, the door is unable to open due to the amount of snow on the deck. There is a crack in the ceiling above a sitting area, it is approximately 8 inches long and has visible plaster, there is a hole in the ceiling above a dining table nearby that is triangular and measures approximately 3 inches, there are several areas where paint is cracked and peeling on the ceiling of the dining room. There is a fluorescent light fixture within 3 feet of the door to the deck as well as a sprinkler within 4 feet of the door to the deck on the ceiling. During an interview on 1/23/23, at 10:21 a.m. R1 stated the facility is in rough condition and squirrels can be heard in the ceiling in the dining room, there is a big hole above the door outside from the deck into the dining room that the squirrels go in an out of. During an interview on 1/23/23, at 10:22 a.m. R2 stated the staff were aware of the squirrels in the ceiling. R2 stated she told the director of nursing and the state health department the last time they	F 925		

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F 925	Continued From page 3 were at the facility about the hole too. R2 stated she suggested they put a board up, the squirrel problem had been an issue for her entire stay at the facility, which had been over 2 years. During an interview on 1/23/23, at 10:35 a.m. R4 stated there was a hole in the wood above the door outside on the deck that squirrels can go in an out of that leads to the ceiling of the dining room. R4 stated she cannot hear them on the 2nd floor where her room is but only when in the dining room. During an interview on 1/23/23, at 10:41 a.m. R5 stated there were squirrels in the ceiling of the dining room, they enter through a hole above the door outside on the deck, he frequently heard the sound of scratching. During an interview on 1/23/23, at 10:46 a.m. R6 stated he could sometimes hear squirrels in the ceiling in the dining room, there is a hole above the door outside on the deck that they go in and out of. During an observation on 1/23/23, from 10:52 a.m. until 11:23 p.m. there were sounds of squirrels running and scratching 4 times in the ceiling of the dining room. During an interview on 1/23/23, at 12:46 p.m. R7 stated she can hear the squirrels in the ceiling in the dining room, there is a big hole on the outside above the deck door that they go in and out of. R7 stated staff know about the squirrels in the ceiling and about the hole above the door. R7 stated she had not ever seen pest control services at the building and that the housekeeper was also a maintenance man and fixed things at	F 925		

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F 925	Continued From page 4 the facility. (R7 then showed writer a remote control that was held together with silver duct tape) During an interview on 1/23/23, at 12:58 p.m. the activities coordinator (AC) stated when she interviewed for the position a year and a half ago she thought she would be working at the new facility but the opening had been delayed month after month. The AC stated the current facility was a bit dated, the facility leaks, has drafts and there are squirrels in the ceiling, heard them on a daily basis. The AC stated there is an opening outside above the door to the deck that the squirrels enter and exit. During an interview on 1/23/23, at 1:05 p.m. the registered nurse (RN) stated the facility has squirrels in the ceiling and they enter through a hole outside above the door to the deck, she was unsure how long the hole had been above the door. The RN stated there is a pest control company that comes, did not know when they were there last. The RN stated the housekeeper was able to perform some facility repairs. During an interview on 1/23/23, at 1:15 p.m. the nursing assistant (NA) stated she did not think that there were any repairs to be completed on the facility because they plan to move to a new facility though did not know when the move would occur and the move had been delayed many times. The NA stated there are squirrels in the ceiling and the staff grab a broom at times to hit the ceiling to get the squirrels out, she stated there are leaks in the ceiling in the dining room as well. The NA stated when the weather was colder you could hear them more. The NA stated she had seen pest control services out every other	F 925		

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F 925	Continued From page 5 month or so in the summer for the spiders and insects. During an interview on 1/23/23, at 1:59 p.m. the director of nursing (DON) stated she had worked at the facility for 8 years and has heard the squirrels in the ceiling on an off for all that time though "lately it has been worse". The DON stated there is a hole outside above the door to the deck where they enter. The DON stated no matter how often you try to repair it, they find a way in. The DON did not know when it was repaired last and that the administrator would likely hire someone to come out for a repair like that. During an interview on 1/23/23, at 2:05 p.m. the housekeeper (HK) stated he is also a groundskeeper and maintenance person for the facility. The HK stated he was aware of the squirrels in the ceiling but due to the winter weather was not able to climb up to repair the hole. The HK stated the last time he repaired the area it was in August of 2021, he place a piece of cardboard in the area but the squirrels had pulled it out. The HK stated the wood was also very soft in the ceiling and that made it easier for the squirrels to dig through it. Information on the facilities pest control prevention and any action taken was requested and not provided. A facility policy for pest control was requested and not provided.	F 925		