



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

May 3, 2022

Administrator  
LAKEWOOD HEALTH SYSTEM HOME CARE & HOSPICE  
401 EAST PRAIRIE AVENUE NE  
STAPLES, MN 56479

RE: Event ID: 38443-H1

Dear Administrator:

On April 28, 2022, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal certification regulations requirements. The survey revealed that your facility was in substantial compliance with participation requirements and no deficiencies were cited. The findings from this survey are documented on the electronically delivered form CMS 2567.

No additional action is required on the facility's part. Thank you for your cooperation.

Please feel free to call me with any questions.

Sincerely,

Joanne Simon, Compliance Analyst  
Minnesota Department of Health  
Program Assurance Unit  
Health Regulation Division  
Telephone: 651-201-4161 Fax: 651-215-9697  
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>247124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>04/28/2022</b>
NAME OF PROVIDER OR SUPPLIER <b>LAKWOOD HEALTH SYSTEM HOME CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 EAST PRAIRIE AVENUE NE , STAPLES, Minnesota, 56479</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
G0000	<p>INITIAL COMMENTS</p> <p>On 4/27/22 a complaint survey was conducted. The agency was found to have met the requirements at 42 CFR. Part 484 for Home Health Agencies. Complaints The following complaints were found to be unsubstantiated:H7124006C/325365H7124008C/328164</p> <p>The following complains were found to be substantiated: however no deficiencies were issued because the agency had implemented a plan of correction before the on site survey. H7124005C/325365H7124007C/328164</p>	G0000		

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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Administrator  
LAKEWOOD HEALTH SYSTEM HOME CARE & HOSPICE  
401 EAST PRAIRIE AVENUE NE  
STAPLES, MN 56479

Re: Event ID:38443-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on April 28, 2022, for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the requirements under Minnesota Statutes Sections 144A.43 to 144A.482.

Attached 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,

Joanne Simon, Compliance Analyst  
Minnesota Department of Health  
Program Assurance Unit  
Health Regulation Division  
Telephone: 651-201-4161 Fax: 651-215-9697  
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

Minnesota State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>247124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>04/28/2022</b>
NAME OF PROVIDER OR SUPPLIER <b>LAKWOOD HEALTH SYSTEM HOME CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 EAST PRAIRIE AVENUE NE , STAPLES, Minnesota, 56479</b>	
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00000	Initial Comments  On 4/27/2022 complaint surveys were conducted. Your facility was found to be in compliance with the MN State Licensure. The following complaints were found to be unsubstantiated:H7124006C/325365H7124008C/328164The following complains were found to be substantiated: however no citations were cited:H7124005C/325365H7124007C/328164 R	00000		

Office of Primary Care and Health Systems Management

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