

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email on June 15, 2021

Administrator Lake Owasso Residence 210 Owasso Blvd North Shoreview, MN 55126

RE: Event ID: HDJF11

Dear Administrator:

On June 9, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid program.

We are pleased to inform you that this survey resulted in no deficiencies being issued.

Electonically enclosed is your copy of the Federal Forms CMS-2567.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kim Tyson, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Kim Tyson

Saint Paul, Minnesota 55164-0970

Phone: 651-201-3831

Email: kim.tyson@state.mn.us

cc: Licensing and Certification File

Lake Owasso Residence June 15, 2021 Page 2



Protecting, Maintaining and Improving the Health of All Minnesotans

Emailed on June 15, 2021

Administrator Lake Owasso Residence 210 Owasso Blvd North Shoreview, MN 55126

Re: Event ID: HDJF11

Dear Administrator:

The above facility survey was completed on June 9, 2021 for the purpose of assessing compliance with Minnesota Department of Health Supervised Living Facility 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 144.56.

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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kim Tyson, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Kim Troon

Saint Paul, Minnesota 55164-0970

Phone: 651-201-3831

Email: kim.tyson@state.mn.us

PRINTED: 06/15/2021 FORM APPROVED

Minnesota Department of Health

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 OWASSO BLVD NORTH SHOREVIEW, MN 55126 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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	00924				1	_			
LAKE OWASSO RESIDENCE 210 OWASSO BLVD NORTH SHOREVIEW, MN 55126 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 5 000 Initial Comments In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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	00001 00/03/2021								
SHOREVIEW, MN 55126	210 OWASSO BLVD NORTH								
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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 PREFIX TAG PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OMPLÉT TAG PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OMPLÉT TAG OMPLÉT TAG	LAKE OWASSO RESIDENCE								
In accordance with Minnesota Statute, section 144.56 and/or Minnesota Statute, section 144.653, 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	PREFIX (EACH DEFICIENC	CH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETE			
144.56 and/or Minnesota Statute, section 144.653, 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	5 000 Initial Comments	omments	5 000						
with a schedule of tines 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 or MN Statute indicated below. When a rule or statute 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. On 6/8/21 to 6/9/21, a complaint investigation was conducted. The following complaints were found to be SUBSTANTIATED with no citations due to action taken prior to survey: HG208123C / MN72716 HG208125C MN73534 The following complaints were found to be	In accordance with 144.56 and/or Mini 144.653, this corre pursuant to a surve found that the defice herein are not corrected shall with a schedule of the Minnesota Deputermination of we corrected requires requirements of the number and MN R indicated below. Vere several items, failured items will be considered of multi-part in assessment of a fill violated during the corrected. You may request a that may result from orders provided that the Department with notice of assessment of a fill violated during the corrected. You may request a that may result from orders provided that the Department with notice of assessment of a fill violated during the corrected. The following compute of the following compute the prior to survey the following compute the following	rdance with Minnesota Statute, section and/or Minnesota Statute, section at the correction order has been issued at the deficiency or deficiencies cited are not corrected, a fine for each violation ected shall be assessed in accordance chedule of fines promulgated by rule of mesota Department of Health. Ination of whether a violation has been ed requires compliance with all ments of the rule provided at the tag and MN Rule number or MN Statute deplow. When a rule or statute contains items, failure to comply with any of the ill be considered lack of compliance. compliance upon re-inspection with any multi-part rule will result in the ment of a fine even if the item that was during the initial inspection was ed. By request a hearing on any assessments by result from non-compliance with these provided that a written request is made to a fassessment for non-compliance. The second of the compliance with these provided that a written request is made to a fassessment for non-compliance. The second of the compliance with these provided that a written request is made to be a fassessment for non-compliance. The second of the compliance with these provided that a written request is made to be a fassessment for non-compliance. The second of the compliance with these provided that a written request is made to be a fassessment for non-compliance. The second of the compliance with these provided that a written request is made to be a fassessment for non-compliance. The second of the complex of							

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED			
		00831	B. WING			C 09/2021		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
LAKE OWASSO RESIDENCE 210 OWASSO BLVD NORTH SHOREVIEW, MN 55126								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE		
5 000	UNSUBSTANTIATE HG208121C / MN73 HG208122C / MN73 HG208126C / MN73	ED: 3413 3414 3524 Impliance with requirements of chapter 4665 requirements for	5 000					

Minnesota Department of Health

STATE FORM 6899 HDJF11 If continuation sheet 2 of 2

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

PRINTED: 06/15/2021 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
24G208		B. WING			C 06/09/2021		
NAME OF PROVIDER OR SUPPLIER LAKE OWASSO RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 210 OWASSO BLVD NORTH SHOREVIEW, MN 55126		10 OWASSO BLVD NORTH	1 00/09/2021		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG) BE	(X5) COMPLETION DATE
W 000	completed at your finvestigation. Your finvestigation. Your factor of the following care I Intellectual Disability. The following comp SUBSTANTIATED taken prior to surve HG208123C / MN7 HG208124C / MN7 HG208125C MN73	1, an abbreviated survey was facility to conduct a complaint facility was IN compliance with subpart I, requirements for Facilities for Individuals with ries. Idiants were found to be with no citations due to action by: 2716 2723 & MN72718 3534 Idiants were found to be ED: 3413 3414	W	0000	DEFICIENCY)		
LABORATOR	/ DIRECTOR'S OF PROVIE	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(X6) DATE

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.