



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

March 2, 2026

Administrator

Lakeside Generations Health Care Center

439 WILLIAM AVENUE EAST

PO BOX 383

DASSEL, MN 55325

RE: CCN: 245533

Cycle Start Date: February 2, 2026

Dear Administrator:

On February 2, 2026, 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 actual harm that was not immediate jeopardy (Level G), The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

This survey also found other deficiencies in your facility to be a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), 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)).

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedies 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 February 2, 2026.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective February 2, 2026. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 2, 2026.

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.

- Civil money penalty. (42 CFR 488.430 through 488.444)

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 \$13,343; 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.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective February 2, 2026. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

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:

Lisa Krebs, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115

Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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.

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 August 12, 2026 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

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:

tamika.brown@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 Tamika Brown at (312) 353-1502. Information may also be emailed to tamika.brown@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 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

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.

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,



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us



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March 2, 2026

Administrator
Lakeside Generations Health Care Center
439 WILLIAM AVENUE EAST
PO BOX 383
DASSEL, MN 55325

Re: State Nursing Home Licensing Orders
Event ID: 1E38C1-H1

Dear Administrator:

The above facility survey was completed on February 12, 2026, 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 one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion, and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction

Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyor's findings are the Suggested Method of Correction and the Time Period for Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Lisa Krebs, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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.

Please feel free to call me with any questions.



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
625 Robert Street North

P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/12/2026	
NAME OF PROVIDER OR SUPPLIER LAKESIDE GENERATIONS HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 439 WILLIAM AVENUE EAST PO BOX 383, DASSEL, Minnesota, 55325			
(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
20000	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 2/11/26 through 2/12/26, 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 reviewed: H55335660C (2738038) with no licensing orders issued. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and			20000			03/04/2026

Office of Primary Care and Health Systems Management

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/12/2026	
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20000	Continued from page 1 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.			20000			03/04/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245533		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/12/2026	
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F0000	INITIAL COMMENTS On 2/11/26 through 2/12/26, a standard abbreviated survey was completed at your facility to conduct a complaint investigation. Your facility was found in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H55335660C (2738038) with citation issued at F760 at PAST NON-COMPLIANCE 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.			F0000			03/04/2026
F0760 SS = G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to transcribe and administer a diuretic medication for 1 of 3 residents (R1) who had a diagnosis of heart failure that required medication management to prevent fluid related complications. The facility's failures resulted in actual harm for R1 when R1 was not administered 13 doses of Furosemide (diuretic) which contributed rapid weight gain, worsening respiratory status, and hospitalization for acute chronic congestive heart failure and hypoxia. The facility implemented corrective action prior to the survey by 2/4/26, therefore citation is issued at past non-compliance (PNC)			F0760	"Past Noncompliance - no plan of correction required"		03/03/2026

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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F0760 SS = G	Continued from page 1 Findings include: R1's hospital discharge summary dated 1/14/26, identified R1's primary diagnoses included chronic hyponatremia, acute on chronic diastolic congestive heart failure and chronic respiratory failure with hypoxia. The discharge summary included an order to administer: Furosemide 20 mg tablet for acute chronic diastolic congestive heart failure. Instruction: Wait to take this until January 17, 2026. Take two tablets (40 mg) by mouth once daily in the morning. R1's comprehensive Minimum Data Set (MDS) dated 1/27/26, indicated R1 had no cognitive impairment, was receiving a diuretic medication, and required moderate assistance with toileting and transfers. R1's activity of daily living (ADLs) care plan dated 1/14/26, indicated R1 required medications to be administered as ordered. Additionally, it directed staff to monitor R1's fluid restriction and record weights according to the facility policy. R1's facility physician orders that were transcribed into the electronic health record (EHR) did not include the order for Furosemide 20 mg tablets as per the hospital discharge summary dated 1/14/26. The facility Admission Checklist and Observation Schedule for admissions procedures dated 2/7/24, required staff to obtain signed hospital discharge orders and initiate applicable order sets, including CHF. In review of R1's record, it was not evident the CHF order set was initiated. R1's progress note dated 1/23/26 at 8:14 a.m., indicated R1 had not been placed on daily weights since admission on 1/14/26. The note indicated that staff initiated R1's daily weight on 1/23/26. Review of R1's weight record identified on 1/15/26, R1's weight was 118.4 pounds (lbs.) and on 1/23/26 R1's weight was 124.7 lbs, an increase of 6.3 lbs. Despite the increase in weight there was no indication of a comprehensive assessment/analysis that identified possible etiology of the weight gain. Review of the January 2026 Medication Administration Record (MAR) showed R1 did not receive any doses of furosemide 40 mg from 1/17/26 through 1/29/26 (13 doses) in accordance with the hospital discharge order.			F0760			03/03/2026

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F0760 SS = G	Continued from page 2 R1's medication incident report dated 1/30/26 at 2:35 p.m., indicated R1's medication incident began on 1/17/26 and was identified on 1/30/26. The report identified R1 had gained unexpected weight but did not specify what the weight gain was. The report also indicated R1's vascular provider was notified of the weight gain as well as the medication error and ordered Furosemide to be restarted as prescribed. The report did not identify if the rounding physician and/or medical director of the facility was notified. R1's weight record identified the following weights between 1/15/26 through 2/1/26: On 1/15/26, weight (wt.) 118.4 lbs. On 1/16/26, wt. 118.6 lbs. On 1/17/26, no wt. recorded On 1/18/26, wt. 125.6 lbs. (gain of 7.2 lbs. in 3 days) On 1/19/26, no wt. recorded On 1/20/26, wt. 125.0 lbs. On 1/21/26 and 1/22/26, no weights were recorded On 1/23/26, wt. 124.7 lbs. On 1/24/26, wt. 123.7 lbs. On 1/25/26, wt. 124.0 lbs. On 1/26/26, no wt. was recorded On 1/27/26, wt. was 124.0 lbs. On 1/28/26, wt. was 135.8 lbs. (representing an 11.8 gain in one day and a 17.4 lb. gain in 15 days). On 1/29/26, wt. was 136.4 lbs. On 1/30/26 and 1/31/26 no weights were recorded. On 2/1/26, wt. was 136.1 (gain of 17.7 lbs. in 19 days.) R1's progress note dated 2/2/26 at 12:00 a.m., indicated staff transferred R1 to the hospital due to hypoxic episode with low oxygen saturation and temperature of			F0760			03/03/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245533		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/12/2026	
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F0760 SS = G	Continued from page 3 101F (Fahrenheit) on 2/1/26 at 9:30 p.m. R1’s progress note dated 2/2/26 at 8:24 a.m., indicated R1 was admitted at the hospital with hypoxia, and she had gained 18 pounds since the previous hospitalization on 1/14/26. R1’s hospital admission note dated 2/2/26 at 8:04 a.m., identified R1 was admitted at the hospital with worsening weakness, worsening hypoxia, hypertensive and saturating in low to mid 80s on room air with coarse breath sound at bilateral lung bases and x-ray wheeze upper lung fields. The note further identified R1’s B-type natriuretic peptide (BNP), a test to measure a hormone produced by the heart to detect or monitor heart failure was markedly elevated at 11,015 consistent with known heart failure and likely volume overload contributing to R1’s respiratory distress. The facility Medication Error Summary dated 2/2/26 identified staff failed to transcribe the furosemide order and failed to identify R1’s CHF diagnosis or initiate the CHF monitoring order set (daily weights, edema checks, respiratory assessment). R1’s hospital discharge summary dated 2/4/26, identified R1’s was hospitalized for an acute on chronic hypoxic respiratory failure secondary to influenza A infection with contributing factors including underlying heart failure with pleural effusions. R1’s new physician orders dated 2/3/26 included: Auscultate lung sounds, make progress note if abnormal lung sounds are present. Check for edema and respiratory effort. Notify provider if indicated. During an interview on 2/11/26 at 3:09 p.m., R1 stated she felt miserable on 2/1/26 due to fever and shortness of breath, so she started screaming to get the nurse who came when she called 911 to go the hospital. R1 reported being diagnosed with heart failure and taking Furosemide to prevent fluid buildup around her heart. During an interview on 2/12/26 at 12:37 p.m., a licensed practical nurse (LPN)-A indicated when R1 was admitted on 1/14/26, she was the one who transcribed medication orders into R1’s record. LPN-A reported there were distractions during order transcription which contributed to missing the Furosemide order and missing CHF diagnosis in order to initiate the CHF order set. LPN-A explained they found out about the medication incident because R1 had weight gain.			F0760			03/03/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245533		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/12/2026	
NAME OF PROVIDER OR SUPPLIER LAKESIDE GENERATIONS HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 439 WILLIAM AVENUE EAST PO BOX 383, DASSEL, Minnesota, 55325			
(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
F0760 SS = G	Continued from page 4 LPN-A stated it was a system failure because RN-A double checked the orders, did not identify CHF diagnosis with furosemide order, and nurses on the cart did not raise any concerns regarding R1’s CHF diagnosis either. LPN-A indicated she did not know R1 had CHF otherwise she would have made sure daily weight, edema, and lungs sounds were monitored. During an interview on 2/11/26 at 1:50 p.m., a registered nurse (RN)-A stated she was the second nurse who verified R1's admission orders but failed to identify the Furosemide order and CHF diagnosis to initiate the order set. RN-A explained she did not have any excuses for this failure and had since received re-education on CHF admissions, what to look for like weight gain, lungs sounds, edema, and fluid overload. During an interview on 2/12/26 at 11:38 a.m., RN-B indicated on 1/30/26, R1’s vascular clinic had called the facility for R1’s medication administrations and his weights for routine follow-up monitoring post hospitalization; it was the vascular clinic who identified R1 had not received the Furosemide per physician orders . RN-B then reviewed the hospital discharge summary dated 1/14/26, in which she confirmed the furosemide order, nor the CHF order set was not represented in the facility’s physician orders for administration and treatment. RN-B stated she assessed R1, restarted furosemide 40 mg daily, initiate daily weights, and monitor R1’s symptoms. RN-B indicated she had not notified the facility physician of R1’s medication error or the weight gain. RN-B explained R1 not receiving furosemide 40 mg per physician order could result in heart failure exacerbation, weight gain, edema and shortness of breath. During an interview on 2/12/26 at 2:43 p.m., a physician assistant (PA)-A asserted she did not have any record about the facility notification regarding any missing or unavailable medication. PA-A stated she was not aware of R1 not receiving her furosemide 40 mg daily from 1/17/26 through 1/29/26. PA-A explained the potential complication for R1 with CHF diagnosis not receiving her furosemide 40 mg for 13 days could result with fluid overload, weight gain, edema, respiratory and heart failures. PA-A reported staff called on 2/1/26 requesting to send R1 to the hospital due to low oxygen saturation. PA-A stated she expected nursing staff to notify the medical team when there is a medication error for further instructions.			F0760			03/03/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245533		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/12/2026	
NAME OF PROVIDER OR SUPPLIER LAKESIDE GENERATIONS HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 439 WILLIAM AVENUE EAST PO BOX 383, DASSEL, Minnesota, 55325			
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F0760 SS = G	Continued from page 5 During an interview on 2/11/26 at 2:55 p.m., a pharmacist (PH)-A explained that a resident who missed furosemide 40 mg daily should be monitored for fluid overload, weight increased, edema, and respiratory failure. PH-A emphasized the importance of furosemide for residents with CHF. During an interview on 2/12/26 at 3:50 p.m., RN-C, the regional clinical director stated she became aware of the medication error on Monday 2/2/26. RN-C confirmed staff failed to identify the CHF diagnosis, did not initiate the CHF order set, and did not transcribe the furosemide order. RN-C explained when R1 was not administered physician prescribed furosemide 40 mg, this could lead to heart failure exacerbation, rapid weight gain, fluid overload, and respiratory distress. During an interview on 2/12/26 at 3:02 p.m., the medical director (MD)-A stated the incident was self-reported and he provided CHF care education to the nursing staff after the incident. MD-A reported he was not aware R1 had CHF as primary diagnosis at the admission. MD-A explained R1 not having furosemide 40 mg as prescribed could lead to CHF exacerbation, shortness of breath, rapid weight gain, edema, and respiratory distress. The facility Medication management Policy dated 7/18/18 and reviewed 9/30/25, required medications to be administered to residents as prescribed by the primary MD/NP/PA and to be transcribed as received per policy. The facility put the following corrective measures in place and was verified as completed by 2/4/26: -LPN-A was suspended pending investigation and re-education was provided on 2/2/26. -The facility reviewed and revised site admission checklist. Once completed, start education and auditing use of admission checklist on 2/3/26. -The facility audited charts of all residents with CHF diagnosis to ensure order set is in place. Order set added if not currently scheduled on 2/3/26. Education for direct care staff regarding CHF Management by Medical Director (Teach the teacher to continue education for all new hires and on routine basis by facility staff) on 2/4/26. On 2/11/26 through 2/12/26, staff were interviewed and were able to articulate the ordering and the			F0760			03/03/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245533		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/12/2026	
NAME OF PROVIDER OR SUPPLIER LAKESIDE GENERATIONS HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 439 WILLIAM AVENUE EAST PO BOX 383, DASSEL, Minnesota, 55325			
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F0760 SS = G	Continued from page 6 admission procedures for CHF residents. This deficient practice is being cited at past Non-compliance.			F0760			03/03/2026



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
March 3, 2026

Administrator
Lakeside Generations Health Care Center
439 William Avenue East
Po Box 383
Dassel, MN 55325

RE: CCN: 245533
Cycle Start Date: February 12, 2026

Dear Administrator:

*****This letter, sent on March 3, 2026, will replace the letter dated March 2, 2026. The cycle start date should be February 12, 2026. Other changes include the removal of citation F656 subsequently altering the remedies and NATCEP loss recommendation. *****

On February 12, 2026, 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 actual harm that was not immediate jeopardy (Level G), The Statement of Deficiencies (CMS-2567) is being electronically delivered.

Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

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 listed below to the CMS location.

- **Civil money penalty, (42 CFR 488.430 through 488.444).**

You will receive a formal notice from the CMS location only if CMS agrees with our recommendation.

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 \$13,343; 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.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective February 12, 2026. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS location may notify you of their determination regarding any imposed remedies.

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:

Lisa Krebs, Regional Supervisor, Federal Rapid Response
Health Regulation Division
Minnesota Department of Health
Rochester District Office
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us