

STATE LICENSING COMPLIANCE REPORT

Report #: HL334247263C Date Concluded: September 10, 2024

Name, Address, and County of Facility Investigated: Peaceful Lodge 6630 Hudson Boulevard Oakdale, Minnesota 55128 Washington County

Facility Type: Assisted Living Facility with **Evaluator's Name:** Nicole Myslicki, RN Dementia Care (ALFDC) Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CLIA (X2) MULTIPLE CONSTRUCTION ER: A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
33424		B. WING		C 09/06/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PEACEFUL LODGE 6630 HUDSON BOULEVARD OAKDALE, MN 55128						
(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
0 000	0 Initial Comments		0 000			
	On September 6, 2 Department of Heal	024, the Minnesota Ith initiated an investigation of 247263C. No correction orders				

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

(X6) DATE TITLE