

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2024
NAME OF PROVIDER OR SUPPLIER Lakehouse Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3737 Bryant Avenue South Minneapolis, MN 55409	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>48040</p> <p>Based on observation, interview, and document review, the facility failed to ensure an assessment for self-administration of medications (SAM) was completed for 1 of 3 (R2) residents reviewed for self-administration of medications.</p> <p>Findings include:</p> <p>R2's Admission Record dated 6/30/23, indicated R2's diagnoses included chronic obstructive pulmonary disease, respiratory failure with hypercapnia, weakness, essential tremor, gastro-esophageal reflux disease and major depressive disorder.</p> <p>R2's care plan dated 4/21/24 indicated staff to administer medication as ordered/observe for side effects and effectiveness, and assess her ability to safely self-administer medications specified on admission/re-admission, quarterly, review each medication as necessary with the resident.</p> <p>R2's Physician Orders dated 8/23/24 at 3:54 p.m. indicated R2 had been assessed and deemed safe to self-administer ipratropium 0.5 milligram (mg)-albuterol 3 mg/milliliter (ml) nebulization inhaler (medication used to ease breathing) after nursing set up. The physician order lacked evidence of self-administration of any other type of medication.</p> <p>R2's medical record lacked evidence of an assessment for self-administrations for all current medications.</p> <p>On 10/10/24 at 9:58 a.m., a medication cup with 14 medications was observed on the table in front of R2. There was also a clear bag with different types of inhalers. Therapy director (TD)-A was talking with R2.</p> <p>On 10/10/24 at 10:31 a.m., R2 was observed taking the medications. No nursing staff were present. R2 had the medication cup in her right hand which was shaking, and put some of the medications in her mouth. R2 was unable to swallow them, and left her room in her power wheel chair. R2 went to the unstaffed medication cart, poured herself some water with shaking hands and swallowed the medications and took the remainder of medication.</p> <p>On 10/10/24 at 10:33 a.m. R2 stated she was not aware of what all of the medications were that she had just self-administered, but she trusted the nurses. R2 stated she did not recall if she had been assessed for self-administration of medications.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/10/24 at 10:35 a.m., a licensed practical nurse (LPN)-A stated she was familiar with the facility medication administration policy. She gave R2 her medications that morning around 8:45 a.m. and she was with R2 while R2 took the medication. R2 had 14 pills, two inhalers, and one nasal spray that morning.</p> <p>On 10/10/24 at 11:05 a.m. a registered nurse (RN-A) stated nurses were responsible to make sure residents were taking their medications. RN-A stated, We don't leave medications on the table. Nurses should stay with the resident until they take their medications.</p> <p>10/14/24 at 12:08 p.m. TD-A stated R2 was evaluated by speech therapy for aspiration risk, and they recommended a follow-up swallow evaluation with video swallowing to rule out if she was an aspiration risk. She also observed the medications on R2's table that morning. She found the medications being left to be concerning, so she talked to the assistant director of nursing (ADON) about it.</p> <p>10/14/24 at 12:32 p.m. LPN-B stated patients must be assessed and have a physician order to be deemed safe for self-administration of medications.</p> <p>On 10/14/24 at 1:03 p.m. nurse practitioner (NP)-B stated she only gave an order for R2 to self-administer the nebulization inhaler after nursing set it up.</p> <p>The facility policy Self Administration of Medications dated 8/24 directed a resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. When determining if self-administration is clinically appropriate for a resident, the interdisciplinary team should at a minimum consider the resident's cognitive status, including their ability to correctly name their medications and know what conditions they are taken for.</p>		