

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Ecumen Lakeshore		STREET ADDRESS, CITY, STATE, ZIP CODE 4002 London Road Duluth, MN 55804	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to accurately code the Minimum Data Set (MDS) for 1 of 1 resident (R8) reviewed for MDS accuracy. Findings included: The CMSA Long-Term Care Facility Resident Assessment Instrument (RAI) 3. User Manual, dated 10/2023, identified each section of the MDS along with various instructions how to code and/or complete them. The section labeled, Section F: Preferences for Customary Routine and Activities. This section had the intent to obtain information regarding the resident's preferences for her daily routines and activities. R (8)'s annual MDS dated [DATE] indicated, R8 had memory problems, had no delusions or hallucinations, and did not reject cares. The section F of the MDS was not completed. During the interview on 8/7/25 at 10:34 a.m., MDS coordinator stated the life enrichment coordinator needed to complete the R8's activity review and the activity preferences assessments to enter the information into the section F and made the necessary updates to the care plan. The MDS coordinator stated, she had sent a message to the life enrichment director to complete the assessments. Facility's policy titled MDS Assessment Coordinator dated 11/2019, indicated a registered nurse (RN) shall be designated the responsibility of conducting and coordinating each resident's MDS assessment. Each individual who completes a portion of the assessment (MDS) must certify the accuracy of the portion of the assessment.</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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