

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Lakeshore Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  108 8th Street Northwest Waseca, MN 56093	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48013</p> <p>Based on observation, interview and document review, the facility failed to ensure residents were comprehensively assessed for self-administration of medications for 1 of 1 resident (R35) reviewed for self-administration of medications.</p> <p>Findings include:</p> <p>R35's admission Minimum Data Set (MDS) assessment dated [DATE], identified R35 had intact cognition and required assistance with all activities of daily living (ADL)'s. R35's diagnoses included atrial fibrillation, heart failure, hypertension, renal failure, diabetes mellitus, thyroid disorder and arthritis. MDS indicated R35 required substantial/maximal assistance with personal hygiene.</p> <p>R3's physician orders included order for Ipratropium-Albuterol inhalation solution 0.5-2.5% (3) mg (milligram)/3 ml (milliliter) - inhale one vial orally three times a day related to respiratory syncytial virus as the cause of diseases classified elsewhere.</p> <p>During interview and observation on 3/24/25 at 1:56 p.m., R35 was sitting in a wheelchair in her room. Nebulizer mask and canister was laying on the over the bed table with solution remaining in the canister. R35 stated she completes the nebulizer herself after the nurse sets it up.</p> <p>During observation on 3/25/25 at 1:15 p.m., R35 was sitting in her wheelchair holding the nebulizer mask to her face. Nebulizer cup contained a clear solution and nebulizer machine was running with no staff present in room.</p> <p>R35's record identified neither a self-administration of medication assessment was completed or an order for self-administration.</p> <p>During interview on 3/27/25 at 8:42 a.m., trained medication aide (TMA)-A stated if a resident was able to self-administer medications, it would be displayed in the resident's electronic health record (EHR). TMA-A confirmed R35 did not have an order to self-administer medications which included nebulizer treatments. TMA-A stated she sets the nebulizer machine up placed the solution in the canister and will leave the room and come back in 10-15 minutes to ensure treatment is completed and shut the nebulizer machine off.</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>During interview on 3/27/25 at 8:42 a.m., licensed practical nurse (LPN)-B stated the TMA's administers the nebulizer treatments. LPN-B stated if a resident was able to self-administer medications, it would be displayed in the resident's EHR. LPN-B confirmed R35 did not have a self-administration of medications order.</p> <p>During interview on 3/27/25 at 9:53 a.m., nursing assistant (NA)-A stated if we notice R35 does not have the nebulizer mask on, we go into her room and assist her with reapplying the mask. NA-A stated this morning, R35 had the mask on her face however, it was not correct and NA-A had to help R35 readjust the mask.</p> <p>During interview on 3/27/25 at 11:08 a.m., director of nursing (DON) stated she completes the self-administration of medications assessments. DON stated TMA's administer the nebulizer by placing the medication in the canister and places the mask on the resident's face and will go back later to ensure treatment is complete and shut off the machine. DON confirmed a self-administration of medications assessment was not completed and confirmed there was no order in place for R35 to self-administer her medications. DON stated it was important for the resident to be assessed for self-administration of medications as the medication would not be effective if R35 removed the mask.</p> <p>The facility Self-Administration of Medications policy, dated 2/24, identified residents have the right to self-administer medication if the interdisciplinary team (IDT) has determined that it is clinically appropriate and safe for the resident to do so. As part of the evaluation comprehensive assessment, the IDT assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48013</b></p> <p>Based on observation, interview, and record review the facility failed to provide assistance with facial hair removal for 1 of 1 resident (R35) reviewed for activities of daily living (ADL)'s .</p> <p>Findings include:</p> <p>R35's admission Minimum Data Set (MDS) assessment dated [DATE], identified R35 had intact cognition and required assistance with activities of daily living (ADL)'s. R35's diagnoses included diabetes mellitus, and arthritis. MDS indicated R35 required substantial/maximal assistance with personal hygiene.</p> <p>R35's care plan lacked evidence of resident's shaving preferences.</p> <p>During observation and interview on 3/24/25 at 1:46 p.m., R35 had white facial hair on chin approximately 1 inch long. R35 stated staff has assisted before and would like to be shaved.</p> <p>During observation on 3/25/25 at 10:47 a.m., R35 continued to have facial hair on chin.</p> <p>During observation on 3/26/25 at 7:12 a.m., R35 continued to have facial hair on chin.</p> <p>During observation on 3/27/25 at 9:22 a.m., R35 continued to have facial hair on chin.</p> <p>During interview on 3/27/25 at 9:53 a.m., nursing assistant (NA)-A stated if a resident had facial hair, she would ask the resident if they would like to be shaved. If resident stated they would like to be shaved, NA-A would go and find a shaver and assist resident with shaving. NA-A stated she has not asked or shaved R35.</p> <p>During interview on 3/27/25 at 10:36 a.m., NA-B stated they are supposed to shave residents if facial hair is noticed. NA-B stated she assisted R35 with morning cares and stated she noticed chin hairs but stated she did not shave R35.</p> <p>During interview on 3/27/25 at 10:39 a.m., licensed practical nurse (LPN)-B stated nursing assistants perform shaving when doing morning cares with residents, but it should be addressed on the resident's bath days. LPN-B stated R35's scheduled bath occurs Monday evenings. LPN-B confirmed R35 had facial hair and should have been shaved.</p> <p>During interview on 3/27/25 at 11:08 a.m., director of nursing (DON) indicated staff are to shave resident's facial hairs if seen, women especially. DON stated facility has razors to use if family members do not provide one. DON stated staff should have asked R35 if she would like to be shaved. DON stated it was important for the resident to be shaved for dignity of the resident.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility Activities of Daily Living Policy, dated 3/31/23, indicated the facility is to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48013</p> <p>Based on observation, interview, and document review, the facility failed to ensure frozen food items were stored in a manner to reduce the risk of cross contamination and potential foodborne illness in 1 of 1 walk-in freezers, failed to ensure food stored in the refrigerators and dry storage were labeled, dated and discarded properly. This deficient practice had the potential to affect all 48 residents, staff and visitors who received food from facility kitchen.</p> <p>Findings include:</p> <p>Freezer</p> <p>During the initial kitchen tour on [DATE] at 12:50 p.m., a walk-in commercial freezer had a cooling fan mounted to the top of the unit which had visible ice built up on numerous places along the unit. The ceiling of freezer had ice built up, thick in some areas and in frozen droplet forms in other areas, that went from the back wall of the freezer towards the front of the freezer cover two-thirds of the ceiling on the left side. The back wall of the freezer had ice build-up with the thickest of the ice towards the bottom with a mound of ice on the floor. [NAME] substance, approximately 5-inch diameter, was melted into the mound of ice. The floor of the freezer and the metallic shelving used also had ice build-up present. Approximately, one-third of the floor was covered with thick ice build-up. The metallic shelving units were used to hold food and sat parallel with the walls of the freezer from the front wall to the back wall of the freezer. Immediately to the right of the cooling unit, there were several food items stored in boxes. Boxes were cardboard which were soft and somewhat mushy feeling to touch. Several boxes had visible ice buildup covering them. A gauge present measured the unit at -4 degrees Fahrenheit (F).</p> <p>During a subsequent visit to the kitchen on [DATE] at 10:15 a.m., ice continued to be present in the freezer.</p> <p>During interview on [DATE] at 10:23 a.m., culinary services director (CSD) confirmed ice buildup in the freezer's wall, ceiling, shelves and boxes. CSD stated the fan in the freezer was blocked and was not working. CSD stated maintenance looked at the fan yesterday and fixed it. CSD stated it has been an on-going process to get the ice out of the freezer since she started several months ago. CSD stated the ice buildup could be a concern as it could contaminate food, cause freezer burn on food or could cause food to rot from the mushy boxes that food is being store in.</p> <p>During interview on [DATE] at 12:30 p.m., administrator stated she was not aware of the ice buildup in the freezer. Administrator stated she would expect staff to notify her if there was ice buildup in the freezer. Administrator confirmed ice buildup was a concern on the last annual survey but to her knowledge it was addressed and taken care of. Administrator stated the ice buildup could impact food quality and overall functionality of the freezer.</p> <p>Label, cover and date of foods:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation and interview on [DATE] at 12:20 p.m., CSD confirmed the following food items were observed in the prep cooler in the kitchen that were not labeled or dated:</p> <ul style="list-style-type: none"> <li>-Jar of opened salsa that did not have an opened date on container.</li> <li>- Opened plastic storage bag with Hot dogs were dated [DATE]. CSD stated they were expired.</li> <li>-Container of opened cottage cheese that did not have an opened date on container.</li> <li>- Container of opened egg salad that did not have an opened date on container and had an expiration date of [DATE]. CSD stated it was expired.</li> </ul> <p>During observation and interview on [DATE] at 12:58 p.m., CSD confirmed the following food items were observed in the walk-in cooler were not labeled or dated:</p> <ul style="list-style-type: none"> <li>- Opened bag of lettuce had brown slime that did not have an opened date.</li> <li>- Opened plastic storage bag with sliced American cheese that had several slices that were dried out. Bag did not have an opened date.</li> <li>- Opened plastic storage bag with sliced white cheese that did not have an opened date.</li> <li>- Container of opened sour cream that did not have an opened date on container.</li> </ul> <p>During an interview on [DATE] at 1:12 p.m., CSD verified all items should be labeled, covered and dated as soon as food is removed from its original container. The CSD stated it was important to label and date food items to know when food items are fresh.</p> <p>During an interview on [DATE] at 10:15 a.m., cook stated when food is opened, they are to label and date before putting it away. [NAME] stated it was important to complete to know if a food was expired or should be thrown away.</p> <p>During an interview on [DATE] at 10:20 a.m., culinary aide (CA)-A stated when food is opened it needed to be labeled and dated so you know when it was opened or expired.</p> <p>The facilities Freezer policy, dated ,d+[DATE], indicated cleaning procedure of freezer which consisted of:</p> <ol style="list-style-type: none"> <li>1. All items should be removed from freezer and transferred to another freezer.</li> <li>2. Let all ice melt and unit warm up.</li> <li>3. Wash out inside of freezer with warm soapy water. Rinse well.</li> <li>4. Wipe out with weak solution of baking soda and water. Rinse well.</li> <li>5. Dry inside with soft cloth. Let air dry.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. Plug in unit and let freezer return to proper temperature.</p> <p>7. Wash shelves with soapy water. Rinse, dry and replace in freezer.</p> <p>8. Replace frozen food.</p> <p>9. Clean per cleaning schedule of facility.</p> <p>The facility Food Storage policy, dated ,d+[DATE], indicated facility would maintain sanitary techniques in non-perishable food storage in order to protect the health of those dependent on the service. The remaining contents of opened food packages will be stored in plastic containers with tight-fitting lids or plastic zip lock bags. All containers will be properly labeled and dated as to contents.</p>

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<p>F 0867</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51379</p> <p>Based on interview and document review, the facility failed to ensure the Quality Assurance and Performance Improvement (QAPI) committee identify, investigate, analyze and respond to freezer maintenance (i.e., prevent ice buildup) by developing and implementing action plans for the process improvement identified to be a current concern with past identified non compliance. This had potential to affect all 45 residents, staff and visitors who consumed food at the care center.</p> <p>Findings include:</p> <p>Facilities QAPI (Quality Assessment and Performance Improvement) Plan, identified the purpose of QA (Quality Assessment) would be to take a proactive approach to continually improve the way we provide care, with each employee to participate in the ongoing QAPI efforts.</p> <p>The facility QA plan outlined the facility would review data from areas defined by the facility as high risk or problem prone areas; and it outlined a process for how Performance Improvement Projects (PIP) would be completed. The QA team will determine what information is needed for the project and how to obtain it. A root cause analysis will be completed to assure the problem is identified. The team will develop an action plan for the improvement and the QA committee will require reporting of the project effectiveness.</p> <p>Facilities last three recertification surveys dated [DATE], [DATE], and [DATE] identified F-tag 812-Food Procurement, Store/Prepare/Serve Sanitary was cited each time with similar concerns including: the facility failed to label opened containers of food, not sanitize a deep fat fryer in storage, or kitchen commercial can opener; the facility failed to mark/date opened containers of food stored in one kitchen refrigerators and freezer; and failed to ensure expired/damaged food were identified and removed; the facility failed to ensure frozen food items were stored in a manner to reduce the risk of cross contamination and potential foodborne illness in walk-in freezers.</p> <p>See F812 for further details of the kitchen tour.</p> <p>During an interview on [DATE] at 10:23 a.m., dietary manager (DM) stated the fan in the freezer was blocked and was not working, however maintenance looked at it the day before and fixed the fan. DM stated the ice buildup has been there for several weeks. The DM stated ice buildup could be a concern as it could contaminate food, causing freezer burn on food or cause food to rot from mushy boxes the food is being stored in and said it was not appropriate.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 12:30 p.m., the administrator stated she was not aware of ice buildup in the freezer and would expect the DM to have notified her. The administrator confirmed the concern was identified during the last recertification and the plan of corrections was to replace the draping in the freezer. The administrator confirmed the freezer did not currently have any draping and stated ice buildup was a problem because it could impact food quality and overall functionality of the freezer. The administrator stated the QA team met monthly and explained the current facility's PIP's included various projects, with all current goals for them being met. The administrator stated the QA team included members from clinical care services, culinary, activities, maintenance, housekeeping, and administration. The QA focus may extend to any one of these service areas.</p> <p>The administrator reviewed the QAPI meeting minutes and confirmed the committee did not identify any current or previous issues with the freezer. The administrator confirmed monitoring of the last years recertification was not performed.</p>