

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245606</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKE MINNETONKA CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>20395 SUMMERVILLE ROAD DEEPHAVEN, MN 55331</b>	
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)		
E 0024  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<b>Establish policies and procedures for volunteers.</b>  Based on interview and policy review, the facility failed to ensure their emergency preparedness policies and procedures addressed the use of volunteers in an emergency, or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. Findings include: Review of the facility's policy and procedures, provided by the director of nursing (DON), the documentation lacked evidence of policy related to the use of volunteers. On 4/22/19, at 9:01 a.m., when interviewed regarding the policy regarding volunteer use, the DON reported, I spoke with (assistant administrator) and we do not have a policy for volunteers. The DON further explained, (assistant administrator) is the one who writes the policies. When surveyor provided the Emergency Preparedness Regulation for review, the DON stated that she was not aware of this requirement.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.