Electronically Delivered

November 3, 2025

Licensee
12778 183rd Court LLC
12778 183rd Court Northwest
Elk River, MN 55330

RE: Project Number(s) SL39211016

Dear Licensee:

On October 14, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on May 21, 2025. This follow-up survey verified that the facility is in substantial compliance.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39211	A. BUILDING: _____ B. WING _____	R 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW ESTATE	12778 183RD COURT NW ELK RIVER, MN 55330

(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}	Initial Comments *****ATTENTION****** ASSISTED LIVING PROVIDER FOLLOW UP SURVEY INITIAL COMMENTS SL39211016-2 On October 13, 2025 through October 14, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on July 29, 2025. At the time of the survey, there were five (5) residents; five (5) receiving services under the Assisted Living license. As a result of the follow-up survey, the licensee is in substantial compliance.	{0 000}		
{0 650} SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs;	{0 650}		

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{0 650}	Continued From page 1 (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by:	{0 650}	Not reviewed during this survey.	
{0 810} SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.	{0 810}		

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{0 810}	Continued From page 2 (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by:	{0 810}	Not reviewed during this survey.	
{0 830} SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by:	{0 830}	Not reviewed during this survey.	
{01370} SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services	{01370}		

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{01370}	Continued From page 3 provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by:	{01370}	Not reviewed during this survey.	

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{01380} SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by:	{01380}	Not reviewed during this survey.	
{01440} SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional	{01440}		

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{01440}	Continued From page 5 and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by:	{01440}	Not reviewed during this survey.	
{01640} SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record,	{01640}		

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{01640}	Continued From page 6 including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by:	{01640}	Not reviewed during this survey.	
{01890} SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by:	{01890}	Not reviewed during this survey.	
{01940} SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided;	{01940}		

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{01940}	Continued From page 7 (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by:	{01940}		
{01960} SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced	{01960}	Not reviewed during this survey.	

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{01960}	Continued From page 8 by:	{01960}	Not reviewed during this survey.	
{02310} SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by:	{02310}	Not reviewed during this survey.	

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September 23, 2025

Licensee
12778 183rd Court NW, LLC
12778 183rd Court Northwest
Elk River, MN 55330

RE: Project Number(s) SL39211016

Dear Licensee:

On July 29, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on May 21, 2025. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the May 21, 2025 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on May 21, 2025, found not corrected at the time of the July 29, 2025, follow-up survey and/or subject to penalty assessment are as follows:

0110-Assisted Living Director License Required-144g.10 Subdivision 1a - $500.00

The details of the violations noted at the time of this follow-up survey completed on July 29, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

We urge you to review these orders carefully. If you have questions, please contact Kelly Thorson at 320-223-7336.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

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{0 000}	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER FOLLOW UP SURVEY WITH RE-ISSUE OF ORDERS INITIAL COMMENTS SL39211016-1 On July 28, 2025, through July 30, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on May 21, 2025 . At the time of the survey, there were 4 residents; 4 receiving services under the Assisted Living Facility license. As a result of the follow-up survey, the following orders were reissued.	{0 000}	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
{0 110} SS=F	144G.10 Subdivision 1a Assisted living director license required	{0 110}		

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{0 110}	Continued From page 1 Each assisted living facility must employ an assisted living director who is licensed or permitted by the Board of Executives for Long Term Services and Supports and affiliated as the director of record with the board. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employment of a licensed assisted living director (LALD), licensed by the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: The licensee held an assisted living facility (ALF) license with a capacity of four residents issued on August 11, 2024, through August 10, 2025. On July 28, 2025, at 9:19 a.m., the Board of Executives for Long-Term Services and Support (BELTSS) website indicated there was not a current licensed assisted living director (LALD) listed as the director of record for the licensee's Health Facility Identification Number (HFID) and	{0 110}		

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{0 110}	Continued From page 2 the last LALD ended on April 2, 2025. On July 28, 2025, at 10:38 a.m., the surveyor called the phone number listed for the licensee and spoke with agent (A)-A who advised that this was her email, they had just recently hired someone for the licensed assisted living director (LALD) position, and she would have licensed practical nurse (LPN)-B email the surveyor the requested information. On July 28, 2025, at 11:15 a.m., the surveyor received an email from LPN-B that included a screenshot of the BELTSS website showing an active LALD for licensed assisted living director applicant (LALDA)-C. On July 28, 2025, at 11:28 a.m., the surveyor emailed A-A and LPN-B and requested the following information: - confirm name of the current LALD that is affiliated with HFID 39211; - copy of the LALD license; - email from BELTSS confirming the application for LALD; or - confirmation LALD is listed in BELTSS as director of record. On July 28, 2025, at 11:52 am., the surveyor received an email from LPN-B that indicated, "the information you were sent is all the current information she has, she has applied to get the shared LALD for the licensee but has not received anything back yet". On July 28, 2025, at 2:47 p.m., the surveyor sent a follow-up email to A-A and LPN-B and requested the following: - copy of LALD license;	{0 110}		

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{0 110}	Continued From page 3 - any correspondence with BELTSS about application; - start date for LALDA-C; and - LALDA's email and phone number. On July 28, 2025, at 2:57 p.m., the surveyor received a reply email from LPN-B which added LALDA-C to the email chain and indicated LALDA-C would provide the requested information. On July 29, 2025, at 8:53 a.m., the surveyor received an email from LALDA-C which indicated, "I took a snip of the application in process and my license. Please let me know if you need any more information. I am feeling under the weather and may have a delayed response." The email also included her phone number. On July 29, 2025, at 9:00 a.m., the surveyor sent an email to Board of Executives for Long-Term Services and Supports representative (BELTSSR)-D that requested information on LALDA-C's application. On July 29, 2025, at 9:17 a.m., the surveyor received an email from BELTSSR-D that indicated LALDA-C had applied for the shared license but did not reply to an email requesting an agreement form that was needed to complete the application. In addition, BELTSSR-D indicated if LALDA-C had been the director of record for more than 15 days without the license, she would be considered out of compliance because BELTSS requires the application to be completed within 15 days. BELTSSR-D indicated LALDA-C did not follow through on the second step of completing the agreement and so an	{0 110}		

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	39211	A. BUILDING: _____ B. WING _____	R 07/29/2025

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{0 110}	Continued From page 4 email with further instructions on how to obtain the license was sent to LALDA-C. On July 29, 2025, at 9:38 a.m., the surveyor spoke with LALDA-C on the phone, and she stated she had signed the agreement with the licensee on July 10, 2025, and had submitted the application to be the shared LALD for the licensee's HFID to BELTSS. LALDA-C stated she had not actually started the position yet because she was waiting to hear from BELTSS and the licensee had not received any TB test results, background study, or assigned any orientation to her yet. After advising the information received from BELTSSR-D about the application, LALDA-C stated she had never received the email from BELTSS requesting further information, but she did receive the email they sent her today, she thought she had sent them the signed agreement the same day as the application but knows she did email the application forms to BELTSS on July 9, 2025. LALDA-C stated she would send the correspondence and signed agreement with licensee by email to the surveyor. On July 29, 2025, at 9:54 a.m. and 9:59 a.m., the surveyor received emails from LALDA-C the first email contained the signed agreement with licensee that was signed on July 10, 2025, the BELTSS application for shared LALD signed July 10, 2025, and an email from BELTSS that stated action required that was sent on July 9, 2025. The second email included a copy of the email from BELTSS dated July 9, 2025, indicating action required and some correspondence with a representative at BELTSS about sharing her license number with the licensee.	{0 110}		

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{0 110}	Continued From page 5 On July 30, 2025, at 8:43 a.m., the Board of Executives for Long-Term Services and Support (BELTSS) website indicated there was not a current licensed assisted living director (LALD) listed as the director of record for the licensee's Health Facility Identification Number (HFID) and the last LALD ended on April 2, 2025. The licensee's 4.01 Assisted Living Director policy dated June 7, 2025, indicated the licensee is required to have an Assisted Living Director licensed or permitted by BELTSS. The licensed or permitted Assisted Living Director will maintain a current and active license or permit with BELTSS. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	{0 110}		
{0 650} SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;	{0 650}		

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{0 650}	Continued From page 6 (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by:	{0 650}	No further action required.	
{0 810} SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to	{0 810}		

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{0 810}	Continued From page 7 include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by:	{0 810}	No further action required.	
{0 830} SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by:	{0 830}	No further action required.	
{01370} SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn	{01370}		

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{01370}	Continued From page 8 (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.	{01370}		

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{01370}	Continued From page 9 This MN Requirement is not met as evidenced by:	{01370}	No further action required.	
{01380} SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by:	{01380}	No further action required.	
{01440} SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being	{01440}		

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{01440}	Continued From page 10 performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by:	{01440}		
{01640} SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office	{01640}	No further action required.	

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{01640}	Continued From page 11 of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by:	{01640}	No further action required.	
{01890} SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by:	{01890}	No further action required.	
{01940} SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility	{01940}		

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{01940}	Continued From page 12 must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by:	{01940}	No further action required.	
{01960} SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not	{01960}		

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{01960}	Continued From page 13 administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by:	{01960}	No further action required.	
{02310} SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by:	{02310}	No further action required.	

Electronically Delivered

June 12, 2025

Licensee
Lakeview Estate LLC
12778 183rd Court Northwest
Elk River, MN 55330

RE: Project Number(s) SL39211016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 23, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0110 - 144g.10 Subdivision 1a - Assisted Living Director License Required $3,000.00
St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is**

$6,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

KKM

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0 000	Initial Comments ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL39211016-0 On May 19, 2025, through May 21, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were five (5) residents; five (5) receiving services under the Assisted Living Facility license. On May 20.2025, immediate correction orders were identified and issued for SL39211016-0, tag identification 0110 and 1290. During the course of the survey, the licensee failed to take action to mitigate the imminent risk identified in the immediate orders.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 110 SS=I	144G.10 Subdivision 1a Assisted living director license required	0 110		

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12778 183RD COURT LLC	12778 183RD COURT NW ELK RIVER, MN 55330

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employment of a licensed assisted living director (LALD), licensed by the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all residents and staff. This resulted in an immediate correction order issued on May 20, 2025. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living facility (ALF) license issued on August 11, 2024, through August 10, 2025. On May 19, 2025, at 9:45 a.m., during the entrance conference, clinical nurse supervisor (CNS)-A stated there is not currently a licensed assisted living facility director (LALD) for this facility. CNS-B stated she was the previous LALD in residence (LALDIR) (permit to work as an LALD in conjunction with another licensed LALD	0 110		

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0 110	Continued From page 2 that is mentoring the LALDIR) but decided this was too much for her to handle and decided to not complete the licensure requirements for the LALD. On May 20, 2025, at 11:00 a.m., the BELTSS website indicated there was no current director of record listed and the last director of record had ended on April 2, 2025 The licensee's 4.01 Assisted Living Director policy dated June 7, 2025, indicated the licensee is required to have an Assisted Living Director licensed or permitted by BELTSS. The licensed or permitted Assisted Living Director will maintain a current and active license or permit with BELTSS. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 110		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance	0 650		

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0 650	Continued From page 3 reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records included all required content (annual performance review) for one of two unlicensed personnel (ULP)-F). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings include: On May 20, 2025, at 11:40 a.m., the surveyor observed ULP-F administer medications to a resident. ULP-F was hired on March 2, 2022, to provide direct care services to residents. The surveyor requested ULP-F's employee records via email, specifically asking for various items including ULP-F's annual performance review, on May 20, 2025, at 12:51p.m. The	0 650		

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0 650	Continued From page 4 following day, May 21, 2025, the surveyor received an email from clinical nurse supervisor (CNS)-A at 9:06 a.m., that contained ULP-F's employee records. ULP-F's employee record lacked evidence an annual performance review was completed. During exit conference, on May 21, 2025, the surveyor advised CNS-A what was missing from ULP-F's employee record and requested if they had any of this information to email it by 4:00 p.m. that day. The surveyor received an email on May 21, 2025, at 3:41p.m., from CNS-A that contained some more of ULP-F's employee record and included an annual review for ULP-F that was only signed by CNS-A. On May 22, 2025, at 8:15 a.m., CNS-A stated she did not create the annual review yesterday but does not know why it is not signed by ULP-F. CNS-A stated she never completed the review in person with ULP-F and had just filled out the form. The licensee's 4.35 Employee Evaluation policy dated April 3, 2023, indicated all staff of licensee will be given an employee evaluation after 30 days of employment and annually. The employee should fill out the evaluation form as a self-evaluation. The supervisor, using a standard evaluation form created by licensee, will complete a written administrative evaluation for each employee based on the employee's job description and goals and objectives mutually agreed upon by the employee and the supervisor at the last evaluation. The supervisor will discuss the evaluation with the employee and with input from the employee, develop a list of mutually agreed upon goals and objectives for the next	0 650		

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0 650	Continued From page 5 evaluation. The supervisor will rate each employee's performance in all areas of the job responsibilities. The employee may make a written response to all, or any part of the evaluation and the response will be attached to the evaluation. The evaluation form is to be signed by the supervisor and the employee. The original sign form is placed in the employees personnel file and a copy of the completed and signed form will be given to the employee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in	0 810		

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0 810	Continued From page 6 their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training and drills. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On May 20, 2025, at approximately 11:30 a.m., the surveyor observed the fire evacuation diagrams were posted throughout the facility, but not present in the facilities fire safety and evacuation plan (FSEP). On May 20, 2025, director of maintenance	0 810		

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0 810	Continued From page 7 (DM)-B provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP failed to include the following: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. On May 20, 2025, at approximately 11:30 a.m., DM-B stated they understood the area of the policy that was incomplete and work to bring the policy compliance. TRAINING: The licensee failed to provide evacuation training to residents at least once per year. DM-B lacked documentation showing any training was offered or training was scheduled for a future date for residents on the fire safety and evacuation plan. On May 20, 2025, at approximately 11:30 a.m., DM-B stated they understood the requirements for training residents and would implement a training program that was compliant with statute requirements. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		

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0 830	Continued From page 8	0 830		
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to comply with all state and local governing laws, and codes for fire safety, building, and zoning requirements. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: On May 20, 2025, at approximately 11:30 a.m., the surveyor toured the facility with director of maintenance (DM)-B. The surveyor observed a mop sink in the lower level mechanical room with fresh poured concrete around the base. The surveyor asked DM-B if they knew when the sink	0 830		

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0 830	Continued From page 9 was installed. DM-B stated it was installed within the past two years. Based on observations of the sink installation the surveyor asked DM-B if a permit was issued for the sink. DM-B stated he was not sure if a permit was issued. Under MN Rules 1300.0120, An owner or authorized agent who intends to construct, enlarge, alter, repair, move, demolish, or change the occupancy of a building or structure, or to erect, install, enlarge, alter, repair, remove, convert, or replace any gas, mechanical, electrical, plumbing system, or other equipment, the installation of which is regulated by the code; or cause any such work to be done, shall first make application to the building official and obtain the required permit. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 830		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.	01290		

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01290	Continued From page 10 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was conducted prior to staff providing services for two of two employees (unlicensed personnel (ULP)-C and ULP-D). This resulted in an immediate correction order issued on May 20, 2025. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-C ULP-C was hired on August 12, 2024, to provide assisted living services to residents. ULP-C's employee record contained a background study clearance letter dated May 19, 2025, affiliated with the correct health facility identification number (HFID) 39211, but was completed after the start of the survey. ULP-C's employee record lacked evidence of a completed background study clearance affiliated with the HFID as required prior to providing services for the licensee's residents. ULP-D ULP-D was hired on April 5, 2021, and started	01290		

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01290	Continued From page 11 providing assisted living services to residents on August 1, 2021. ULP-D's employee record contained a background study clearance letter dated April 6, 2021, for HFID 20533. The HFID is not affiliated with a current assisted living facility. ULP-D's employee record lacked evidence of a completed background study clearance affiliated with the HFID as required prior to providing services for the licensee's residents. The licensee's current schedule for May 2025, updated on May 19, 2025, indicated ULP-C worked on May 1, 2, 3, 4, 6, 13, 16, 17, and 18, 2025. The schedule indicated ULP-D worked on May 1, 7, 8, 10, 11, and 15, 2025. On May 20, 2025, at 10:20 a.m., clinical nurse supervisor (CNS)-A stated ULP-C's background study clearance letter was dated for yesterday's date after the survey had started and ULP-D's background study clearance letter was not affiliated with the correct HFID. On May 20, 2025, at 11:08 a.m., human resources (HR)-E stated that ULP-C was not affiliated until yesterday when they realized she was not on the roster and ULP-D was not affiliated with the correct HFID for this facility. The licensee's 4.02 Background Studies policy dated June 7, 2023, indicated no employee may provide direct care services and have independent direct contact with any residents until acceptable result of the background study have been received. No further information was provided.	01290		

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01290	Continued From page 12 TIME PERIOD FOR CORRECTION: IMMEDIATE	01290		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's	01370		

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01370	Continued From page 13 family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and/or competencies were completed and documented for one of two unlicensed personnel (ULP)-F. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On May 20, 2025, at 11:40 a.m., the surveyor observed ULP-F administer medications to residents. ULP-F was hired on March 2, 2022, to provide direct care services to residents. ULP-F's employee record and the Minnesota Aide Registry both indicated ULP-F's certified nursing assistant (CNA) certification expired on August 11, 2024. ULP-F's employee record lacked evidence of completed training and/or competency testing for	01370		

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01370	Continued From page 14 the following: - documentation requirements for all services provided; - report of changes in the resident's condition to the supervisor designated by the assisted living provider; - basic infection control, including blood-borne pathogens; - appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; and - dressing and assisting with toileting; -. training on the prevention of falls for providers working with the elderly for individuals at risk of falls; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; - awareness of confidentiality and privacy; - understanding appropriate boundaries between staff and residents and the resident's family; - procedures to utilize in handling various emergency situations; and - awareness of commonly used health technology equipment and assistive devices. On May 21, 2025, at 1:45 p.m., clinical nurse supervisor (CNS)-A stated she has not completed any training with ULP-F since her CNA	01370		

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01370	Continued From page 15 certification expired and was not aware that ULP-F's certificate had expired because she is not on charge of keeping track of employee records, someone at the office is, and if items are missing she is not sure why. The licensee's 5.02 Competency Training Evaluations policy dated June 6, 2022, indicated only unlicensed personnel who are determined to be competent and possessed the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks. The assisted living facility will have a system in place to communicate up to date information to an RN regarding current available staff and their competencies. Training and competency evaluations of U LP's will be conducted by a RN, or another instructor (LPN) may provide the training in conjunction with a RN. Training and competency evaluations for all ULP's will include: - documentation requirements for all services provided; - report of changes in the resident's condition to the supervisor designated by the facility; - basic infection control, including blood-borne pathogens; - appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; and - dressing and assisting with toileting; - training on the prevention of falls; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating;	01370		

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01370	Continued From page 16 - preparation of modified diets as ordered by a licensed health professional; -communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; - awareness of confidentiality and privacy; - understanding appropriate boundaries between staff and residents and the resident's family; - procedures to utilize in handling various emergency situations; and - awareness of commonly used health technology equipment and assistive devices. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required.	01380		

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01380	Continued From page 17 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and/or competencies were completed and documented for one of two unlicensed personnel (ULP)-F. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On May 20, 2025, at 11:40 a.m., the surveyor observed ULP-F administer medications to residents. ULP-F was hired on March 2, 2022, to provide direct care services to the residents. ULP-F's employee record and the Minnesota Aide Registry both indicated ULP-F's certified nursing assistant (CNA) certification expired on August 11, 2024. ULP-F's employee record lacked evidence of completed training and/or competency testing for the following: - observation, reporting, in documenting of resident status; - basic knowledge of body functioning and changes in body functioning, injuries, or other	01380		

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01380	Continued From page 18 observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the resident; - recognizing physical, emotional, cognitive, and developmental needs of the resident; - safe transfer techniques and ambulation; - range of motioning and positioning; and - administering medication or treatments as required. On May 21, 2025, at 1:45 p.m., clinical nurse supervisor (CNS)-A stated she has not completed any training with ULP-F since her CNA certification expired and was not aware that ULP-F's certificate had expired because she is not on charge of keeping track of employee records, someone at the office is, and if items are missing, she is not sure why. The licensee's 5.02 Competency Training Evaluations policy dated June 6, 2022, indicated only unlicensed personnel who are determined to be competent and possessed the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks. The assisted living facility will have a system in place to communicate up to date information to an RN regarding current available staff and their competencies. Training and competency evaluations of U LP's will be conducted by a RN, or another instructor (LPN) may provide the training in conjunction with a RN. Training and competency evaluations for all ULP's must include: - observing, reporting, and documenting resident status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to	01380		

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01380	Continued From page 19 appropriate personnel; - reading and recording temperature, pulse, and respirations of the resident; - recognizing physical, emotional, cognitive, and developmental needs of the resident; - safe transfer techniques and ambulation; - range of motioning and positioning; and - administering medication or treatments as required. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This	01440		

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01440	Continued From page 20 requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an appropriate licensed health professional, or a registered nurse (RN) conducted direct supervision of staff performing a delegated task within thirty calendar days after the date on which the individual began working for the facility and first performed the delegated task for one of two unlicensed personnel (ULP)-F. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On May 20, 2025, at 11:40 a.m., the surveyor observed ULP-F administer medications to residents. ULP-F was hired on March 2, 2022, to provide direct care services to residents. ULP-F's employee record lacked evidence a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services. On May 21, 2025, at 1:45 p.m., clinical nurse	01440		

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01440	Continued From page 21 supervisor (CNS)-A stated she had not completed the 30-day supervision with ULP-F, it would have been another nurse prior to her start that would have been responsible for completing it. CNS-A stated she is not in charge of keeping track of employee records, someone at the office is, and if items are missing, she is not sure why The licensee's 6.17 Supervision of Staff-Delegated Services policy dated June 6, 2022, indicated direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for licensee and 1st performs the delegated task for residents and thereafter as needed based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.	01640		

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01640	Continued From page 22 (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided and failed to ensure the current service plans included a signature or other authentication by the resident or the resident's representative to document agreement on the services to be provided for two of two residents (R1 and R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted on August 18, 2022, with diagnoses which included depression, diabetes, hypertension, and adult failure to thrive. R1's Service Plan dated September 16, 2024, indicated R1 received assistance with medication administration, blood glucose monitoring, bathing,	01640		

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01640	Continued From page 23 dressing, grooming, incontinence assistance, transfer assistance of two-person, behavior monitoring, housekeeping and laundry. R1's service plan lacked the service of oxygen management. R3 On May 20, 2025, at 12:15p.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R3. R3 was admitted on January 16, 2025, with diagnoses which included peripheral T-cell lymphoma, diabetes, paranoid schizophrenia, pulmonary embolism (blood clot in the lung), and heart failure. R3's Service Plan dated January 16, 2025, indicated R3 received assistance with medication administration, catheter care, blood glucose monitoring, bathing, dressing, grooming, incontinence assistance, behavior monitoring, housekeeping and laundry. R3's service plan lacked the service of continuous positive airway pressure (CPAP) assistance. On May 21, 2025, at 10:00 a.m., clinical nurse supervisor (CNS)-A stated service modifications to include the oxygen management service for R1 had not been signed by the resident and did not realize that each modification needed to be signed. On May 21, 2025, at 1:00 p.m., CNS-A stated R3's service plan is missing the service of CPAP assistance, and it should have a modification completed and signed by the resident, but she did not realize the CPAP was missing from the original service plan, it should have been on there from admission.	01640		

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01640	Continued From page 24 The licensee's 6.08 Service Plan policy dated April 5, 2023, indicated within 14 days after the date that services are first provided to a resident, the licensee will finalize a written Service plan. The Service plan and any revision shall include a signature or other authentication by the resident, or resident's representative, documenting agreement on the services provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to discard expired medication for one of five residents (R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the	01890		

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01890	Continued From page 25 situation has occurred only occasionally). The findings include: On May 20, 2025, at 12:30 p.m., the surveyor observed the locked medication cabinet with clinical nurse supervisor (CNS)-A and observed the following expired medications: - aspirin 81 milligram (mg) with an expiration date of October 2, 2024. On May 20, 2025, at12:30 p.m., CNS-A stated the medication was expired and also discontinued so it should have been disposed of and must have been missed. The licensee's 7.11 Medication Storage policy dated April 24, 2023, indicated the expired medications managed by licensee will be disposed of according to the accepted practices of the Minnesota board of pharmacy and the labels from the containers will be destroyed. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy	01940		

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01940	Continued From page 26 management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of two residents (R1 and R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	01940		

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01940	Continued From page 27 The findings include: On May 20, 2025, at 12:51p.m., surveyor observed an oxygen concentrator with tubing attached to a nasal cannula and also a portable oxygen tank in a stand both located in R1's bedroom. R1 stated the staff assist her with the oxygen if she needs it because her oxygen levels go too low sometimes. R1 R1 was admitted on August 18, 2022, with diagnoses which included depression, diabetes, hypertension, and adult failure to thrive. R1's Service Plan dated September 16, 2024, indicated R1 received assistance with medication administration, blood glucose monitoring, bathing, dressing, grooming, incontinence assistance, transfer assistance of two-person, behavior monitoring, housekeeping and laundry. R1's record included an individualized treatment plan dated October 18, 2024, which indicated the following required information would be on R1's medication administration/treatment administration record (MAR/TAR): - resident-specific requirements relating to documentation and instructions of treatment and therapy received; and - monitoring of treatment or therapy to prevent possible complications or adverse reactions. R1's record included a MAR/TAR dated May 2025 which indicated R1 received oxygen assistance supply O2 at 1L/Min. continuous overnight and PRN during the day if oxygen saturation less than 90% or for comfort. Spot check O2 three times daily.	01940		

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01940	Continued From page 28 R1's individualized treatment plan and TAR/MAR both lacked the following required information: - documentation of specific resident instructions relating to the treatments or therapy administration; and - monitoring of treatment or therapy to prevent possible complications or adverse reactions. R3 was admitted on January 16, 2025, with diagnoses which included peripheral T-cell lymphoma, diabetes, paranoid schizophrenia, pulmonary embolism (blood clot in the lung), and heart failure. R3's Service Plan dated January 16, 2025, indicated R3 received assistance with medication administration, catheter care, blood glucose monitoring, bathing, dressing, grooming, incontinence assistance, behavior monitoring, housekeeping and laundry. R3's record included an individualized treatment plan dated April 2, 2025, which indicated the following required information would be on R3's MAR/TAR: - resident-specific requirements relating to documentation and instructions of treatment and therapy received; and - monitoring of treatment or therapy to prevent possible complications or adverse reactions. R3's record included a MAR/TAR dated May 2025 which indicated R3 received blood glucose monitoring, catheter care, and CPAP assistance. Blood sugar checks before breakfast and before dinner. CPAP fill machine at bedtime-fill water chamber with distilled water. Put CPAP mask on/ turn machine on. CPAP turn machine off and remove. Wash CPAP chamber, mask, cushions daily with mild soap, rinse, and air dry. Catheter	01940		

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01940	Continued From page 29 care- check and empty catheter bag, change catheter bag to night bag daily at bedtime. R3's individualized treatment plan and MAR/TAR lacked the following required information: - documentation of specific resident instructions relating to the treatments or therapy administration; and - monitoring of treatment or therapy to prevent possible complications or adverse reactions. On May 21, 2025, at 1:00 p.m., clinical nurse supervisor (CNS)-A stated the treatment plans were missing some of the required information such as specific instructions for each resident and monitoring the resident for possible complications or adverse reactions and she will be working on updating all of the resident treatment plans to include this information The licensee's 7.05 Treatment and Therapy Management Plan policy dated April 17, 2023, indicated the licensee will develop and maintain a current individualized treatment and therapy management record for each resident which must contain the following: - a statement of the type of services that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional and a problem arises with treatments or therapy services; - any resident-specific requirements relating to documentation of treatment and therapy received; - verification that all treatment and therapy was	01940		

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	39211	A. BUILDING: _____ B. WING _____	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
12778 183RD COURT LLC	12778 183RD COURT NW ELK RIVER, MN 55330

(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
01940	Continued From page 30 administered as prescribed; and - monitoring of treatment or therapy to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of administration of or the reason why a treatment was not administered and any follow-up procedures that were provided for one of two residents (R3) receiving treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01960	Continued From page 31 of staff are involved, or the situation has occurred only occasionally). The findings include: R3 was admitted on January 16, 2025, with diagnoses which included peripheral T-cell lymphoma, diabetes, paranoid schizophrenia, pulmonary embolism (blood clot in the lung), and heart failure. R3's Service Plan dated January 16, 2025, indicated R3 received assistance with medication administration, catheter care, blood glucose monitoring, bathing, dressing, grooming, incontinence assistance, behavior monitoring, housekeeping and laundry. R3's record included a medication/treatment administration record (MAR/TAR) dated May 2025 which indicated the following: - CPAP daily services included turn off machine and remove. Wash CPAP chamber, mask cushions daily with mild soap, rinse and air dry. The MAR/TAR was missing documentation for May 2, 3, 4, 6, 7, 8, 10, and 11, 2025. - CPAP weekly services included hand wash tubing, headgear and other parts weekly with warm soapy water and let dry. Hand wash chamber with warm soapy water. Then soak in a solution of 1 part vinegar with parts hot tap water for 30 minutes. Rinse and let air dry. Hand wash filter with warm soapy water. Rinse and let air dry. The MAR/TAR was missing documentation for May 1 and 9, 2025. - CPAP Monthly services included replace the filter on the 15th of the month. The MAR/TAR was missing documentation for May 15, 2025. On May 21, 2025, at 1:00 p.m., clinical nurse	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39211	A. BUILDING: _____ B. WING _____	05/23/2025

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01960	Continued From page 32 supervisor (CNS)-A stated the MAR/TAR is missing some of the documentation that these services were completed and do not indicate why the service was not completed. CNS-A stated she thinks it is because the staff completed the service but forgot to sign off on R3's record but will need to verify this information with the staff. The licensee's 7.22 Medication and Treatment Record-Documentation and Refusal policy dated June 6, 2022, indicated if medication and or treatment/therapy assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided. Documentation of medication/treatment/therapy assistance will be completed by the person who performed the task immediately after the administration is completed. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care,	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02310	Continued From page 33 medical, or nursing standards related to secure oxygen tank storage. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On May 19, 2025, during a facility tour at 10:30 a.m., the surveyor observed a single portable oxygen tank with attached regulators (attachment that reduces the high pressure of oxygen from a tank to a safe, usable level) sitting on the floor of a storge room located in the lower level of the facility. The oxygen tank was not secured in a noncombustible rack. Clinical nurse supervisor (CNS)-A stated she was not aware the oxygen tank was in the storage room and was not sure if it belonged to a current or former resident. On May 20, 2025, at 8:30 a.m., CNS-A stated she thinks the portable oxygen tank is a discharged resident's that got left, she will call the company to pick it up, all portable tanks should be stored in a rack for safety. The Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, based on the National Fire Protection Association, Standard 99 (NFPA 99), noted a common hazard in a health care facility is storing and handling compressed oxygen in cylinders. When storing oxygen cylinders, they	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02310	Continued From page 34 must be secured in racks or by chains to prevent them from falling over. The licensee's 7.40 Oxygen policy dated July 25, 2022, indicated oxygen cylinders and vessels must remain upright at all times. Never tip an oxygen cylinder or vessel on its side or try to roll it to a new location. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

LAKEVIEW ESTATE
12778 183rd Court NW
Elk River, MN 55330
Sherburne County
Parcel:

Phone:

License Info

License: 0041911

Risk:
License: -1
Expires on: 12/31/2023
CFPM: Nicole L. Aldes
CFPM #: 107381; Exp: 06/23/2027

Inspection Info

Report Number: F1051251021
Inspection Type: Full - Single
Date: 5/21/2025 Time: 11:00:00 AM
Duration: 30 minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

MET WITH THE NURSE EVALUATOR, SARABETH REMKER.

DISCUSSED THE FOLLOWING WITH THE PERSON IN CHARGE, MALAIKA:

EMPLOYEE ILLNESS LOG
VOMIT CLEAN-UP PROCEDURE
HANDWASHING & GLOVE USE/DISPOSAL

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the St Cloud District Office inspection report number F1051251021 from 5/21/2025

Malaika

Kai Yang,
Public Health Sanitarian 1
320-640-3532
kai.yang@state.mn.us

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Establishment Info

LAKEVIEW ESTATE
Elk River
County/Group: Sherburne County

Inspection Info

Report Number: F1051251021
Inspection Type: Full
Date: 5/21/2025
Time: 11:00:00 AM

Food Temperature: **Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 39 Degrees F.
Comment: KITCHEN
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 36 Degrees F.
Comment: BOTTOM FLOOR
Violation Issued?: No