STATE LICENSING COMPLIANCE REPORT

Report #: HL304932797C **Date Concluded:** July 15, 2026

Name, Address, and County of Facility Investigated:
Getty Street Assisted Living
1214 Getty Street South
Sauk Centre, MN 56378
Stearns County

Facility Type: Assisted Living Facility (ALF) **Evaluator's Name:** Barbara Axness, RN

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html

Or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30493	A. BUILDING: _____ B. WING _____	C 06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GETTY STREET ASSISTED LIVING	1214 GETTY STREET SOUTH SAUK CENTRE, MN 56378

(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 CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL304932797C On June 29, 2026, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 23 residents receiving services under the provider's Assisted Living license. The following correction orders are issued for #HL304932797C, tag identification 0950, 2350.	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.	
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an	0 950		

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0 950	Continued From page 1 assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee provided the required notice for right to a designated representative with the required verbiage on a document separate from the contract for one of one resident (R1). This practice resulted in a level one violation (a	0 950		

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0 950	Continued From page 2 violation that has no potential to cause more than a minimal impact on the resident and does not affect 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 the residents). The findings include: R1's resident agreement was signed on August 1, 2025, with an occupancy date of December 9, 2024. Page one indicated power of attorney (POA)-A was the designated representative and legal representative. Page 14 included a place for the resident's legal representative and/or designated representative to sign. The signature line was left blank and "removed by resident request" was written on the line. R1's record lacked evidence in writing of providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." On July 1, 2026, the designated representative form including the required language was requested. Licensed assisted living director (LALD)-B replied that on the last page of the	0 950		

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0 950	Continued From page 3 contract is where they put resident legal representative and it showed POA-A as the person but under it was written removed by resident request. The next column was for resident's designated representative and POA-A was listed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
02350 SS=D	144G.91 Subd. 7 Courteous treatment Residents have the right to be treated with courtesy and respect, and to have the resident's property treated with respect This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure one of one resident (R1) was treated with courtesy and respect when the facility failed to contact the resident's power of attorney about obtaining a rep payee for the resident. 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). Findings include:	02350		

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02350	Continued From page 4 R1's diagnoses included schizophrenia, post-traumatic stress disorder, unspecified psychosis, anxiety disorder, and hallucinations. R1's assessment dated May 18, 2026, lacked information on R1's past trauma that was disclosed to the investigator by R1, her power of attorney, her case manager, and a community support worker. The assessment indicated R1 was independent with bill paying and the resident's goals were to maintain that level of independence regarding management of money and finances. R1 had a history of giving out personal information on the phone. R1's resident agreement was signed on August 1, 2025, with an occupancy date of December 9, 2024. Page one indicated power of attorney (POA)-A was the designated representative and legal representative. Page 14 included a place for the resident's legal representative and/or designated representative to sign. The signature line was left blank and "removed by resident request" was written on the line. R1's face sheet had emergency contact information listed and POA-A was listed as contact number one as the healthcare power of attorney. Progress notes indicated on September 29, 2025, POA-A called to speak with facility management and updated staff on some root causes of R1's behaviors. A progress note entered on September 24, 2025, indicated R1 was close with POA-A. Progress notes indicated on October 1, 2025, R1 requested assistance with obtaining a rep payee after she had been overspending. R1's case	02350		

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02350	Continued From page 5 manager sent the facility a form from a rep payee organization. R1's case manager wrote "if everyone is in agreeance that this is the route [R1] should go, then would someone be able to help her fill out all the paper work and send it to [rep payee] so she can begin the process. I don't know anything about [R1's] finances so whatever you think is best." On June 29, 2026, at 10:30 a.m., R1 stated she did not ask for a rep payee and did not want a rep payee. R1 stated it was important to her to manage her finances due to a past traumatic event involving losing control of her finances. R1 stated she was never given a copy of the papers she was told to sign and the facility had signed over all her money. On July 1, 2026, at 8:50 a.m., power of attorney (POA)-A stated R1 would not have requested to have a rep payee due to past trauma involving losing control of her own finances. POA-A stated she had not been updated the facility was obtaining a rep payee for R1. On July 1, 2026, at 10:25 a.m., case manager (CM)-E stated R1 had a traumatic past related to her finances and other life experiences. CM-E stated the facility had helped R1 fill out the rep payee paperwork and she believed they had reached out to POA-A. On July 1, 2026, at 4:00 p.m., administrative assistant (AA)-C stated R1 had approached her and requested getting a rep payee because she couldn't manage her funds anymore. AA-C stated she had looked into a few rep payees and printed an application for R1 to fill out and she submitted it. AA-C stated R1 had a POA but she wasn't involved in R1's care and she was not contacted	02350		

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02350	Continued From page 6 regarding the rep payee process. On July 1, 2026, at 4:15 p.m., community support worker (CSW)-D stated R1 had past trauma related to finances and R1 became worried that the facility knew things about her finances before she told them and that's when they realized she had signed up for a rep payee. On July 1, 2026, at 4:40 p.m., clinical nurse supervisor (CNS)-F stated the facility was not aware of many of R1's past life traumas as the resident hadn't told them about it and she was not aware of any traumas related to handling of finances. CNS-F stated R1's POA was updated if R1 went to the emergency room but she wasn't sure if POA-A was updated on obtaining a rep payee for R1. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02350		