



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

December 18, 2025

Licensee

Brainerd Carefree Living by Oxford Living  
2723 Oak Street  
Brainerd, MN 56401

RE: Project Number(s) SL20187017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 5, 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;

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.

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



pursuant to this survey:

- St - 0 - 0450 - 144g.41 Subdivision 1 - Minimum Requirements - \$3,000.00**
- St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00**
- St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00**
- St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$1,000.00**
- St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$1,000.00**
- St - 0 - 2420 - 144g.91 Subd. 14 - Communication Privacy - \$1,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$7,000.00**. 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](mailto: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,

A handwritten signature in cursive script that reads "Jessie Chenze".

Jessie Chenze, Supervisor

State Evaluation Team

Email: [Jessie.Chenze@state.mn.us](mailto:Jessie.Chenze@state.mn.us)

Telephone: 218-332-5175 Fax: 1-866-890-9290

CLN



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |
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| 0 000                                                                            | <p>Initial Comments</p> <p><b>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL20187017-0</p> <p>On December 1, 2025, through December 5, 2025, the Minnesota Department of Health (MDH) conducted a change of ownership (CHOW) survey at the above provider. At the time of the survey, there were 42 residents; all 42 receiving services under the Assisted Living Facility license.</p> <p>On December 9, 2025, MDH issued an immediate temporary suspension and a notice of revocation of the assisted living facility license of Brainerd Carefree Living by Oxford Living.</p> <p>Therefore, the enclosed violations do not include a time period for correction. The licensee is expected to take actions to correct these violations to the extent applicable to any residents who have not yet been relocated. If Brainerd Carefree Living by Oxford Living is permitted to resume providing assisted living services, the licensee is required to immediately correct these violations and a follow-up visit will be conducted</p> |                                                                        | 0 000                                                                                  | <p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p> |                                                     |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| 0 450<br>SS=J                                                                    | <p>to determine whether the licensee has done so. If the final order upholds the revocation, no follow-up visit will be conducted.</p> <p><b>144G.41 Subdivision 1 Minimum requirements</b></p> <p>All assisted living facilities shall:</p> <p>(1) distribute to residents the assisted living bill of rights;</p> <p>(2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285;</p> <p>(3) utilize a person-centered planning and service delivery process;</p> <p>(4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to provide person-centered care for two of two residents (R10, R11) to prevent reoccurrence of a resident to resident sexual assault.</p> <p>This practice resulted in a level four violation (a violation that harmed a resident 's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).</p> | 0 450                                                                  |                                                                                                                          |                          |                                                     |



Minnesota Department of Health

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| 0 450                                                                            | <p>Continued From page 2</p> <p>This resulted in an immediate correction order.</p> <p>The findings include:</p> <p>R10<br/>R10's diagnosis included traumatic brain injury (TBI).</p> <p>R10's service plan dated December 2, 2025, indicated R10 received services to include medication management, fall interventions, meal assistance, I'm ok checks, housekeeping and laundry.</p> <p>R10's comprehensive assessment dated October 23, 2025, indicated R10 had cognitive and mobility impairments.</p> <p>R10's incident report dated November 24, 2025, indicated R10 was sexually assaulted by R11 a second time, six weeks after a first sexual assault occurred in R10's apartment. R10's first sexual assault occurred on October 12, 2025.</p> <p>R10's progress notes dated November 19, 2025, through December 1, 2025, indicated R10's "I'm ok checks" were changed from once per shift to every two hours. R10's was moved to a different apartment was relocated apartments on November 24, 2025, after R10 was sexually assaulted a second time by R11.</p> <p>R10's completed services dated November 2025, indicated staff completed and signed off "I'm ok checks" one time per shift from November 1, 2025, until November 24, 2025.</p> <p>R10's Individual Abuse Prevention Plan (IAPP) dated November 24, 2025, indicated R10 was susceptible to abuse from others.</p> | 0 450                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 450                                                                            | <p>Continued From page 3</p> <p>R11<br/>R11's diagnoses included: stroke, alcohol and opioid dependence.</p> <p>R11's service plan dated December 2, 2025, indicated R11's services included medication administration, behavior management, bathing, dressing, "I'm ok checks", housekeeping and laundry.</p> <p>R11's comprehensive assessment dated November 18, 2025, indicated R11 ambulated with a four-wheel walker, manual wheelchair, had poor decision making skills, displayed inappropriate sexual behavior and had safety checks every four hours.</p> <p>R11's Individual Abuse Prevention Plan dated November 18, 2025, indicated R11 was a wandering risk and at risk of abusing other vulnerable adults.</p> <p>R11's progress notes dated November 4, 2025, through December 2, 2025, indicated R11's hypersexual behavior had not been observed since a wellbutrin medication taper was completed on October 26, 2025. R11's progress notes indicated on November 19, 2025, R11 had additional safety checks put in place. R11's progress notes dated November 24, 2025, indicated safety checks were increased to every two hours after R11 was found in R10's room. R11's progress notes dated November 24, 2025, indicated R10 had not invited R11 into his room and R11 had sexually assaulted R10 a second time. R11's progress notes dated November 24, 2025, indicated R10 was relocated to another room on the opposite side of the building.</p> | 0 450                                                                  |                                                                                                                          |  |                                                     |



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| 0 450                                                                            | <p>Continued From page 4</p> <p>On December 3, 2025, at 9:29 a.m., unlicensed personnel (ULP)-F stated R11 had been found early in a shift outside R10's apartment door on the first floor by staff and redirected away from R10's room. ULP-F stated R11's wheelchair was observed outside R10's apartment door later in the morning when staff arrived to the facility and R10 was checked on. ULP-F stated R11 was in R10's apartment uninvited and had sexually assaulted R10. ULP-F stated she escorted R11 to his second floor apartment and "about 20 minutes" later, a second staff informed ULP-F R11 had gone back down to the first floor by himself and made four more attempts to re-enter R10's apartment. ULP-F stated R11 was "very persistent" and R10 was relocated to a new apartment in the building. ULP-F stated after the second sexual assault, R10 and R11's I'm ok checks were increased.</p> <p>On December 3, 2025, at 10:30 a.m., executive director (ED)-B stated R11 was placed on four-hour safety checks on November 17, 2025, and on two-hour safety checks after the second sexual assault on November 24, 2025. ED-B stated R10 was placed on two-hour safety checks on November 24, 2025, after the second sexual assault incident.</p> <p>On December 3, 2025, at 11:30 a.m., ULP-E stated R11 is very mobile, able to walk behind and push a manual wheelchair and seems to deliberately seek out R10. ULP-E stated R10 had to be relocated in the building recently after a second sexual assault occurred. ULP-E stated he has redirected R11 away from other residents doors.</p> | 0 450                                                                                  |                                                                                                                          |  |                                                        |



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| 0 470                                                                            | Continued From page 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 470                                                                  |                                                                                                                          |  |                                                     |
| 0 470<br>SS=F                                                                    | <b>144G.41 Subdivision 1 Minimum requirements</b><br><br>(11) develop and implement a staffing plan for determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and<br>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;<br>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:<br>(i) awake;<br>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;<br>(iii) capable of communicating with residents;<br>(iv) capable of providing or summoning the appropriate assistance; and<br>(v) capable of following directions;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the clinical nurse supervisor (CNS) developed and implemented a staffing plan to determine staffing levels to meet the needs of all residents, which included reviewing the staffing plan at least twice per year and failed to post an accurate daily work | 0 470                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 0 470                                                                            | <p>Continued From page 6</p> <p>schedule at the beginning of each work shift. This had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The facility held an assisted living license effective April 29, 2025, was licensed for a capacity of 70 residents, and had a current capacity of 42 residents.</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B stated the licensee was familiar with the current minimum assisted living requirements. ED-B stated when she started the end of April 2025, there were no electronic files for staffing plans, so she did one. ED-B stated the staffing had just changed last week, but a staffing plan had not been completed.</p> <p>In addition, ED-B stated the licensee had three shifts as follows:</p> <ul style="list-style-type: none"><li>- day shift (6:00 a.m. to 2:30 p.m.) three unlicensed personnel (ULP);</li><li>- evening shift (2:00 p.m. to 10:30 p.m.) three ULP; and</li><li>- night shift (10:00 p.m. to 6:30 a.m.) two ULP.</li></ul> <p>The licensee's Direct-Care Staffing Plan dated</p> | 0 470                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 470                                                                            | <p>Continued From page 7</p> <p>October 28, 2025, noted "The staffing plan will be reviewed, at a minimum, two times each year. The review will be completed at a minimum of two times during quality management meetings. During quality management meetings the staffing plan will be reviewed and updated as needed. Emergency call light response times will be reviewed to ensure that staff are able to timely meet the residents' scheduled and reasonable foreseeable unscheduled needs. Acuity levels will be reviewed along with resident falls at this time. Pinnacle [pendant] responses will be reviewed for resident satisfaction as well." It also noted the following:</p> <ul style="list-style-type: none"><li>- day shift four ULP;</li><li>- evening shift four ULP; and</li><li>- night shift two ULP.</li></ul> <p>The licensee's posted Daily Clinical Schedule, posted near the elevator on December 2, 2025, and December 3, 2025, noted three ULP on the day and evening shift, and two ULP on the night shift.</p> <p>On December 4, 2025, at 8:25 a.m., ED-B provided a Direct-Care Staffing Plan signed by ED-B December 1, 2025, and signed by clinical nurse supervisor (CNS)-A on December 3, 2025. ED-B stated registered nurse/director of quality assurance (RN)-Q had sent her the staffing plan, told her what staff numbers to fill in, and to sign it. ED-B stated she and CNS-A had no input into determining the numbers provided.</p> <p>No further information was provided.</p> | 0 470                                                                  |                                                                                                                          |  |                                                     |
| 0 480<br>SS=F                                                                    | <p><b>144G.41</b> Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 480                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 480                                                                            | <p>Continued From page 8</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;</p> <p>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;</p> <p>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;</p> <p>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are</p> | 0 480                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 480                                                                            | <p>Continued From page 9</p> <p>allowed provided the facility keeps them clean and in good condition;<br/>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br/>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>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 is 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated December 1, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> | 0 480                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 500<br>SS=F                                                                    | <b>144G.41 Subd. 2 Policies and procedures</b><br><br>Each assisted living facility must have policies and procedures in place to address the following and keep them current:<br>(1) requirements in section 626.557, reporting of maltreatment of vulnerable adults;<br>(2) conducting and handling background studies on employees;<br>(3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance;<br>(4) handling complaints regarding staff or services provided by staff;<br>(5) conducting initial evaluations of residents' needs and the providers' ability to provide those services;<br>(6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate;<br>(7) orientation to and implementation of the assisted living bill of rights;<br>(8) infection control practices;<br>(9) reminders for medications, treatments, or exercises, if provided;<br>(10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards;<br>(11) ensuring that nurses and licensed health professionals have current and valid licenses to | 0 500                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 500                                                                            | <p>Continued From page 11</p> <p>practice;<br/>(12) medication and treatment management;<br/>(13) delegation of tasks by registered nurses or licensed health professionals;<br/>(14) supervision of registered nurses and licensed health professionals; and<br/>(15) supervision of unlicensed personnel performing delegated tasks.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to show they had met the requirements of licensure, by attesting the managerial officials who were in charge of the day-to-day operations, had developed and implemented current policies and procedures, as required.</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., the licensee's policies and procedures were requested. The provided policies lacked the following content:</p> <ul style="list-style-type: none"><li>- conducting and handling background studies on employees;</li><li>- orientation, training, and competency evaluations of staff, and a process for evaluating staff performance;</li></ul> | 0 500                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 500                                                                            | <p>Continued From page 12</p> <ul style="list-style-type: none"><li>- handling complaints regarding staff or services provided by staff;</li><li>- conducting initial evaluations of residents' needs and the providers' ability to provide those services;</li><li>- conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate;</li><li>- orientation to and implementation of the assisted living bill of rights;</li><li>- infection control practices;</li><li>- reminders for medications, treatments, or exercises, if provided;</li><li>- conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards;</li><li>- ensuring that nurses and licensed health professionals have current and valid licenses to practice;</li><li>- medication and treatment management;</li><li>- delegation of tasks by registered nurses or licensed health professionals;</li><li>- supervision of registered nurses and licensed health professionals; and</li><li>- supervision of unlicensed personnel performing delegated tasks.</li></ul> <p>On December 5, 2025, at 11:15 a.m., executive director (ED)-B stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to all policies and procedures.</p> | 0 500                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 0 500                                                                            | Continued From page 13<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 500                                                                  |                                                                                                                          |  |                                                     |
| 0 510<br>SS=F                                                                    | <b>144G.41 Subd. 3 Infection control program</b><br><br>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.<br>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.<br>(c) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program to comply with accepted health care, medical, and nursing standards for infection control for one of two employee (unlicensed personnel/ULP-C).<br><br>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).<br><br>The findings include: | 0 510                                                                  |                                                                                                                          |  |                                                     |



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| 0 510                                                                            | <p>Continued From page 14</p> <p>On December 2, 2025, at 8:08 a.m., the surveyor observed ULP-C enter R1's room, donned (put on) gloves, washed and dried R1's abdominal fold and creases between her upper thighs and perineal area, and changed gloves. ULP-C then applied Nystatin powder to the same areas, and pulled the front of the incontinent brief up, attached the tabs on brief, and changed gloves. At this time, without performing hand hygiene, ULP-C administered Xiidra prescription solution (used to treat dry eye syndrome) from a single dose container into both eyes, assisted R1 to sit up at the edge of the bed, removed her gloves and washed her hands.</p> <p>On December 5, 2025, at 10:05 a.m., clinical nurse supervisor (CNS)-A stated the expectation is staff perform hand hygiene immediately after removing gloves and between a clean and dirty task, so ULP-C should have performed hand hygiene before administering the eye drops.</p> <p>On December 5, 2025, at 11:15 a.m., executive director (ED)-B stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to all policies and procedures.</p> <p>The Centers for Disease Control's (CDC), "CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings" dated April 12, 2024, under section 5a.1 indicated:</p> <p>1.) Require healthcare personnel to perform hand hygiene in accordance with CDC recommendations.</p> <p>2.) Use an alcohol-based hand rub or wash with soap and water for the following clinical</p> | 0 510                                                                  |                                                                                                                          |  |                                                     |



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| 0 510                                                                            | Continued From page 15<br><br>indications:<br>a.) Immediately before touching a patient;<br>b.) Before performing an aseptic task (e.g.,<br>placing an indwelling device) or handling invasive<br>medical devices;<br>c.) Before moving from work on a soiled body site<br>to a clean body site on the same patient;<br>d.) After touching a patient or the patient's<br>immediate environment;<br>e.) After contact with blood, body fluids or<br>contaminated surfaces; and<br>f.) Immediately after glove removal.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 510                                                                  |                                                                                                                          |  |                                                     |
| 0 640<br>SS=F                                                                    | <b>144G.42 Subd. 7</b> Posting information for<br>reporting suspected c<br><br>The facility shall support protection and safety<br>through access to the state's systems for<br>reporting suspected criminal activity and<br>suspected vulnerable adult maltreatment by:<br>(1) posting the 911 emergency number in<br>common areas and near telephones provided by<br>the assisted living facility;<br>(2) posting information and the reporting number<br>for the Minnesota Adult Abuse Reporting Center<br>to report suspected maltreatment of a vulnerable<br>adult under section 626.557; and<br>(3) providing reasonable accommodations with<br>information and notices in plain language.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation and interview, the licensee<br>failed to support protection and safety by not<br>posting the 911 emergency number in common<br>areas and near telephones provided by the facility<br>as required. This had the potential to affect all | 0 640                                                                  |                                                                                                                          |  |                                                     |



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| 0 640                                                                            | <p>Continued From page 16</p> <p>residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>During the facility tour with executive director (ED)-B on December 1, 2025, at 1:15 p.m., the surveyor observed postings near the elevator near the front entryway to the facility. However, no posting of the 911 emergency number was noted.</p> <p>On December 2, 2025, at 8:35 a.m., ED-B stated the posting had been near the elevator but was not there now.</p> <p>No further information was provided.</p> | 0 640                                                                  |                                                                                                                          |  |                                                     |
| 0 650<br>SS=E                                                                    | <p>144G.42 Subd. 8 (a) Staff records</p> <p>(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 information:<br/>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br/>(2) records of orientation, required annual training</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 650                                                                            | <p>Continued From page 17</p> <p>and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(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</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the employee record contained the required content for three of four employees (clinical nurse supervisor/CNS-A, unlicensed personnel/ULP-C, ULP-O).</p> <p>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>CNS-A<br/>CNS-A was hired on October 20, 2025, to provide direct care services to residents and to provide</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 650                                                                            | <p>Continued From page 18</p> <p>staff supervision at the facility.</p> <p>Throughout the survey, CNS-A was observed interacting with the licensee's residents.</p> <p>CNS-A's record lacked documented evidence of the following:</p> <ul style="list-style-type: none"><li>- handling of resident complaints, reporting of complaints, and where to report; and</li><li>- review of the types of Assisted Living services the employee would provide and the provider's scope of license.</li></ul> <p>On December 5, 2025, at 11:40 a.m., executive director (ED)-B stated she had provided this training to CNS-A, but it was not documented in the employee record.</p> <p>ULP-C<br/>ULP-C was hired on July 21, 2025, to provide direct care services to residents.</p> <p>On December 2, 2025, at 8:00 a.m., and 8:55 a.m., the surveyor observed ULP-C administer medications to residents.</p> <p>ULP-C's record lacked documented evidence of the following:</p> <ul style="list-style-type: none"><li>- current job description.</li></ul> <p>On December 2, 2025, at 12:02 p.m., ED-B stated ULP-C did not have a job description in her employee record.</p> <p>ULP-O<br/>ULP-O was hired on August 10, 2020, as an environmental services aide.</p> <p>ULP-O's record lacked documented evidence of the following:</p> | 0 650                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 650                                                                            | Continued From page 19<br><br>- current job description.<br><br>On December 5, 2025, at 11:52 a.m., ED-B<br>stated ULP-O currently worked as a ULP but did<br>not know when she started in that position. In<br>addition, ED-B stated ULP-O lacked a current job<br>description for that position.<br><br>On December 5, 2025, at 11:15 a.m., ED-B<br>stated the corporate office was in the process of<br>changing the policies over to the new licensee,<br>and stated they were told they could contact<br>corporate when they needed a policy. However,<br>they did not currently have access to a policy<br>related to the content of an employee record.<br><br>No further information was provided.                                                                                                                                                                               | 0 650                                                                                  |                                                                                                                          |  |                                                        |
| 0 660<br>SS=F                                                                    | 144G.42 Subd. 9 Tuberculosis prevention and<br>control<br><br>(a) The facility must establish and maintain a<br>comprehensive tuberculosis infection control<br>program according to the most current<br>tuberculosis infection control guidelines issued by<br>the United States Centers for Disease Control<br>and Prevention (CDC), Division of Tuberculosis<br>Elimination, as published in the CDC's Morbidity<br>and Mortality Weekly Report. The program must<br>include a tuberculosis infection control plan that<br>covers all paid and unpaid employees,<br>contractors, students, and regularly scheduled<br>volunteers. The commissioner shall provide<br>technical assistance regarding implementation of<br>the guidelines.<br>(b) The facility must maintain written evidence of<br>compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced | 0 660                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>20187</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>12/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 660                                                                            | <p>Continued From page 20</p> <p>by:<br/>Based on observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for one of four employees (unlicensed personnel/ULP-C), and TB screening for two of four employees (ULP-C, registered nurse/RN-I).</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's Facility TB Risk Assessment dated June 24, 2025, indicated the licensee was a low risk level.</p> <p>The licensee lacked a policy and procedure related to TB prevention and control.</p> <p>On December 5, 2025, at 11:15 a.m., executive director (ED)-B stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to a policy related to TB prevention and control.</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                        |
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| 0 660                                                                            | <p>Continued From page 21</p> <p>ULP-C<br/>ULP-C was hired on July 21, 2025, to provide direct care services to residents.</p> <p>On December 2, 2025, at 8:00 a.m., and 8:55 a.m., the surveyor observed ULP-C administer medications to residents.</p> <p>ULP-C's record lacked evidence of the following:</p> <ul style="list-style-type: none"><li>- TB history and symptom screening; and</li><li>- two-step TST or blood test.</li></ul> <p>On December 2, 2025, at 12:02 p.m., ED-B stated if the information was not in the employee record, it was not completed. In addition, ED-B stated ULP-C should have had the first TST read before working with residents.</p> <p>RN-N<br/>RN-N was contracted on November 17, 2025, to assist the licensee with nursing tasks including resident assessments.</p> <p>RN-N's record lacked evidence of the following:</p> <ul style="list-style-type: none"><li>- TB history and symptom screening.</li></ul> <p>On December 5, 2025, at 11:48 a.m., RN-N stated she was sure the symptom screening had been done by the contracting company. However, no evidence of the screening was provided.</p> <p>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines, indicated an employee may begin working with patients after a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW</p> | 0 660                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 660                                                                            | Continued From page 22<br><br>(health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 660                                                                                  |                                                                                                                          |  |                                                     |
| 0 680<br>SS=F                                                                    | <b>144G.42 Subd. 10 Disaster planning and emergency preparedness</b><br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to develop a written | 0 680                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 680                                                                            | <p>Continued From page 23</p> <p>emergency preparedness plan (EPP) with all the required content defined in Appendix Z. This had the potential to affect residents receiving services under the assisted living license, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On December 1, 2025, at 1:15 p.m., during the facility tour with executive director (ED)-B, the surveyor observed the building to have three floors, including a main floor with offices, a conference room, kitchen, dining room, and resident rooms. The second and third floors had resident rooms. There was an elevator in the middle of the building that went to each of the three floors.</p> <p>The licensee's undated emergency preparedness plan was reviewed on December 5, 2025, at 1:40 p.m. with ED-B, who said she had just printed out the information which she had completed on her computer approximately three weeks ago, and had reviewed it, but was not signed off by anyone. In addition, she stated it was not available to staff. The plan lacked the following required content:</p> <ul style="list-style-type: none"><li>- a comprehensive EPP describing the facility's approach to meeting the health/safety/security needs of staff and residents;</li><li>- how the facility would coordinate with other</li></ul> | 0 680                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 680                                                                            | <b>Continued From page 24</b><br><br>health care facilities, as well as the community on a whole during emergencies or disasters;<br>- a hazard vulnerability assessment;<br>- identification of at risk population needs to include maintaining independence, communication, transportation, supervision, and medical care;<br>- policies and procedures based on the EPP, risk assessment, and communication plan;<br>- policies and procedures to address food, water, medical supplies, and pharmaceutical supplies whether evacuated or sheltered in place;<br>- policies and procedures to address safe and sanitary storage of provisions;<br>- policies and procedures to address sewage and waste disposal;<br>- policies and procedures to address sheltering in place for residents, staff, and volunteers who remain at the facility;<br>- policies and procedures to address development of arrangements with other facilities to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to residents;<br>- policy and procedure to address the role of the facility under a waiver declared by the Secretary in accordance with section 1135 of the Act;<br>- communication plan including primary and alternate means of communicating with facility staff, Federal, State, tribal, regional, and local emergency management agencies;<br>- method for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care;<br>- means, in event of evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(iii);<br>- means of providing information about the general condition and location of residents under | 0 680                                                                  |                                                                                                                          |                          |                                                     |



Minnesota Department of Health

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| 0 680                                                                            | Continued From page 25<br><br>the facility's care as permitted under 45 CFR 164.510(b)(4);<br>- method for sharing information from the EPP, that the facility determined appropriate, with residents and their families/representatives; and<br>- written testing and training program.<br><br>At this time, ED-B also stated the plan had not been completely developed, so it was not trained on, tested, or made available to staff, residents, or families/representatives, as required.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                             | 0 680                                                                  |                                                                                                                          |  |                                                     |
| 0 775<br>SS=F                                                                    | 144G.45 Subd. 2. (a) Fire protection and physical environment<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.<br><br>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). | 0 775                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 775                                                                     | Continued From page 26<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated December 1, 2025, for the specific violations related the physical environment under Minnesota Statute 144G.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 775                                                                          |                                                                                                                 |  |                                              |
| 0 800<br>SS=F                                                             | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.<br><br>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). | 0 800                                                                          |                                                                                                                 |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 0 800                                                                            | Continued From page 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 800                                                                  |                                                                                                                          |  |                                                     |
|                                                                                  | The findings include:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                          |  |                                                     |
|                                                                                  | Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated December 1, 2025, for the specific violations related the physical environment under Minnesota Statute 144G.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                          |  |                                                     |
| 0 810<br>SS=F                                                                    | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(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.<br>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b> |                                                                                                                          |  |                                                     |
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| 0 810                                                                            | <p>Continued From page 28</p> <p>every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated December 1, 2025, for the specific violations related the physical environment under Minnesota Statute 144G.</p> | 0 810                                                                                  |                                                                                                                          |  |                                                     |
| 0 900<br>SS=E                                                                    | <p>144G.50 Subdivision 1 Contract required</p> <p>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 900                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 900                                                                            | <p>Continued From page 29</p> <p>(b) The contract must contain all the terms concerning the provision of:</p> <p>(1) housing;</p> <p>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</p> <p>(3) the resident's service plan, if applicable.</p> <p>(c) A facility must:</p> <p>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and</p> <p>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to execute a written contract prior to providing assisted living services for 24 of 42 residents (R1, R2, R7, R9, R11, R12, R14, R15, R16, R17, R18, R19, R24, R25, R26, R27, R28, R29, R30, R31, R33, R34, R35, R36). In addition, the licensee failed to provide a copy of the revised complaint procedure to all residents. This had the potential to effect all residents.</p> | 0 900                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 900                                                                            | <p>Continued From page 30</p> <p>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R1, R2, R7, R9, R11, R12, R14, R15, R16, R17, R18, R19, R24, R25, R26, R27, R28, R29, R30, R31, R33, R34, R35, R36's record lacked a signed contract with the licensee.</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B stated all 42 residents received services from the licensee.</p> <p>R1's diagnoses included paroxysmal atrial fibrillation.</p> <p>On December 2, 2025, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1 in her room.</p> <p>R2's diagnoses included malignant neoplasm of the brain.</p> <p>On December 2, 2025, at 8:55 a.m., the surveyor observed ULP-C administer medications to R2 in her room.</p> <p>R7's diagnoses included emphysema.</p> | 0 900                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 900                                                                            | Continued From page 31<br><br>R9's diagnoses included diabetes mellitus.<br><br>R11's diagnoses included vascular dementia.<br><br>R12's diagnoses included anxiety disorder.<br><br>R14's diagnoses included diabetes mellitus.<br><br>R15's diagnoses included ataxia.<br><br>R16's diagnoses included dementia.<br><br>R17's diagnoses included multiple sclerosis.<br><br>R18's diagnoses included chronic heart failure.<br><br>R19's diagnoses included unspecified mental<br>disorder.<br><br>R24's diagnoses included diabetes mellitus.<br><br>R25's diagnoses included Asperger's syndrome.<br><br>R26's diagnoses included polyarthritis.<br><br>R27's diagnoses included diabetes mellitus.<br><br>R28's diagnoses included hypertension.<br><br>R29's diagnoses included autistic disorder.<br><br>R30's diagnoses included chronic obstructive<br>pulmonary disorder.<br><br>R31's diagnoses included frontotemporal<br>neurocognitive disorder.<br><br>R33's diagnoses included dementia.<br><br>R34's diagnoses included alcohol use. | 0 900                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 900                                                                            | Continued From page 32<br><br>R35's diagnoses included cognitive social/emotional deficit.<br><br>R36's diagnoses included chronic kidney disease.<br><br>On December 4, 2025, at 1:30 p.m., ED-B stated she had been doing audits of resident charts and noted the the above residents were missing a contract in their records. In addition, ED-B stated the complaint procedure had been updated but had not been provided to any of the licensee's residents. Her plan was to distribute during a resident council meeting but had not done so yet.<br><br>On December 4, 2025, at 1:46 p.m., ED-B provided a spreadsheet that indicated the residents that were lacking a signed contract.<br><br>No further information was provided.                            | 0 900                                                                  |                                                                                                                          |  |                                                     |
| 01060<br>SS=D                                                                    | 144G.52 Subd. 9 Emergency relocation<br><br>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.<br>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:<br>(1) the reason for the relocation;<br>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;<br>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and | 01060                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01060                                                                            | <p>Continued From page 33</p> <p>Developmental Disabilities;<br/>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and<br/>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.<br/>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:<br/>(1) the resident, legal representative, and designated representative;<br/>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and<br/>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.<br/>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, and designated representative for one of one resident (R3) who was hospitalized.</p> <p>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</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01060                                                                            | <p>Continued From page 34</p> <p>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).</p> <p>The findings include:</p> <p>R3's diagnoses included congestive heart failure, diabetes mellitus, and hypertension.</p> <p>R3's Service Plan dated October 5, 2023, noted R3 received services including assistance with bathing, dressing, grooming, and medication administration.</p> <p>R3's Progress Notes included the following:</p> <ul style="list-style-type: none"><li>- October 27, 2025, R3 fell in his apartment and was transferred to the hospital;</li><li>- October 27, 2025, call received from the hospital noting R3 was septic with an unknown origin and was being admitted to the hospital;</li><li>- October 31, 2025, hospital noted R3's was diagnosed with erosepsis and started on antibiotics; and</li><li>- November 10, 2025, R3 was transferred from the hospital to a rehabilitation center.</li></ul> <p>On December 5, 2025, at 12:10 p.m., clinical nurse supervisor (CNS)-A stated she had found a form in the computer to complete for the emergency relocation, completed it, and provided it to the family and Office of Ombudsman for Long-Term Care, but was not aware that it needed to be provided to the resident. CNS-A stated she would provide a copy of the emergency relocation form. However, it was not received.</p> <p>No further information provided.</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>20187</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                  |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>12/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b> |                                                                                                                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | ID<br>PREFIX<br>TAG                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                            |
| 01290<br>SS=I                                                                    | <p><b>144G.60</b> Subdivision 1 Background studies required</p> <p>(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.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure current employee records contained all the required content to include a current background study (BGS) clearance letter for six of seven employees (unlicensed personnel (ULP)-F, ULP-G, ULP-H, ULP-I, ULP-J, cook (C)-K).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>This resulted in an immediate correction order on</p> |                                                                        | 01290                                                                                  |                                                                                                                          |                                                     |



Minnesota Department of Health

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| 01290                                                                            | <p>Continued From page 36</p> <p>December 1, 2025.</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B stated the licensee was aware of the required contents of the employee records.</p> <p>ULP-F<br/>ULP-F was hired on August 3, 2025, to provide direct care services to residents of the facility.</p> <p>The licensee's untitled schedule for November 23, 2020, through December 1, 2025, indicated ULP-F worked unsupervised on November 23, 2025, November 24, 2025, November 25, 2025, November 27, 2025, November 28, 2025, and December 1, 2025, on the evening shift.</p> <p>ULP-F's employee record included a Final Registry Results Form submitted September 9, 2015, but lacked a background study clearance letter.</p> <p>ULP-G<br/>ULP-G was hired on November 3, 2025, to provide direct care services to residents of the facility.</p> <p>The licensee's untitled schedule for November 23, 2020, through December 1, 2025, indicated ULP-G worked unsupervised on November 23, 2025, November 24, 2025, and November 26, 2025, on the evening shift.</p> <p>ULP-G's employee record included a Final Registry Results Form submitted November 5, 2025, but lacked a background study clearance letter.</p> | 01290                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01290                                                                            | <p>Continued From page 37</p> <p>ULP-H<br/>ULP-H was hired on October 2, 2025, to provide direct care services to residents of the facility.</p> <p>The licensee's untitled schedule for November 23, 2020, through December 1, 2025, indicated ULP-H worked unsupervised on November 24, 2025, November 25, 2025, November 27, 2025, November 29, 2025, and December 1, 2025, on the evening shift.</p> <p>ULP-H's employee record included a data collection form, but lacked a background study clearance letter.</p> <p>ULP-I<br/>ULP-I was hired on August 19, 2025, to provide direct care services to residents of the facility.</p> <p>The licensee's untitled schedule for November 23, 2020, through December 1, 2025, indicated ULP-I worked unsupervised on November 23, 2025, November 25, 2025, November 26, 2025, and November 28, 2025, on the morning shift.</p> <p>ULP-I's employee record lacked a background study clearance letter.</p> <p>ULP-J<br/>ULP-J was hired on July 21, 2025, to provide direct care services to residents of the facility.</p> <p>On October 2, 2025, at 8:00 a.m., the surveyor observed ULP-J administer medications to residents of the facility.</p> <p>The licensee's untitled schedule for November 23, 2020, through December 1, 2025, indicated ULP-J worked unsupervised on November 24,</p> | 01290                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01290                                                                            | Continued From page 38<br><br>2025, November 25, 2025, November 26, 2025, November 29, 2025, and December 1, 2025, on the morning shift.<br><br>ULP-J's employee record lacked a background study clearance letter.<br><br>C-K<br>C-K was hired on June 12, 2025.<br><br>C-K's employee record lacked a background study clearance letter.<br><br>On December 2, 2025, at 11:00 a.m., ED-B stated the above employee's lacked a background study clearance letter, and stated they did not realize they needed to do a background check on an employee that was a minor.<br><br>A policy was requested, however, no policy was provided.<br><br>No further information was provided. | 01290                                                                  |                                                                                                                          |  |                                                     |
| 01370<br>SS=D                                                                    | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal                                                                                                                                                                   | 01370                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 01370                                                                            | <p>Continued From page 39</p> <p>hygiene and grooming, including:<br/>(i) hair care and bathing;<br/>(ii) care of teeth, gums, and oral prosthetic devices;<br/>(iii) care and use of hearing aids; and<br/>(iv) dressing and assisting with toileting;<br/>(6) training on the prevention of falls;<br/>(7) standby assistance techniques and how to perform them;<br/>(8) medication, exercise, and treatment reminders;<br/>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br/>(10) preparation of modified diets as ordered by a licensed health professional;<br/>(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;<br/>(12) awareness of confidentiality and privacy;<br/>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br/>(14) procedures to use in handling various emergency situations; and<br/>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care services for one of one unlicensed personnel (ULP-C).</p> <p>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</p> | 01370                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01370                                                                            | <p>Continued From page 40</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated they were aware of the required contents of the employee records.</p> <p>ULP-C was hired on July 21, 2025, to provide direct care services to residents.</p> <p>On December 2, 2025, at 8:00 a.m., and 8:55 a.m., the surveyor observed ULP-C administer medications to residents.</p> <p>ULP-C's record lacked evidence of the following:</p> <ul style="list-style-type: none"><li>- reports of changes in the resident's condition to the supervisor designated by the assisted living provider;</li><li>- maintenance of a clean and safe environment;</li><li>- standby assistance techniques and how to perform them;</li><li>- medication, exercise, and treatment reminders; and</li><li>- 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.</li></ul> <p>On December 2, 2025, at 12:02 p.m., ED-B and CNS-A stated the training should have been completed and documented in the employee records.</p> | 01370                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01370                                                                            | Continued From page 41<br><br>On December 5, 2025, at 11:15 a.m., ED-B stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to a policy related to training and competency evaluations of staff.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 01370                                                                  |                                                                                                                          |  |                                                     |
| 01380<br>SS=D                                                                    | <b>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</b><br><br>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:<br>(1) observing, reporting, and documenting resident status;<br>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;<br>(3) reading and recording temperature, pulse, and respirations of the resident;<br>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;<br>(5) safe transfer techniques and ambulation;<br>(6) range of motioning and positioning; and<br>(7) administering medications or treatments as required.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care services for one of one unlicensed personnel (ULP-C). | 01380                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01380                                                                            | <p>Continued From page 42</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated they were aware of the required contents of the employee records.</p> <p>ULP-C was hired on July 21, 2025, to provide direct care services to residents.</p> <p>On December 2, 2025, at 8:00 a.m. and 8:55 a.m., the surveyor observed ULP-C administer medications to residents.</p> <p>ULP-C's record lacked evidence of the following:</p> <ul style="list-style-type: none"><li>- basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; and</li><li>- recognizing physical, emotional, cognitive, and developmental needs of the resident.</li></ul> <p>On December 2, 2025, at 12:02 p.m., ED-B and CNS-A stated the training should have been completed and documented in the employee records.</p> <p>On December 5, 2025, at 11:15 a.m., ED-B</p> | 01380                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 01380                                                                            | Continued From page 43<br><br>stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to a policy related to training and competency evaluations of staff.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 01380                                                                  |                                                                                                                          |  |                                                     |
| 01470<br>SS=E                                                                    | 144G.63 Subd. 2 Content of required orientation<br><br>(a) The orientation must contain the following topics:<br>(1) an overview of this chapter;<br>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;<br>(3) handling of emergencies and use of emergency services;<br>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);<br>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;<br>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;<br>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care | 01470                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01470                                                                            | <p>Continued From page 44</p> <p>Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living requirements and regulations prior to providing services for three of three employees (clinical nurse supervisor/CNS-A, unlicensed personnel/ULP-C, registered nurse/RN-N).</p> | 01470                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01470                                                                            | <p>Continued From page 45</p> <p>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>CNS-A<br/>CNS-A was hired on October 20, 2025, to provide direct care services to residents and to provide staff supervision at the facility.</p> <p>Throughout the survey, CNS-A was observed interacting with the licensee's residents.</p> <p>CNS-A's record lacked documented evidence of the following:</p> <ul style="list-style-type: none"><li>- overview of the Assisted Living statutes;</li><li>- review of the provider's policies and procedures;</li><li>- handling emergencies and using emergency services;</li><li>- reporting maltreatment of vulnerable adults;</li><li>- consumer advocacy services; and</li><li>- principles of person-centered planning and service delivery.</li></ul> <p>On December 5, 2025, at 11:40 a.m., CNS-A she had not received the above required orientations, and also provided the following timeline for her training:</p> <ul style="list-style-type: none"><li>- October 20, 2025, hired and signed papers;</li><li>- October 21, 2025, went to a sister facility to train with the RN case manager but had no access to</li></ul> | 01470                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01470                                                                            | <p>Continued From page 46</p> <p>anything. She had a computer but was not setup or able to access anything on it. The RN case manager did not show her anything due to being busy handling resident issues;</p> <ul style="list-style-type: none"><li>- October 22, 2025, the nurse she was assigned to train with did not show up for work;</li><li>- October 23, 2025, the nurse she was assigned to train with did not show up for work until around 12:00 p.m.;</li><li>- October 24, 2025, trained with the nurse assigned to and got access to her computer late that afternoon;</li><li>- the following week the two nurses she was to train with would "pop in and out" but there was no solid person training her; and</li><li>- November 3, 2025, went to a sister facility to train with the RN case manager, but he quit, so she returned to the facility; and</li><li>- after this, registered nurse/director of quality assurance (RN)-Q was at the facility with her for about 2 1/2 days.</li></ul> <p>ULP-C<br/>ULP-C was hired on July 21, 2025, to provide direct care services to residents.</p> <p>On December 2, 2025, at 8:00 a.m., and 8:55 a.m., the surveyor observed ULP-C administer medications to residents.</p> <p>ULP-C's record lacked evidence of the following:</p> <ul style="list-style-type: none"><li>- review of the provider's policies and procedures;</li><li>- reporting maltreatment of vulnerable adults;</li><li>- handling of resident complaints, reporting of complaints, and where to report; and</li><li>- review of the types of Assisted Living services the employee would provide and the provider's scope of license.</li></ul> <p>On December 2, 2025, at 12:02 p.m., executive</p> | 01470                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01470                                                                            | <p>Continued From page 47</p> <p>director (ED)-B stated if the information was not in the employee record, it was not completed.</p> <p>RN-N<br/>RN-N was contracted on November 17, 2025, to assist the licensee with nursing tasks including resident assessments.</p> <p>RN-N's record lacked evidence of the following:</p> <ul style="list-style-type: none"><li>- overview of the Assisted Living statutes;</li><li>- review of the provider's policies and procedures;</li><li>- handling emergencies and using emergency services;</li><li>- reporting maltreatment of vulnerable adults;</li><li>- Assisted Living Bill of Rights;</li><li>- handling of resident complaints, reporting of complaints, and where to report; and</li><li>- consumer advocacy services;</li><li>- review of the types of Assisted Living services the employee would provide and the provider's scope of license; and</li><li>- principles of person-centered planning and service delivery.</li></ul> <p>On December 5, 2025, at 11:48 a.m., RN-N stated she had not been provided with this orientation from the licensee.</p> <p>On December 5, 2025, at 11:15 a.m., ED-B stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to a policy related to staff orientation.</p> <p>No further information was provided.</p> | 01470                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01500                                                                            | Continued From page 48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01500                                                                  |                                                                                                                          |  |                                                     |
| 01500<br>SS=D                                                                    | <b>144G.63 Subd. 5 Required annual training</b><br><br>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:<br>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;<br>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;<br>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;<br>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and<br>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.<br>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. | 01500                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 01500                                                                            | <p>Continued From page 49</p> <p>Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of one employee (unlicensed personnel/ULP-O).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-O was hired on August 10, 2020, to provide</p> | 01500                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 01500                                                                            | Continued From page 50<br><br>direct care services to residents.<br><br>ULP-O's employee record lacked documented evidence of the following required annual training:<br>- review of the provider's policies and procedures.<br><br>On December 5, 2025, at 11:52 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated the required training was not available in the record.<br><br>On December 5, 2025, at 11:15 a.m., executive director (ED)-B stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to a policy related to staff training.<br><br>No further information was provided. | 01500                                                                  |                                                                                                                          |  |                                                     |
| 01530<br>SS=E                                                                    | <b>144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De-</b><br><br>(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements:<br>(1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;       | 01530                                                                  |                                                                                                                          |  |                                                     |



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| 01530                                                                            | <p>Continued From page 51</p> <p>(2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure two of three employees (clinical nurse supervisor/CNS-A, registered nurse/RN-N) received the required amount of mental illness and de-escalation training within the required time frame. In addition, the licensee failed to ensure two of four employees (CNS-A, RN-N) received the required amount of dementia care training in the required time frame.</p> <p>This practice resulted in a level two violation (a</p> | 01530                                                                  |                                                                                                                          |  |                                                     |



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| 01530                                                                     | <p>Continued From page 52</p> <p>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>The facility held an assisted living license effective April 29, 2025.</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated they were aware of the required contents of the employee records.</p> <p>CNS-A<br/>CNS-A was hired on October 20, 2025, to provide direct care services to residents and to provide staff supervision at the facility.</p> <p>Throughout the survey, CNS-A was observed interacting with the licensee's residents.</p> <p>CNS-A's record lacked documented evidence of the following:<br/>- training in mental illness and de-escalation by July 1, 2025; and<br/>- the required eight hours of initial dementia care training within 160 working hours of the employment start date.</p> <p>On December 5, 2025, at 11:40 a.m., CNS-A she had not received the above required training.</p> | 01530                                                                          |                                                                                                                          |  |                                              |



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| 01530                                                                            | <p>Continued From page 53</p> <p>RN-N<br/>RN-N was contracted on November 17, 2025, to assist the licensee with nursing tasks including resident assessments.</p> <p>RN-N's record lacked documented evidence of the following:<br/>- training in mental illness and de-escalation by July 1, 2025; and<br/>- the required eight hours of initial dementia care training within 160 working hours of the employment start date.</p> <p>On December 5, 2025, at 11:48 a.m., RN-N stated she would look to see if she had been provided the required training through the contract company. However, no information was provided.</p> <p>On December 5, 2025, at 11:15 a.m., executive director (ED)-B stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to a policy related to mental illness and de-escalation or dementia training.</p> <p>No further information was provided.</p> | 01530                                                                  |                                                                                                                          |  |                                                     |
| 01650<br>SS=D                                                                    | <p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:<br/>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;<br/>(2) the identification of staff or categories of staff</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01650                                                                            | <p>Continued From page 54</p> <p>who will provide the services;<br/>(3) the schedule and methods of monitoring assessments of the resident;<br/>(4) the schedule and methods of monitoring staff providing services; and<br/>(5) a contingency plan that includes:<br/>(i) the action to be taken if the scheduled service cannot be provided;<br/>(ii) information and a method to contact the facility;<br/>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br/>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the service plan included the required content for one of three residents (R2).</p> <p>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).</p> | 01650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01650                                                                            | <p>Continued From page 55</p> <p>The findings include:</p> <p>R2's diagnoses included diabetes mellitus, malignant neoplasm of the brain, and morbid obesity.</p> <p>On December 2, 2025, at 8:55 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2 in her apartment.</p> <p>R2's Service Plan dated December 16, 2024, indicated R2 received services including assistance with bathing, blood glucose monitoring, and medication administration. It noted the code status as resuscitate.</p> <p>R2's prescriber orders dated November 5, 2025, noted R2's code status was do not resuscitate (DNR).</p> <p>R2's Uniform Assessment Tool dated November 13, 2025, noted R2's code status as DNR.</p> <p>On December 5, 2025, at 12:35 p.m., clinical nurse supervisor (CNS)-A stated R2's code status was DNR, and was incorrect on the service plan. CNS-A also said R2 admitted to hospice on February 18, 2025.</p> <p>No further information was provided.</p> | 01650                                                                  |                                                                                                                          |  |                                                     |
| 01690<br>SS=F                                                                    | <p><b>144G.71 Subdivision 1 Medication management services</b></p> <p>(a) This section applies only to assisted living facilities that provide medication management services.</p> <p>(b) An assisted living facility that provides medication management services must develop,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01690                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01690                                                                            | <p>Continued From page 56</p> <p>implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines.</p> <p>(c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and maintain current written medication management policies and procedures under the supervision and direction of a registered nurse (RN).</p> <p>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</p> | 01690                                                                  |                                                                                                                          |                          |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 01690                                                                            | <p>Continued From page 57</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to the licensee's residents.</p> <p>The licensee's provided policies lacked:</p> <ul style="list-style-type: none"><li>- requesting and receiving prescriptions for medications;</li><li>- preparing and giving medications;</li><li>- verifying that prescription drugs are administered as prescribed;</li><li>- documenting medication management activities;</li><li>- controlling and storing medications;</li><li>- monitoring and evaluating medication use;</li><li>- resolving medication errors;</li><li>- communicating with the prescriber, pharmacist, and resident and legal and designated representatives;</li><li>- disposing of unused medications;</li><li>- educating residents and legal and designated representatives about medications; and</li><li>- when controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23.</li></ul> <p>On December 5, 2025, at 11:25 a.m., ED-B and</p> | 01690                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01690                                                                            | Continued From page 58<br><br>CNS-A stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to all policies and procedures.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01690                                                                  |                                                                                                                          |                          |                                                     |
| 01700<br>SS=D                                                                    | <b>144G.71 Subd. 2</b> Provision of medication management services<br><br>(a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.<br>(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. | 01700                                                                  |                                                                                                                          |                          |                                                     |



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| 01700                                                                            | <p>Continued From page 59</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted an individualized medication assessment to determine what medication management services would be provided and how the services would be provided, for one of three residents (R2).</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to the residents at the facility.</p> <p>R2's diagnoses included atrial fibrillation, Alzheimer's disease, major depressive disorder, and chronic kidney disease.</p> <p>On December 2, 2025, at 8:55 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2 in her apartment. ULP-C asked R2 if she wanted her pain cream, and R2 stated she had some left from yesterday. The surveyor observed a medication cup with a topical lotion on R2's bedside table. Upon exiting</p> | 01700                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01700                                                                            | <p>Continued From page 60</p> <p>the room, ULP-C stated this was probably left from yesterday.</p> <p>R2's Service Plan dated December 16, 2024, indicated R2 received services including assistance with bathing, blood glucose monitoring, and medication administration. It noted the code status as resuscitate.</p> <p>R2's prescriber orders dated November 5, 2025, included Good Sense arthritis pain, apply 4 grams three times daily topically to affected area.</p> <p>R2's Uniform Assessment Tool dated November 13, 2025, noted R2 was deemed unable to safely self-administer medications.</p> <p>R2's December 2025, Medication Administration Record (MAR) noted for December 2, 2025, 8:00 a.m. dose "resident stated sh {SIK} had some on her nightstan {SIK} and didnt {SIK} need anymore."</p> <p>On December 5, 2025, at 12:35 p.m., CNS-A stated R2 had not been assessed to self administer medications.</p> <p>No further information was provided.</p> | 01700                                                                  |                                                                                                                          |  |                                                     |
| 01760<br>SS=D                                                                    | <p><b>144G.71 Subd. 8 Documentation of administration of medication</b></p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                                            | <p>Continued From page 61</p> <p>administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure insulin was administered per manufacturer instructions for one of one resident (R26), and failed to administer medications as ordered for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p><b>INSULIN</b><br/>R26's diagnoses included polyarthritis and diabetes mellitus.</p> <p>On December 3, 2025, at 9:30 a.m., the surveyor observed unlicensed personnel/administrative coordinator (ULP)-D administer insulin to R26 in the medication room. ULP-D dialed the Lantus SoloStar insulin pen to one unit, expelled the liquid, and dialed it to the prescribed 15 units and administered the medication.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                            | <p>Continued From page 62</p> <p>On December 5, 2025, at 10:55 a.m., clinical nurse supervisor (CNS)-A stated the pen should have been dialed to two units, expelled, and dialed to the prescribed dose.</p> <p>The manufacturer's instructions for use dated May 2019, instructed to select a dose of two units, press the injection button to expel the medication, and then select the required dose.</p> <p><b>MEDICATION ERROR</b><br/>R1's diagnoses included atrial fibrillation, Alzheimer's disease, major depressive disorder, and chronic kidney disease.</p> <p>On December 2, 2025, at 8:00 a.m., the surveyor observed ULP-C administer medications to R1 in her apartment. ULP-C had placed the medications in three separate containers, one to take whole, one to be crushed and one to be made into a slurry. When completing a medication reconciliation, the surveyor noted Metamucil had not been administered as ordered.</p> <p>R1's December 2025, Medication Administration Record (MAR) included Metamucil one packet as directed daily. The medication had been signed off as administered by ULP-C.</p> <p>On December 5, 2025, at 10:55 a.m., CNS-A stated this would be considered a medication error.</p> <p>No further information was provided.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |
| 01780<br>SS=F                                                                    | <p><b>144G.71 Subd. 10 Medication management for residents who will</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01780                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01780                                                                            | <p>Continued From page 63</p> <p>(a) An assisted living facility that is providing medication management services to the resident must develop and implement policies and procedures for giving accurate and current medications to residents for planned or unplanned times away from home according to the resident's individualized medication management plan. The policies and procedures must state that:</p> <p>(1) for planned time away, the medications must be obtained from the pharmacy or set up by the licensed nurse according to appropriate state and federal laws and nursing standards of practice;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to implement policies and procedures for giving accurate and current medications for those residents who received medication management services during planned times away from home. This has the potential to affect all forty-two (42) residents.</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated the licensee provided medication management</p> | 01780                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01780                                                                            | Continued From page 64<br><br>services to the licensee's 42 residents.<br><br>On December 5, 2025, at 11:25 a.m., ED-B and CNS-A stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to all policies and procedures. They stated unlicensed personnel (ULP) prepared medications for residents when the nurse was not available. However, she had not provided training to those employees.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                  | 01780                                                                  |                                                                                                                          |  |                                                     |
| 01790<br>SS=F                                                                    | <b>144G.71 Subd. 10 Medication management for residents who will</b><br><br>(2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days;<br>(3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and<br>(4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled.<br>(b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:<br>(1) the registered nurse has trained the unlicensed staff and determined the unlicensed | 01790                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                        |
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| 01790                                                                            | <p>Continued From page 65</p> <p>staff is competent to follow the procedures for giving medications to residents; and<br/>(2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:</p> <p>(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;<br/>(ii) how the container or containers must be labeled;<br/>(iii) written information about the medications to be provided;<br/>(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;<br/>(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;<br/>(vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and<br/>(vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>This MN Requirement is not met as evidenced by:</p> | 01790                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 01790                                                                            | <p>Continued From page 66</p> <p>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed written procedures for the unlicensed personnel (ULP) providing medications for residents having unplanned time away when the licensed nurse was not available; and failed to provide complete documentation of medications sent with one of one resident (R32) who had an unplanned time away. In addition, the licensee failed to ensure one of one unlicensed personnel (ULP-C) was trained and had demonstrated competency to prepare and give medications for residents having unplanned time away.</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to the licensee's 42 residents.</p> <p>UNPLANNED TIMES AWAY POLICY AND PROCEDURE FOR ULP</p> <p>On December 5, 2025, at 11:25 a.m., ED-B and CNS-A stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy.</p> | 01790                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |                          |                                                     |
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| 01790                                                                            | <p>Continued From page 67</p> <p>However, they did not currently have access to all policies and procedures. They stated ULP prepared medications for residents when the nurse was not available. However, she had not provided training to those employees, and no written procedures were available.</p> <p>The licensee lacked a policy and written procedures to include:</p> <ul style="list-style-type: none"><li>- the type of container or containers to be used for the medications appropriate to the provider's medication system;</li><li>- how the container or containers must be labeled;</li><li>- written information about the medications to be provided;</li><li>- how the unlicensed staff must document in the resident's record that medications had been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;</li><li>- how the RN shall be notified that medications have been provided and whether the RN needs to be contacted before the medications are given to the resident or the designated representative;</li><li>- a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and</li><li>- how the unlicensed personnel must document in the resident's record any unused medications that were returned to the facility, including the name of each medication and the doses of each returned medication.</li></ul> <p>DOCUMENTATION FOR UNPLANNED TIME AWAY</p> | 01790                                                                  |                                                                                                                          |                          |                                                     |



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| 01790                                                                            | <p>Continued From page 68</p> <p>On December 5, 2025, at 11:25 a.m., CNS-A stated medications had been provided to residents for unplanned time away, and stated she would provide the documentation used. A Medication Administration Record (MAR) was received on December 8, 2025, at 1:11 p.m., from CNS-A for R32. The MAR lacked documentation for medications sent with R32, or the dates R32 was out of the building on an unplanned leave.</p> <p>TRAINING AND COMPETENCY EVALUATIONS</p> <p>ULP-C was hired on July 21, 2025, to provide direct care services to residents under the assisted living license including medication administration.</p> <p>On December 2, 2025, at 8:00 and 8:55 a.m., the surveyor observed ULP-C administer medications to residents.</p> <p>ULP-C's employee record contained a Competency Evaluation Medications/Treatments dated July 25, 2025, that included different medication administration routes. However, it lacked documented evidence of training and competency testing to follow the procedures for giving medications to residents.</p> <p>ULP-C's record lacked documented evidence to indicate ULP-C had been trained and had demonstrated competency to prepare and provide medications to residents for unplanned times away from home.</p> <p>No further information was provided.</p> | 01790                                                                  |                                                                                                                          |  |                                                     |
| 01880<br>SS=F                                                                    | <p><b>144G.71 Subd. 19 Storage of medications</b></p> <p>An assisted living facility must store all</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01880                                                                  |                                                                                                                          |  |                                                     |



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| 01880                                                                            | <p>Continued From page 69</p> <p>prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure one of two medication refrigerators (south) maintained an acceptable temperature to ensure medications were stored according to manufacturer's recommendations.</p> <p>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).</p> <p>The findings include:</p> <p>On December 5, 2025, at 8:32 a.m., the surveyor observed the 1st floor refrigerator with unlicensed personnel (ULP)-I, and noted the temperature was 42 degrees Fahrenheit (F).ULP-F stated the temperatures were marked on the sheet by staff after checking by the night shift staff. The refrigerator contained a box of Lantus SoloStar insulin pens for R26 and other miscellaneous medications.</p> <p>The Current Resident Roster dated December 1, 2025, noted seven residents receiving insulin medication.</p> | 01880                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01880                                                                            | Continued From page 70<br><br>On December 5, 2025, at 10:55 a.m., clinical nurse supervisor (CNS)-A and registered nurse (RN)-N stated the refrigerator temperature checks were set up under resident services to be completed on the night shift, and would check to see if this had been changed or not. However, no further information was provided. In addition, CNS-A stated the paper documents were not always marked for what refrigerator it was recording, and contained multiple blank spaces when not completed.<br><br>The manufacturer's instructions for Lantus SoloStar insulin pens dated May 2019, noted the insulin should be kept in a cool storage between 36 degrees F and 46 degrees F until the first use.<br><br>No further information was provided.                                                                                                                   | 01880                                                                  |                                                                                                                          |  |                                                     |
| 01910<br>SS=D                                                                    | 144G.71 Subd. 22 Disposition of medications<br><br>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.<br>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.<br>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, | 01910                                                                  |                                                                                                                          |  |                                                     |



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| 01910                                                                            | <p>Continued From page 71</p> <p>quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one resident (R4) upon discharge.</p> <p>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).</p> <p>The findings include:</p> <p>R4 discharged to a skilled nursing facility on November 6, 2025.</p> <p>R4's diagnoses included history of transient ischemic attack (stroke).</p> <p>R4's Service Plan dated April 28, 2025, indicated R4 received services including assistance with bathing, dressing, and medication administration.</p> <p>R4's Discharge Summary dated November 10, 2025, noted R4 had a decline in cognition and medications were documented and sent with family to the facility.</p> <p>R4's Drug Record dated November 6, 2025,</p> | 01910                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01910                                                                            | Continued From page 72<br><br>noted the names of medications, the drug strength, quantity of pills, and the names of staff involved in the disposition. However, it lacked the prescription numbers.<br><br>On December 5, 2025, at 11:38 a.m., executive director (ED)-B stated no nurse was at the facility at the time of discharge, and said she found a form online to document the medications, but it did not include the prescription numbers.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 01910                                                                  |                                                                                                                          |  |                                                     |
| 01920<br>SS=F                                                                    | <b>144G.71 Subd. 23 Loss or spillage</b><br><br>(a) Assisted living facilities providing medication management must develop and implement procedures for loss or spillage of all controlled substances defined in Minnesota Rules, part 6800.4220. These procedures must require that when a spillage of a controlled substance occurs, a notation must be made in the resident's record explaining the spillage and the actions taken. The notation must be signed by the person responsible for the spillage and include verification that any contaminated substance was disposed of according to state or federal regulations.<br><br>(b) The procedures must require that the facility providing medication management investigate any known loss or unaccounted for prescription drugs and take appropriate action required under state or federal regulations and document the investigation in required records.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to develop and | 01920                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |                          |                                                     |
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| 01920                                                                            | <p>Continued From page 73</p> <p>implement procedures for loss and spillage of all controlled substances defined in Minnesota Rules part 6800.4220.</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to the licensee's residents, including storage of controlled substances.</p> <p>On December 5, 2025, at 11:25 a.m., ED-B and CNS-A stated the corporate office was in the process of changing the policies over to the new licensee, and stated they were told they could contact corporate when they needed a policy. However, they did not currently have access to all policies and procedures.</p> <p>No further information was provided.</p> | 01920                                                                  |                                                                                                                          |                          |                                                     |
| 01930<br>SS=F                                                                    | <p>144G.72 Subd. 2 Policies and procedures</p> <p>(a) An assisted living facility that provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01930                                                                  |                                                                                                                          |                          |                                                     |



Minnesota Department of Health

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| 01930                                                                            | <p>Continued From page 74</p> <p>management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines.</p> <p>(b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting treatment or therapy activities, educating and communicating with residents about treatments or therapies they are receiving, monitoring and evaluating the treatment or therapy, and communicating with the prescriber.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and maintain current written treatment management policies and procedures under the supervision and direction of a registered nurse (RN).</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on December 1, 2025, at 10:40 a.m., executive director (ED)-B and clinical nurse supervisor (CNS)-A stated the licensee provided treatment management</p> | 01930                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b> |                                                                                                                          |  |                                                        |
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| 01930                                                                            | Continued From page 75<br><br>services to the licensee's residents.<br><br>The licensee's provided policies lacked:<br><br>- requesting and receiving orders or prescriptions<br>for treatments or therapies;<br>- providing the treatment or therapy, documenting<br>treatment or therapy activities;<br>- educating and communicating with residents<br>about treatments or therapies they are receiving;<br>- monitoring and evaluating the treatment or<br>therapy; and<br>- communicating with the prescriber.<br><br>On December 5, 2025, at 11:25 a.m., ED-B and<br>CNS-A stated the corporate office was in the<br>process of changing the policies over to the new<br>licensee, and stated they were told they could<br>contact corporate when they needed a policy.<br>However, they did not currently have access to all<br>policies and procedures.<br><br>No further information was provided. | 01930                                                                                  |                                                                                                                          |  |                                                        |
| 02280<br>SS=C                                                                    | 144G.90 Subd. 5 Notice to residents; change in<br>ownership or m<br><br>(a) A facility must provide written notice to the<br>resident, legal representative, or designated<br>representative of a change of ownership within<br>seven calendar days after the facility receives a<br>new license.<br>(b) A facility must provide prompt written notice to<br>the resident, legal representative, or designated<br>representative, of any change of legal name,<br>telephone number, and physical mailing address,<br>which may not be a public or private post office<br>box, of:<br>(1) the manager of the facility, if applicable; and                                                                                                                                                                                                                                                                    | 02280                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 02280                                                                     | Continued From page 76<br><br>(2) the authorized agent.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to provide written notice to the residents, legal representative, or designated representative of a change of ownership within seven calendar days.<br><br>This practice resulted in a level one violation (a violation that will cause only 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 of the residents).<br><br>The findings include:<br><br>The licensee had a change of ownership on April 29, 2025.<br><br>On December 2, 2025, at 10:40 a.m., executive director (ED)-B stated the change of ownership occurred prior to her hire date. Unlicensed personnel/administrative coordinator (ULP)-D stated a written notice of the change of ownership had not been provided to the residents, legal representative, or designated representative.<br><br>No further information was provided. | 02280                                                                          |                                                                                                                          |  |                                              |
| 02310<br>SS=I                                                             | 144G.91 Subd. 4 (a) Appropriate care and services<br><br>(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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 02310                                                                          |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 02310                                                                            | <p>Continued From page 77</p> <p>service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by:<br/>This immediate correction order was amended to include information for R1 and R2 on December 9, 2025.</p> <p>Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for four of four (R6, R7, R8, R9) with urinary tract infection symptoms, and for one of one resident (R1) with a consumer bed rail and one of one resident (R2) with hospital-style bed rails.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>This practice resulted in an immediate order for correction on December 4, 2025.</p> <p>The findings include:</p> <p>R6<br/>R6's diagnoses included atrial fibrillation, cataracts, diabetes mellitus type 2, and hypothyroidism.</p> <p>R6's Service Plan dated September 29, 2023, indicated R6 received services including assistance with bathing, behavior monitoring, nail</p> | 02310                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 02310                                                                            | <p>Continued From page 78</p> <p>care, I'm ok checks, and medication administration.</p> <p>R6's progress notes included the following:</p> <ul style="list-style-type: none"><li>- November 13, 2025, "Able to receive faxes at this time";</li><li>- November 19, 2025, tried to obtain urinalysis (UA) at 12:12 p.m., but R6 stated he did not have to go to the bathroom at that time. UA obtained at 4:00 p.m.; and</li><li>- November 21, 2025, at 7:27 a.m., urine culture indicated urogenital flora present.</li></ul> <p>R6's prescriber order dated November 18, 2025, included order for urine sample for UA/urine culture (UC).</p> <p>On December 4, 2025, at 3:20 p.m., clinical nurse supervisor (CNS)-A stated the UA was negative, so no orders were obtained. She said this was ordered because he had been having so many falls and it ended up being a blood pressure issue.</p> <p>R7</p> <p>R7's diagnoses included hard of hearing and deaf in the right ear, history of femur fracture, and depression.</p> <p>R7's Service Plan dated February 13, 2025, indicated R7 received services including assistance with bathing, dressing, grooming, I'm ok checks, and medication administration.</p> <p>R7's progress notes included the following:</p> <ul style="list-style-type: none"><li>- October 17, 2025, at 9:39 a.m., resident has a very red groin and yellow discharge from his penis;</li><li>- October 20, 2025, at 7:49 a.m., new order for Nystatin cream to be applied two times per day to</li></ul> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 02310                                                                            | <p>Continued From page 79</p> <p>going for seven days, then twice daily as needed (PRN);</p> <ul style="list-style-type: none"><li>- October 20, 2025, at 7:51 a.m., order for UA;</li><li>- October 21, 2025, at 2:36 p.m., order received for UA and supplies put in residents bathroom. Let evening staff know supplies were in resident's apartment;</li><li>- October 30, 2025, at 3:34 p.m., staff unable to obtain UA and resident not displaying signs and symptoms of infection. Rash to groin area remains;</li><li>- November 10, 2025, at 9:21 a.m., spoke with prescriber about discontinuing UA order since R6 has no symptoms; and</li><li>- November 17, 2025, at 1:15 p.m., provider asked staff to monitor for signs and symptoms of infection after discontinuing UA order.</li></ul> <p>R7's electronic correspondence from the prescriber dated October 17, 2025, at 11:00 a.m., noted "He is not applying anything to it currently. Urination is painful and it burns. Did state he has feels {SIK} fatigued. Staff stated he wipes back to front, and there is often BM [bowel movement] around his genitals."</p> <p>R7's electronic correspondence from the prescriber dated November 10, 2025, at 9:21 a.m., noted "just wanted to let you know there was an order placed like a week or 2 ago for a UA on [R7]. Apparently, staff was never able to get a sample from him, so I d/c [discontinued] the order. He does not have any urinary symptoms at this time."</p> <p>On December 4, 2025, at 3:20 p.m., CNS-A stated R7 is extremely hard of hearing and staff had trouble communicating what they were trying to do. Put hat in toilet but that did not work because he would take it out. The order was</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 02310                                                                            | <p>Continued From page 80</p> <p>discontinued because he was not having any symptoms.</p> <p>R8<br/>R8's diagnoses included glaucoma, hard of hearing, hyperlipidemia, and hypertension.</p> <p>R8's Uniform Assessment Tool dated September 7, 2025, noted R8 had recently been treated with antibiotics for urinary tract infection (UTI).</p> <p>R8's Service Plan dated September 9, 2025, indicated R8 received services including assistance with bathing, behavior monitoring, I'm ok checks, and medication administration.</p> <p>R8's progress notes indicated the following:<br/>- November 10, 2025, at 8:59 a.m., provider gave ok to obtain UA; and<br/>- November 24, 2025, at 9:54 a.m., UA results received within normal limits except appears hazy, nitrites positive, and urine mucous present.</p> <p>R8's lab result dated as urine collection on November 21, 2025, indicated a urinary tract infection site not specific.</p> <p>R8's prescriber order dated November 24, 2025, at 8:24 a.m., included macrobid 100 milligrams (mg) two times a day for seven days along with probiotic two times a day at least one hour before or after antibiotic for 14 days.</p> <p>On December 4, 2025, at 2:20 p.m., CNS-A stated the progress note was incorrect and R8 was diagnosed with a UTI.</p> <p>On December 4, 2025, at 3:30 p.m., CNS-A stated she was unsure why it took so long to obtain. She said if UAs are collected on the</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



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| 02310                                                                            | <p>Continued From page 81</p> <p>weekend, there is nobody here to take them to the lab.</p> <p>R9<br/>R9's diagnoses included diabetes mellitus type 2, fibromyalgia, and hypertension.</p> <p>R9's Service Plan dated December 23, 2024, indicated R9 received services including assistance with bathing, I'm ok checks, and medication administration.</p> <p>R9's progress notes indicated the following:<br/>- December 4, 2024, at 12:24 p.m., received new order for UA due to resident having odorous and dark urine.</p> <p>On December 4, 2025, at 3:40 p.m., CNS-A stated staff report this resident always had an odor. Her room also smells. Now with the decrease in housekeeping, it seems to be more evident. She was first aware of the request for UA today. There were no new symptoms.</p> <p>LACK OF SUPPLIES<br/>On December 3, 2025, at 10:15 a.m., unlicensed personnel (ULP)-L and ULP-M stated there has been an issue with having supplies needed to do their jobs including gloves, hand sanitizer, medication cups, and water cups. They had been waiting for the supplies and were told the order had been placed but canceled. ULP-M stated they had purchased gloves themselves to perform their jobs.</p> <p>On December 3, 2025, at 11:40 a.m., executive director (ED)-B and CNS-A stated they had been low on gloves, medication cups, water cups, and paper. ED-B stated when the surveyor entered on December 1, 2025, staff told her they did not</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02310                                                                            | <p>Continued From page 82</p> <p>have any cups to pass medications, so she went and purchased them. ED-B stated she also purchased food items including tomatoes, milk, hamburger, bread, and lettuce needed. ED-B stated she had placed an order through a vendor, but it came back as canceled, so she tried using the credit card provided by corporate staff for emergencies, but that was also declined. At this time, CNS-A and ED-B said they had missed prescriber orders for approximately three weeks due to having problems with the fax machine after the phone system was changed. In addition, they were not able to print the faxed orders due to not having any paper or being able to obtain an order due to it being canceled along with the above items. ED-B added that she attempted to use the emergency credit card to pay for NetStudy background studies for six employees that were lacking the required study. However, the card was canceled and she paid for the tests with her own credit card.</p> <p>On November 19, 2025, order from Staples for label maker tape and copy paper were declined.</p> <p>November 25, 2025, order from Staples for heavy duty desk stapler and box of copy paper and hand sanitizer for staff was declined.</p> <p>On December 4, 2025, at 4:00 p.m., ED-B stated it has been ongoing being low on supplies. Specimen cups ordered October 15, 2025, through Staples and rejected so ordered off Amazon and received October 22, 2025. She then used the emergency card to order from Amazon.</p> <p>CONSUMER BED RAILS<br/>R1's diagnoses included atrial fibrillation, Alzheimer's disease, major depressive disorder,</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02310                                                                            | <p>Continued From page 83</p> <p>and chronic kidney disease.</p> <p>On December 2, 2025, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R1 in her apartment. At this time, the surveyor observed a consumer bed rail on the floor near the foot end of R1's bed.</p> <p>R1's Service Plan dated December 3, 2024, indicated R1 received services including assistance with toileting, transfers, dressing, bathing, and medication administration.</p> <p>R1's Uniform Assessment Tool dated August 31, 2025, noted R1 had bladder and bowel incontinence, required assistance for toileting, reported pain, was a fall risk, had vision impairment, required assistance with ambulation and partial assistance with transfers, and partial assistance with bed mobility. It noted resident did have a bed mobility device to aid in turning and repositioning in bed. It noted the device had not been recalled. It also noted a right side upper assist rail for bed mobility.</p> <p>On December 5, 2025, at 1:05 p.m., CNS-A stated R1 had moved rooms on November 24, 2025, and the maintenance staff told her the device was loose. CNS-A stated the device was not placed back on the bed in the new room since staff had informed her R1 was not really using the device, and she had not assessed R1 prior to removing the device. CNS-A stated she had meant to go back and assess R1, but had not yet done it.</p> <p>HOSPITAL BED RAILS<br/>R2's diagnoses included atrial fibrillation, Alzheimer's disease, major depressive disorder, and chronic kidney disease.</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



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| 02310                                                                            | <p>Continued From page 84</p> <p>On December 2, 2025, at 8:55 a.m., the surveyor observed unlicensed personnel (ULP)-C administer medications to R2 in her apartment.</p> <p>R2's diagnoses included diabetes mellitus, malignant neoplasm of the brain, and morbid obesity.</p> <p>R2's Service Plan dated December 16, 2024, indicated R2 received services including assistance with bathing, blood glucose monitoring, and medication administration. It noted the code status as resuscitate.</p> <p>R2's Uniform Assessment Tool dated November 13, 2025, noted R2 had dizziness, seizures, irritable bowel, bladder incontinence, was a falls risk, reported pain, was independent with transfers (independently wore a helmet for transfers and ambulation), was independent with bed mobility, and had a hospital bed with bed rails for turning and repositioning, getting in and out of bed, and reducing the risk of falling out of bed. It noted a rail on the left side of the bed, and noted measurements as follows:</p> <ul style="list-style-type: none"><li>- zone 1 (within the rail), 4 inches;</li><li>- zone 2 (under the rail, between the rail supports or next to a single rail support), 4 inches;</li><li>- zone 3 (between the rail and the mattress), 4 inches; and</li><li>- zone 4 (under the rail, at the ends of the rail), 2 inches.</li></ul> <p>On December 5, 2025, at approximately 11:20 a.m., the surveyor observed licensed practical nurse (LPN)-E measure R2's bed rails with the following measurements:</p> <ul style="list-style-type: none"><li>- zone 1, 2 inches;</li><li>- zone 2, 0 inches;</li></ul> | 02310                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 02310                                                                            | <p>Continued From page 85</p> <p>- zone 3, 1.5 inches; and<br/>- zone 4, 0 inches.</p> <p>R2's record lacked a comprehensive assessment to include accurate measurements and indication whether the bed rail was securely attached to the bed frame.</p> <p>On December 5, 2025, at 12:35 p.m., clinical nurse supervisor (CNS)-A stated R2's assessment lacked the above required content.</p> <p>Frequently-Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none"><li>- Purpose and intention of the bed rail;</li><li>- Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;</li><li>- The resident's bed rail use/need assessment;</li><li>- Risk vs. benefits discussion (individualized to each resident's risks);</li><li>- The resident's preferences;</li><li>- Installation and use according to manufacturer's guidelines;</li><li>- Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and</li></ul> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |                          |                                                     |
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| 02310                                                                            | Continued From page 86<br><br>- Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements".<br>Additionally, the MDH website indicated for hospital-style bed rails, the licensee must include in their documentation, the bed rail measurements and that the bed rail has not shifted and is securely attached to the bed frame per manufacturer recommendations.<br><br>The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified, "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."<br><br>No further information was provided. | 02310                                                                  |                                                                                                                          |                          |                                                     |
| 02340<br>SS=E                                                                    | 144G.91 Subd. 6 Participation in care and service planning<br><br>Residents have the right to actively participate in the planning, modification, and evaluation of their care and services. This right includes:<br>(1) the opportunity to discuss care, services, treatment, and alternatives with the appropriate caregivers;<br>(2) the right to include the resident's legal and designated representatives and persons of the resident's choosing; and<br>(3) the right to be told in advance of, and take an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 02340                                                                  |                                                                                                                          |                          |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRAINERD CAREFREE LIVING BY OXFORD LI</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2723 OAK STREET<br/>BRAINERD, MN 56401</b>                                   |  |                                                     |
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| 02340                                                                            | <p>Continued From page 87</p> <p>active part in decisions regarding, any recommended changes in the service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to allow the resident to actively participate in the planning, modification, and evaluation of their care and denied the resident the right to be told in advance of, and take part in decisions regarding recommended changes for eight of forty-two resident (R3, R37, R17, R9, R38, R31, R15, R39). This had the potential to affect all residents.</p> <p>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>The licensee's Assessments Due Report dated December 5, 2025, noted the following residents were past due for their 90-day assessments.</p> <p>R3<br/>R3's diagnoses included chronic heart failure, anxiety disorder, and hypertension.</p> <p>R3's last assessment date was noted as July 17, 2025. At the time of survey exit, 141 days had passed since R3 was last assessed.</p> | 02340                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02340                                                                            | <p>Continued From page 88</p> <p><b>R37</b><br/>R37's diagnoses included chronic obstructive pulmonary disease.</p> <p>R37's last assessment date was noted as November 20, 2024. At the time of survey exit, 380 days had passed since R37 was last assessed.</p> <p><b>R17</b><br/>R17's diagnoses included multiple sclerosis.</p> <p>R17's last assessment date was noted as August 25, 2025. At the time of survey exit, 102 days had passed since R17 was last assessed.</p> <p><b>R9</b><br/>R9's diagnoses included diabetes mellitus.</p> <p>R9's last assessment date was noted as August 27, 2025. At the time of survey exit, 100 days had passed since R9 was last assessed.</p> <p><b>R38</b><br/>R38's diagnoses included chronic kidney disease.</p> <p>R38's last assessment date was noted as August 28, 2025. At the time of survey exit, 99 days had passed since R38 was last assessed.</p> <p><b>R31</b><br/>R31's diagnoses included frontotemporal neurocognitive disorder.</p> <p>R31's last assessment date was noted as November 27, 2024. At the time of survey exit, 373 days had passed since R31 was last assessed.</p> <p><b>R15</b></p> | 02340                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02340                                                                     | Continued From page 89<br><br>R15's diagnoses included ataxia.<br><br>R15's last assessment date was noted as December 4, 2024. At the time of survey exit, 366 days had passed since R15 was last assessed.<br><br>R39<br>R39's diagnoses included diabetes mellitus.<br><br>R39's last assessment date was noted as December 4, 2024. At the time of survey exit, 366 days had passed since R39 was last assessed.<br><br>On December 5, 2025, at 3:00 p.m., registered nurse (RN)-N stated she was contracted to complete assessments on residents and had been working on them as well as assisting with other resident care tasks. RN-N stated the residents on the list were past due for their assessments.<br><br>The Minnesota Assisted Living Resident Bill of Rights dated November 8, 2022, indicated residents have the right to actively participate in the planning, modification, and evaluation of their care and services. This right includes the opportunity to discuss care, services, treatment and alternatives with the appropriate caregivers in advance of changes.<br><br>No further information available. | 02340                                                                          |                                                                                                                          |  |                                              |
| 02420<br>SS=I                                                             | 144G.91 Subd. 14 Communication privacy<br><br>(a) Residents have the right to communicate privately with persons of their choice.<br>(b) If an assisted living facility is sending or receiving mail on behalf of residents, the assisted living facility must do so without interference.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 02420                                                                          |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 02420                                                                            | <p>Continued From page 90</p> <p>(c) Residents must be provided access to a telephone to make and receive calls.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to protect resident's rights to have access to a telephone to make and receive calls.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>On December 1, 2025, at 1:15 p.m., during the facility tour with executive director (ED)-B, the surveyor observed the facility to have three levels. The first level included resident rooms, shared bathrooms, office, kitchen, and dining room. The second and third levels included resident rooms and common areas. However, no telephone was observed throughout the facility.</p> <p>An undated resident list provided indicated 10 out of 44 residents have a cell phone.</p> <p>Resident Council Minutes dated September 4, 2025, noted "Residents voiced frustration about our current telephone system. Families are trying to call and are unable to get anyone. One resident had a family member pass away on a Saturday and didn't find out until Tuesday because family members couldn't get through to</p> | 02420                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02420                                                                            | <p>Continued From page 91</p> <p>any staff member in the community. Residents stated that the resident telephone has not worked for several months and many residents do not have a cell phone or land line and the resident phone is the only way that they can communicate with family members. The residents voted unanimously to formally request resolution to the telephone issue. They would like a response in writing and a timeline within the response. Residents stated that this is a violation of the Resident Rights and it needs resolution immediately. Residents went on to state that there should be a rent rebate for the months that they have not been able to use the resident telephone."</p> <p>A handwritten note dated September 8, 2024, from R12 noted "On behalf of the resident council I am writing this letter stating the severity of not being able to have access to a phone. Not only is it illegal for the company to not supply phones for there [sic] residents to receive and make calls, the lack of not having a phone for the residents to use has been a huge inconvenience for all the residents that don't have access to a cell phone. Workers and care teams are trying to get ahold of the residents and not being able to do so can hinder their care plan. Family members and others need to be able to receive and make phone calls as it states in the Bill of Rights assisted living facilities in MN to provide residents with access to a phone for making and receiving calls. Residents doctors and nurses need to be able to get ahold of patients."</p> <p>An email dated November 3, 2025, from R13's court appointed guardian noted "I have repeatedly tried to call Brainerd Carefree Living since the new phone system has been installed. Have you tried to call the 218-829-8622 number and tried to</p> | 02420                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02420                                                                            | <p>Continued From page 92</p> <p>follow the prompts? It is very discouraging and if you do leave a message no one ever calls you back. Your system is not user friendly and especially if a person calls in the late afternoons or weekends. The only time I can speak with a human is if your staff calls me. This is very sad and scary in case of an emergency which happened yesterday from the triage person. It is a right for a resident to call family members, friends or her guardian at any time of the day. My client is on a very limited budget and can not afford a personal cell phone. Why is staff using their personal phones for residents to use?"</p> <p>The licensee's undated Resident Handbook noted under utilities telephone were available for residents to use on each floor.</p> <p>On December 2, 2025, at 9:20 a.m., family member (FM)-P stated she can never get ahold of her brother here and can never get anyone to answer the phone.</p> <p>On December 2, 2025, at 3:05 p.m., ED-B stated the only phone system is computer based, and the main number goes to her computer. ED-B stated no phones calls can be received if office staff is not available. ED-B stated she takes her computer home in the evenings and weekends to be able to answer the phone when she is available. Unlicensed personnel do not have access to the telephone from their laptop computers on the medication carts, and they use their personal cell phones to call the providers or hospice or others as needed. ED stated R13's brother died on a Saturday, and she did not find out until the following Tuesday due to the lack of a telephone.</p> <p>On December 5, 2025, at 8:50 a.m., R12 stated</p> | 02420                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02420                                                                            | <p>Continued From page 93</p> <p>she has a cell phone but a lot of residents do not since they cannot afford a cell phone or the monthly charges. R12 said a lot of residents are frustrated with that now that they do not have a land line to use and she does allow them to use her personal cell phone if they ask her. She stated they are frustrated they cannot call or receive calls from their families, providers, guardians, etc. She added it has been at least six months that they have not had access to a phone. When people call, they report they cannot get through. Law enforcement have been sent by families to do welfare checks when they cannot get through to anyone on the phone. Staff tell them they are looking for a main phone but nothing has happened.</p> <p>The licensee's Bill of Rights posted near the elevator dated November 19, 2025, noted "Residents must be provided access to a telephone to make and receive calls."</p> <p>No further information was provided.</p> | 02420                                                                  |                                                                                                                          |                          |                                                     |





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

Page: 1

### Establishment Info

Brainerd Carefree Living Llc  
2723 Oak Street  
Brainerd, MN 56401  
Crow Wing County  
Parcel:  
  
Phone:

### License Info

License: HFID 20187  
  
Risk:  
License:  
Expires on:  
CFPM: KARI C FENSTRA  
CFPM #: 122668; Exp: 4/19/2027

### Inspection Info

Report Number: F1037251205  
Inspection Type: Follow-up - Single  
Date: 12/15/2025 Time: 10:14:49 AM  
Duration: minutes  
Announced Inspection: No  
Total Priority 1 Orders: 1  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 2  
Delivery: Emailed

### ! Previous Order: 3-500B Microbial Control: hot and cold holding

3-501.16A2      *Priority Level: Priority 1   CFP#: 22*

*MN Rule 4626.0395A2* Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

COMMENT: TCS FOODS IN THE UPRIGHT COOLER MEASURED 45 TO 47 DEG F. DISCARD TCS FOODS. ADJUST OR REPAIR UPRIGHT COOLER TO MAINTAIN ALL TCS FOODS AT 41 DEG F OR LOWER.

WITH THIS UNIT BEING THE ONLY COLD HOLDING IN THE ESTABLISHMENT, DISCUSSED PURCHASING ALL TCS FOODS THAT ARE NOT FROZEN (SUCH AS MILK, EGGS, AND CHEESE) TO BE PURCHASED FOR IMMEDIATE SERVICE UNTIL ADDITIONAL COLD HOLDING CAN BE PROVIDED OR UNIT IS REPAIRED/ADJUSTED.

12/15/25 TCS FOODS IN UPRIGHT COOLER MEASURED 42 TO 43 DEG F. DISCARD TCS FOODS FROM UPRIGHT COOLER. UNTIL ADDITIONAL COOLING SPACE IS PROVIDED, PURCHASE TCS FOODS FOR IMMEDIATE SERVICE ONLY.

*Comply By: 12/1/2025      Originally Issued On: 12/1/2025*

### Previous Order: 4-500 Equipment Maintenance and Operation

4-501.11AB      *Priority Level: Priority 3   CFP#: 47*

*MN Rule 4626.0735AB* All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

COMMENT: WALK-IN COOLER WAS NOT OPERATIONAL AT THE TIME OF INSPECTION. EMPLOYEE STATED THAT A PART TO REPAIR THE UNIT HAS BEEN ORDERED. REPAIR WALK-IN COOLER.

12/15/25 NO CHANGE. PART HAS NOT BEEN RECEIVED TO COMPLETE THE REPAIR. ETA FOR PART WAS NOT AVAILABLE.

*Comply By: 12/22/2025      Originally Issued On: 12/1/2025*

### Previous Order: 5-200A Plumbing: approved materials/design

5-201.11B      *Priority Level: Priority 3   CFP#: 51*

*MN Rule 4626.1040B* Maintain the plumbing system in good repair.

COMMENT: PREVIOUS ORDER 3/31/25: GARBAGE DISPOSAL / GREASE TRAP ADJACENT TO THE DISH MACHINE WAS REMOVED LEAVING A HOLE IN THE COUNTER WITH A CATCH BUCKET BELOW. CONTACT LICENSED PLUMBER TO REPAIR PLUMBING TO ELIMINATE HOLE.

12/1/25 NO CHANGE 12/15/25 NO CHANGE.

*Comply By: 3/1/2026      Originally Issued On: 12/1/2025*

## Food & Beverage General Comment

DISCUSSED ORDERS, REFRIGERATION, AND COOLING.

WITH THE WALK-IN COOLER NOT FUNCTIONING AND THE ONLY UPRIGHT COOLER NOT MAINTAINING FOODS AT



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41 DEG F OR LOWER, ALL TCS FOODS MUST BE PURCHASED FOR IMMEDIATE SERVICE. NO COOLING HOT FOODS OR SAVING OF LEFTOVERS UNTIL ADDITIONAL REFRIGERATION IS PROVIDED.

ESTABLISHMENT TO CONTACT THIS DEPARTMENT WITH UPDATES REGARDING REFRIGERATION REPAIRS AND CHANGES TO COOLERS.

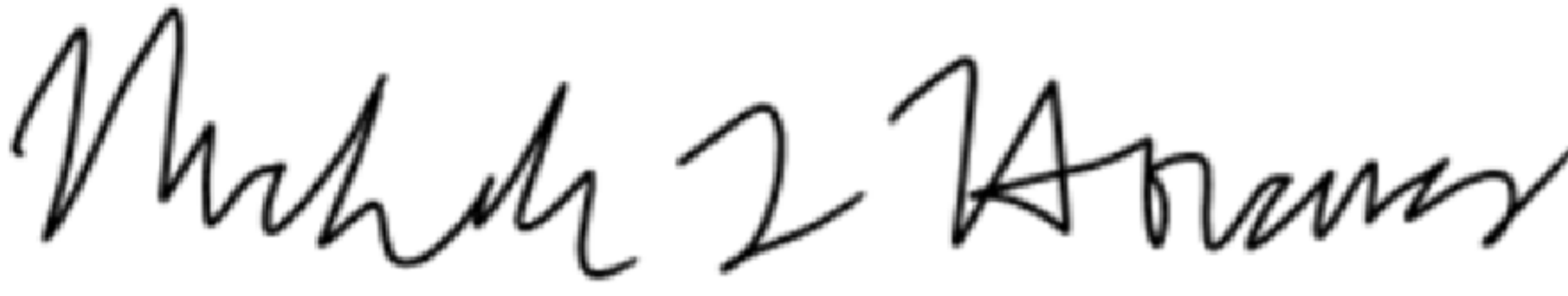
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**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the St Cloud District Office inspection report number F1037251205 from 12/15/2025**

---

GREG F



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Michelle Hovanes,  
Public Health Sanitarian 2  
320-223-7307  
michelle.hovanes@state.mn.us





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

## Temperature Observations/Recordings

Page: 1

### Establishment Info

Brainerd Carefree Living Llc  
Brainerd  
County/Group: Crow Wing County

### Inspection Info

Report Number: F1037251205  
Inspection Type: Follow-up  
Date: 12/15/2025  
Time: 10:14:49 AM

**Food Temperature:** **Product/Item/Unit:** PRECOOKED GROUND BEEF; **Temperature Process:** Cold-Holding

**Location:** Upright Cooler at 43 Degrees F.

**Comment:** DATED 12/14

**Violation Issued?:** Yes

**Food Temperature:** **Product/Item/Unit:** PACKAGED HARD BOILED EGGS; **Temperature Process:** Cold-Holding

**Location:** Upright Cooler at 43 Degrees F.

**Comment:**

**Violation Issued?:** Yes

**Food Temperature:** **Product/Item/Unit:** FRUIT FLUFF; **Temperature Process:** Cold-Holding

**Location:** Upright Cooler at 42 Degrees F.

**Comment:** DATED 12/10

**Violation Issued?:** Yes





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

Page: 1

### Establishment Info

Brainerd Carefree Living Llc  
2723 Oak Street  
Brainerd, MN 56401  
Crow Wing County  
Parcel:  
  
Phone:

### License Info

License: HFID 20187  
  
Risk:  
License:  
Expires on:  
CFPM: KARI C FENSTRA  
CFPM #: 122668; Exp: 4/19/2027

### Inspection Info

Report Number: F1037251196  
Inspection Type: Full - Single  
Date: 12/1/2025 Time: 12:00:58 PM  
Duration: minutes  
Announced Inspection: No  
**Total Priority 1 Orders: 1**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 2  
Delivery: Emailed

### ! New Order: 3-500B Microbial Control: hot and cold holding

3-501.16A2      *Priority Level: Priority 1   CFP#: 22*

*MN Rule 4626.0395A2* Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

COMMENT: TCS FOODS IN THE UPRIGHT COOLER MEASURED 45 TO 47 DEG F. DISCARD TCS FOODS. ADJUST OR REPAIR UPRIGHT COOLER TO MAINTAIN ALL TCS FOODS AT 41 DEG F OR LOWER.

WITH THIS UNIT BEING THE ONLY COLD HOLDING IN THE ESTABLISHMENT, DISCUSSED PURCHASING ALL TCS FOODS THAT ARE NOT FROZEN (SUCH AS MILK, EGGS, AND CHEESE) TO BE PURCHASED FOR IMMEDIATE SERVICE UNTIL ADDITIONAL COLD HOLDING CAN BE PROVIDED OR UNIT IS REPAIRED/ADJUSTED.

*Comply By: 12/1/2025      Originally Issued On: 12/1/2025*

### New Order: 4-500 Equipment Maintenance and Operation

4-501.11AB      *Priority Level: Priority 3   CFP#: 47*

*MN Rule 4626.0735AB* All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

COMMENT: WALK-IN COOLER WAS NOT OPERATIONAL AT THE TIME OF INSPECTION. EMPLOYEE STATED THAT A PART TO REPAIR THE UNIT HAS BEEN ORDERED. REPAIR WALK-IN COOLER.

*Comply By: 12/22/2025      Originally Issued On: 12/1/2025*

### New Order: 5-200A Plumbing: approved materials/design

5-201.11B      *Priority Level: Priority 3   CFP#: 51*

*MN Rule 4626.1040B* Maintain the plumbing system in good repair.

COMMENT: PREVIOUS ORDER 3/31/25: GARBAGE DISPOSAL / GREASE TRAP ADJACENT TO THE DISH MACHINE WAS REMOVED LEAVING A HOLE IN THE COUNTER WITH A CATCH BUCKET BELOW. CONTACT LICENSED PLUMBER TO REPAIR PLUMBING TO ELIMINATE HOLE.

12/1/25 NO CHANGE

*Comply By: 3/1/2026      Originally Issued On: 12/1/2025*

## Food & Beverage General Comment

DISCUSSED COLD HOLDING ISSUES AND NEED FOR IMMEDIATE ACTION TO REPAIR OR PROVIDE ADDITIONAL COLD HOLDING WITH CINDY AND KARI. DISCUSSED THAT ALL ONSITE COOLING MUST BE COMPLETED IN THE WALK-IN FREEZER.

DISCUSSED HIGH RISK FOOD ITEMS, SUCH AS EGGS, ARE COOKED HARD. PASTEURIZED EGGS WERE NOT ONSITE AT THE TIME OF INSPECTION, BUT ARE USED IF SERVING OVER MEDIUM EGGS.

DISCUSSED MENU, EMPLOYEE ILLNESS RECORDING, BARE HAND CONTACT, COOLING, AND ORDERS.



Report Number: F1037251196

Inspection Type: Full

Date: 12/1/2025

Page: 2

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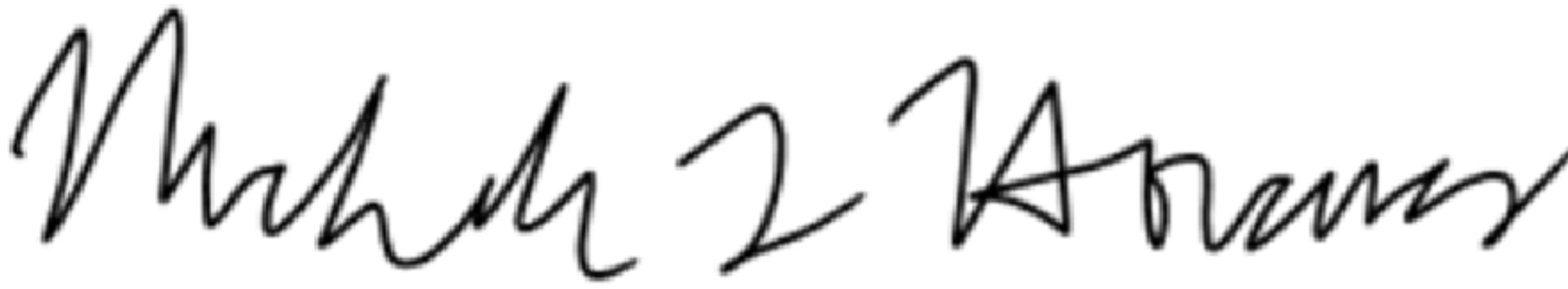
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**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the St Cloud District Office inspection report number F1037251196 from 12/1/2025**

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CINDY



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Michelle Hovanes,  
Public Health Sanitarian 2  
320-223-7307  
michelle.hovanes@state.mn.us





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

## Temperature Observations/Recordings

Page: 1

### Establishment Info

Brainerd Carefree Living Llc  
Brainerd  
County/Group: Crow Wing County

### Inspection Info

Report Number: F1037251196  
Inspection Type: Full  
Date: 12/1/2025  
Time: 12:00:58 PM

**Food Temperature:** **Product/Item/Unit:** PRECOOKED PIZZA; **Temperature Process:** Cold-Holding

**Location:** Upright Cooler at 45 Degrees F.

Comment:

*Violation Issued?: Yes*

**Food Temperature:** **Product/Item/Unit:** SHREDDED CHEESE; **Temperature Process:** Cold-Holding

**Location:** Upright Cooler at 45 Degrees F.

Comment:

*Violation Issued?: Yes*

**Food Temperature:** **Product/Item/Unit:** RAW BACON; **Temperature Process:** Cold-Holding

**Location:** Upright Cooler at 47 Degrees F.

Comment:

*Violation Issued?: Yes*

**Food Temperature:** **Product/Item/Unit:** CHEESE SAUCE; **Temperature Process:** Hot-Holding

**Location:** Stove at 178 Degrees F.

Comment:

*Violation Issued?: No*





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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Brainerd Carefree Living Llc  
Brainerd  
County/Group: Crow Wing County

Inspection Info

Report Number: F1037251196  
Inspection Type: Full  
Date: 12/1/2025  
Time: 12:00:58 PM

**Sanitizing Chemical:** Product: Chlorine; **Sanitizing Process:** Dish Machine

**Location:** Dishwashing Area **Equal To** 50 PPM

Comment:

*Violation Issued?: No*

**Sanitizing Chemical:** Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

**Location:** Dishwashing Area **Equal To** 200 PPM

Comment:

*Violation Issued?: No*



|                                                                                                                                                                                                                             |     |                                                                                 |                 |                                |                   |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------|-----------------|--------------------------------|-------------------|----------------|
| Minnesota (MDH) Version<br>EH Manager; RPT: F1037251196                                                                                                                                                                     |     | Food Establishment Inspection Report                                            |                 | Page 1 of 1                    |                   |                |
| <div><div>St Cloud District Office<br/>Minnesota Department of Health<br/>4140 Thielman Lane, Suite 101<br/>St Cloud, MN 56301</div></div> |     | No. of Risk Factor/Intervention/Violations                                      |                 | 1                              | Date: 12/1/2025   |                |
|                                                                                                                                                                                                                             |     | No. of Repeat Risk Factor/Intervention/Violations                               |                 |                                | Time: 12:00:58 PM |                |
|                                                                                                                                                                                                                             |     | Score (optional)                                                                |                 |                                | Dur: min          |                |
| Establishment:<br>Brainerd Carefree Living Llc                                                                                                                                                                              |     | Address:<br>2723 Oak Street                                                     |                 | City/State:<br>Brainerd, MN    | Zip:<br>56401     | Phone:         |
| License/Permit #:<br>HFID 20187                                                                                                                                                                                             |     | Permit Holder:                                                                  |                 | Purpose of Inspection:<br>Full | Est. Type:        | Risk Category: |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS                                                                                                                                                              |     |                                                                                 |                 |                                |                   |                |
| Designated compliance status (IN, OUT, N/O, N/A) for each numbered item                                                                                                                                                     |     |                                                                                 |                 |                                |                   |                |
| IN=in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable                                                                                                                                         |     |                                                                                 |                 |                                |                   |                |
| Mark "X" in appropriate box for COS and/or R                                                                                                                                                                                |     |                                                                                 |                 |                                |                   |                |
| COS=corrected on-site during inspection    R=repeat violation                                                                                                                                                               |     |                                                                                 |                 |                                |                   |                |
| Compliance Status                                                                                                                                                                                                           |     |                                                                                 | COS             | R                              |                   |                |
| Supervision                                                                                                                                                                                                                 |     |                                                                                 |                 |                                |                   |                |
| 1                                                                                                                                                                                                                           | IN  | Person in charge present, demonstrate knowledge and performs duties             |                 |                                |                   |                |
| 2                                                                                                                                                                                                                           | IN  | Certified Food Protection Manager                                               |                 |                                |                   |                |
| Employee Health                                                                                                                                                                                                             |     |                                                                                 |                 |                                |                   |                |
| 3                                                                                                                                                                                                                           | IN  | knowledge, responsibilities, and reporting                                      |                 |                                |                   |                |
| 4                                                                                                                                                                                                                           | IN  | Proper use of restriction and exclusion                                         |                 |                                |                   |                |
| 5                                                                                                                                                                                                                           | IN  | Response to vomiting, diarrheal events                                          |                 |                                |                   |                |
| Good Hygienic Practices                                                                                                                                                                                                     |     |                                                                                 |                 |                                |                   |                |
| 6                                                                                                                                                                                                                           | IN  | Proper eating, tasting, drinking, tobacco use                                   |                 |                                |                   |                |
| 7                                                                                                                                                                                                                           | IN  | No discharge from eyes, nose, and mouth                                         |                 |                                |                   |                |
| Preventing Contamination by Hands                                                                                                                                                                                           |     |                                                                                 |                 |                                |                   |                |
| 8                                                                                                                                                                                                                           | IN  | Hands clean and properly washed                                                 |                 |                                |                   |                |
| 9                                                                                                                                                                                                                           | IN  | No bare hand contact with RTE foods, alternatives                               |                 |                                |                   |                |
| 10                                                                                                                                                                                                                          | IN  | Adequate handwashing sinks supplied and access                                  |                 |                                |                   |                |
| Approved Source                                                                                                                                                                                                             |     |                                                                                 |                 |                                |                   |                |
| 11                                                                                                                                                                                                                          | IN  | Food obtained from approved source                                              |                 |                                |                   |                |
| 12                                                                                                                                                                                                                          | N/O | Food Received at proper temperature                                             |                 |                                |                   |                |
| 13                                                                                                                                                                                                                          | IN  | Food in good condition, safe & unadulterated                                    |                 |                                |                   |                |
| 14                                                                                                                                                                                                                          | N/A | Records available: shellstock tags, parasite dest.                              |                 |                                |                   |                |
| Protection From Contamination                                                                                                                                                                                               |     |                                                                                 |                 |                                |                   |                |
| 15                                                                                                                                                                                                                          | IN  | Food separated and protected                                                    |                 |                                |                   |                |
| 16                                                                                                                                                                                                                          | IN  | Food-contact surfaces; cleaned & sanitized                                      |                 |                                |                   |                |
| 17                                                                                                                                                                                                                          | IN  | Proper Disposition of returned, previously served, reconditioned, & unsafe food |                 |                                |                   |                |
| GOOD RETAIL PRACTICES                                                                                                                                                                                                       |     |                                                                                 |                 |                                |                   |                |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.                                                                                           |     |                                                                                 |                 |                                |                   |                |
| Mark "X" or OUT in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation                                               |     |                                                                                 |                 |                                |                   |                |
|                                                                                                                                                                                                                             |     |                                                                                 | COS             | R                              |                   |                |
| Safe Food and Water                                                                                                                                                                                                         |     |                                                                                 |                 |                                |                   |                |
| 30                                                                                                                                                                                                                          | N/A | Pasteurized eggs used where required                                            |                 |                                |                   |                |
| 31                                                                                                                                                                                                                          |     | Water & ice from approved source                                                |                 |                                |                   |                |
| 32                                                                                                                                                                                                                          | N/A | Variance obtained for specialized processing methods                            |                 |                                |                   |                |
| Food Temperature Control                                                                                                                                                                                                    |     |                                                                                 |                 |                                |                   |                |
| 33                                                                                                                                                                                                                          |     | Proper cooling methods used; adequate equipment for temperature control         |                 |                                |                   |                |
| 34                                                                                                                                                                                                                          | N/O | Plant food properly cooked for hot holding                                      |                 |                                |                   |                |
| 35                                                                                                                                                                                                                          | N/O | Approved thawing methods used                                                   |                 |                                |                   |                |
| 36                                                                                                                                                                                                                          |     | Thermometers provided & accurate                                                |                 |                                |                   |                |
| Food Identification                                                                                                                                                                                                         |     |                                                                                 |                 |                                |                   |                |
| 37                                                                                                                                                                                                                          |     | Food properly labeled; original container                                       |                 |                                |                   |                |
| Prevention of Food Contamination                                                                                                                                                                                            |     |                                                                                 |                 |                                |                   |                |
| 38                                                                                                                                                                                                                          |     | Insects, rodents, & animals not present; no unauthorized person                 |                 |                                |                   |                |
| 39                                                                                                                                                                                                                          |     | Contamination prevented during food prep, storage, & display                    |                 |                                |                   |                |
| 40                                                                                                                                                                                                                          |     | Personal cleanliness                                                            |                 |                                |                   |                |
| 41                                                                                                                                                                                                                          |     | Wiping cloths: properly used & stored                                           |                 |                                |                   |                |
| 42                                                                                                                                                                                                                          |     | Washing fruits & vegetables                                                     |                 |                                |                   |                |
| Person in Charge (signature)                                                                                                                                                                                                |     |                                                                                 |                 |                                |                   |                |
| Inspector (signature)                                                                                                                                                                                                       |     |                                                                                 |                 |                                |                   |                |
| Follow-up:                                                                                                                                                                                                                  |     |                                                                                 | Follow-up Date: |                                |                   |                |



## Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                   |                        |
|---------------------------------------------------|------------------------|
| <b>Project No:</b> SL20187017                     | <b>Date:</b> 12/1/2025 |
| <b>Facility Name:</b> Brainerd Carefree Living    |                        |
| <b>Facility Address:</b> 2723 Oak Street Brainerd |                        |

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☒ **TAG IDENTIFICATION: 0775**

**SCOPE/ SEVERITY:** Level 2; Widespread

**TIME PERIOD OF CORRECTION:** Seven (7) days

---

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]
2. Lighted matches, cigarettes, cigars or other burning object shall not be discarded in such a manner that could cause ignition of other combustible material. [Minn. Stat. 144G.45 subd. 2; MSFC 310.7]

*Comments: There was a designated area in the back of the building with a cigarette butt receptacle, but the ground had several cigarette butts lying around. The front of the building was not a designated smoking area, but residents smoked at this location and would leave cigarette butts lying around on the ground. There was a cigarette butt lying on the floor in the hallway by resident room 326.*

3. Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]

*Comments: Several fire doors were propped open with a wedge. These doors included the main kitchen door and resident rooms 102, 103, 104, 107, 205, 206, 213 and 305.*

4. Controlled egress doors shall: unlock upon activation of either the automatic sprinkler system or smoke detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked by a signal or switch from the fire command center, nursing station, or other approved location. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.7]

*Comments: When interviewed about the controlled egress locking system, executive director (ED)-B stated that there was no manual override for the controlled egress locks in the approved location.*



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☒ **TAG IDENTIFICATION: 0800**

**SCOPE/ SEVERITY:** Level 2; Widespread

**TIME PERIOD OF CORRECTION:** Twenty One (21) days

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1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

*Comments:*

*Resident rooms 101, 105, 111, 114, 201, 210, 213, 218, 224, 306, 315 and 325, had worn and soiled carpet.*

*The activity room on the second floor and storage room on the third floor had holes in the vinyl flooring.*

*The ceiling in the elevator room had black stains.*

*Pipes going out through the ceiling in the main-floor mechanical room were missing fire caulking.*

*Resident rooms 208, 302 and 320 were empty and missing the floor finishes due to flipping out new ones.*

*The residents in apartments 111, 115, and 326 each had a pet dog and when the surveyor entered the apartments there was a strong odor of urine and feces and observed where the dog had urinated or defecated in multiple locations inside the apartment.*

---

☒ **TAG IDENTIFICATION: 0810**

**SCOPE/ SEVERITY:** Level 2; Widespread

**TIME PERIOD OF CORRECTION:** Twenty One (21) days

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1. Each assisted living facility shall develop and maintain fire safety and evacuation plans that are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

*Comments: ED-B stated they would email the policy to the surveyor by December 2, 2025, at 12:00 p.m. No email was received.*

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]



*Comments: ED-B stated they would email the documentation to the surveyor by December 02, 2025, at 12:00 p.m. No email was received.*

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

*Comments: ED-B stated they would email the documentation to the surveyor by December 02, 2025, at 12:00 p.m. No email was received.*

4. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include 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. [Minn. Stat. 144G.45 subd.2]

*Comments: ED-B stated they would email the documentation to the surveyor by December 02, 2025, at 12:00 p.m. No email was received.*

5. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]

*Comments: ED-B stated they would email the documentation to the surveyor by December 02, 2025 at 12:00 p.m. No email was received.*

6. 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. [Minn. Stat. 144G.45 subd.2]

*Comments: ED-B stated they would email the documentation to the surveyor by December 02, 2025 at 12:00 p.m. No email was received.*

7. Evacuation drills are required for employees 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. [Minn. Stat. 144G.45 subd.2]

*Comments: ED-B stated they would email the documentation to the surveyor by December 02, 2025 at 12:00 p.m. No email was received.*