Electronically Delivered

October 1, 2025

Licensee
Bridgewell Assisted Living
410 West Main Street
Osakis, MN 56360

RE: Project Number(s) SL25904016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment $500.00

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

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

The correction order documentation should include the following:

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

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

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

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25904	A. BUILDING: _____ B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWELL ASSISTED LIVING	410 WEST MAIN STREET OSAKIS, MN 56360

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL25904016-0 On August 11, 2025, through August 13, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 14 residents; 14 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 1 Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On a facility tour on August 12, 2025, at 1:35 p.m., with maintenance (M)-D, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511: EXIT DOOR LOCKING ARRANGEMENTS There was a controlled egress locking system installed on the emergency exit doors in the memory care unit leading to the exterior exit path. The controlled egress door locking system was not provided with a device capable of deactivating the delayed egress door hardware to	0 775		

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0 775	Continued From page 2 the unlocked position from the nurse station or other approved location for occupants to exit in the event of an emergency. The controlled egress locking system is required to be provided with a switch or device located at the nurse station or other approved location to deactivate the delayed egress locked exit doors for building occupants to exit in the event of an emergency. The procedures required to operate and unlock the controlled egress locking system for occupants to exit in the event of an emergency are required to be included in the fire safety and evacuation plan employee procedures. These procedures are required in accordance with MSFC in Minnesota Rules Chapter 7511. Emergency Exit Door to courtyard On August 11, 2025, at 1:45 p.m., survey staff toured the facility with maintenance (M)-D, it was observed that the emergency exit doors in the memory care exited out into the courtyard that was fenced in with a gate that was locked. This removes a safe means of egress during a fire or similar emergency. These emergency exit doors were identified with overhead exit signs and are included in the facility's evacuation plan. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be	01290		

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01290	Continued From page 3 construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure background studies (BGS) were submitted and a clearance received in affiliation with the assisted living licensee's current health facility identification (HFID) 25904 for three of three employees (maintenance (M)-D, unlicensed personnel (ULP)-G, ULP-H). This had the potential to affect all 14 residents receiving services under the assisted living with dementia care license. 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 the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on August 11, 2025, at 9:00 a.m., clinical nurse supervisor	01290		

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01290	Continued From page 4 (CNS)-B and clinical director (CD)-C stated the licensee was familiar with the required contents of employee records. M-D M-D was hired January 16, 2025, and began providing indirect services to the assisted living residents. M-D had a BGS clearance dated January 16, 2025, with the adjoined skilled nursing facility (SNF) HFID 109, however was not affiliated with HFID 25904. On August 12, 2025, at 9:37 a.m., administrator (A)-J stated M-D was a shared employee with the campus (skilled nursing facility (SNF), unsecured assisted living (AL), and secured AL), and worked unsupervised 40 hours a week. ULP-G ULP-G was hired June 17, 2024, and began providing direct care services to the assisted living dementia care residents. ULP-G had a BGS clearance dated July 16, 2024, with the adjoined SNF, HFID 109, however was not affiliated with HFID 25904. On August 12, 2025, at 9:20 a.m., clinical director (CD)-C stated ULP-G had worked 8.78 hours unsupervised from July 1, 2025, through August 11, 2025. ULP-H ULP-H was hired November 25, 2024, and began providing direct care services to the assisted living dementia care residents.	01290		

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01290	Continued From page 5 ULP-H had a BGS clearance dated November 25, 2024, with the adjoined SNF HFID 109, however was not affiliated with HFID 25904. On August 12, 2025, at 9:20 a.m., clinical director (CD)-C stated ULP-H had worked 56.79 hours unsupervised from July 1, 2025, through August 10, 2025. The licensee's Department of Human Services (DHS) NETStudy employee roster dated August 11, 2025, did not include M-C, ULP-G or ULP-H or indicate their BGSs were affiliated with the licensee's HFID 25904. On August 12, 2025, at 9:38 a.m., A-J stated the above staff were not affiliated with he secured unit. Furthermore, A-J stated all staff should be affiliated across the three campuses (SNF, secured and unsecured ALs), and will have to speak with human resources who performs the BGS. The licensee's Background Checks policy dated November 25, 2024, indicated 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. All employees must pass a background study and all contractors or volunteers with direct resident contact are required to have a background study. "Direct contact" means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the program No further information was provided. TIME PERIOD FOR CORRECTION: Two (2)	01290		

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01290	Continued From page 6 days	01290		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (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; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care 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	01470		

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01470	Continued From page 7 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: (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide staff orientation to assisted living requirements and regulations for two of three employees (maintenance (M)-D, registered nurse (RN)-F). This had the potential to affect all residents of the licensee. 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	01470		

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01470	Continued From page 8 failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on August 11, 2025, at 9:00 a.m., clinical nurse supervisor (CNS)-B and clinical director (CD)-C stated the licensee was familiar with the required contents of employee records. Furthermore, CNS-B and CD-C stated the skilled nursing facility (SNF) RNs assist with on-call nursing should CNS-B unavailable in the secured unit. M-D M-D was hired January 16, 2025, and began providing indirect services to the assisted living residents. M-D's employee record lacked evidence M-D completed the following required assisted living orientation: -overview of assisted living statutes; -handling resident complaints; and -consumer advocacy services. RN-F RN-F was hired on September 7, 2017, and began to provide direct care services to the residents of the licensee on August 1, 2021. RN-F's employee record lacked evidence RN-F completed the following required assisted living orientation: -overview of assisted living statutes. The licensee's assisted living on-call RN 24/7 schedule dated July 28, 2025, indicated phone numbers are listed in the order in which the	01470		

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01470	Continued From page 9 nurses should be called. If one person is unavailable, simply move down the list to the next person. The listing indicated the following (along with phone numbers): -CNS; -assisted living RN; -CD; -RN on duty at SNF; -Director of Nursing (DON) at SNF; and -list of SNF RN phone numbers on the most recent employee phone list. On August 12, 2025, at 9:37 a.m., administrator (A)-J stated M-D and RN-F did not have the required assisted living training. Furthermore, A-J stated M-D's training was overlooked, and A-J did not think the RNs from the SNF needed the assisted living training as there was always assisted living unlicensed personnel (ULP) assisting the resident while the SNF nurse was present. The licensee's Assisted Living & Assisted Living with Memory Care Orientation - All Staff policy dated July 30, 2024, indicated all assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents. At a minimum, orientation must include the following topics: -an overview of Minnesota's assisted living law; -an introduction and review of agency policies and procedures related to the provision of assisted living services; -emergencies and disaster training; -the assisted living bill of rights and staff responsibilities to ensuring the exercise and protection of those rights; -infection control;	01470		

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01470	Continued From page 10 -Health Insurance Portability and Accountability Act (HIPAA)/privacy practices; -principles of person-centered planning and service delivery and how they apply to direct support services; -employee job description; -organizational chart and roles of staff within the facility; -types of assisted living services as indicated on the Uniform Disclosure of Assisted Living Services and Amenities and provides scope of licensure; -maltreatment of vulnerable adults; -how to report maltreatment of vulnerable adults; -how to report crime; -complaints process; -contact information of the Office if Health Facility complaints, Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities; -quality management; -handling resident's finance and property; -dementia training; and -Medicaid training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.	01890		

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01890	Continued From page 11 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a medication was maintained bearing the original prescription label with information regarding the direction for use, medication name, medication dosage, resident's name, and the pharmacy in which it had been issued. In addition, the licensee failed to ensure the medication was maintained to include an opened date and expiration date for time sensitive medications stored and managed by the licensee for one of two medication carts (North cart). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: On August 11, 2025, at 11:20 a.m., the surveyor toured the north medication cart with clinical nurse supervisor (CNS)-B and observed the following: -R7's opened budesonide and formoterol fumarate dihydrate 80 microgram (mcg)/4.5 mcg lacked original prescription label and open and expiration dates. On August 11, 2025, at 11:25 a.m., CNS-B verified the inhaler had no pharmacy label and was not labeled with open and expiration dates.	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25904	A. BUILDING: _____ B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWELL ASSISTED LIVING	410 WEST MAIN STREET OSAKIS, MN 56360

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01890	Continued From page 12 CNS-B stated the pharmacy label was most likely on the box and the box was thrown away. CNS-B stated the ULPs are trained the medications must have pharmacy labels and time sensitive medications must be labeled with open and expiration dates. The manufacturer's instructions for budesonide and formoterol fumarate dihydrate inhaler dated December 2020, indicated to discard when the counter reaches "0" or three months after the inhaler is taken out of foil pouch, whichever comes first. The licensee's Storage of Medications policy dated January 18, 2023, indicated a legend drug must be kept in its original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration date of a time-dated drug, directions for use, residents name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to	01950		

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01950	Continued From page 13 the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) specified in writing specific instructions for unlicensed personnel (ULP) performing a treatment for one of two residents (R1) This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: During the entrance conference on August 11, 2025, at 9:00 a.m., clinical nurse supervisor (CNS)-B and clinical director (CD)-C stated the licensee provided treatment and therapy	01950		

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	25904	A. BUILDING: _____ B. WING _____	08/13/2025

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01950	Continued From page 14 services. R1's diagnoses included hypertension (high blood pressure), Alzheimer's disease, and anxiety. R1's signed service plan dated April 16, 2024, indicated R1 required assistance with medication administration, behavior monitoring, assistance with anti-embolism hose (TEDS-compression stockings), dressing, bathing, housekeeping and laundry. R1's August 2025 electronic task summary report indicated resident requires staff assistance to apply/remove compression stockings. On in a.m. (morning), and off at hs (before bedtime). R1's prescriber orders, dated April 16, 2024, indicated the following: -anti-embolism hose-assists with removal or putting on compression stockings. Includes washing out at hs and hanging to dry. Notify RN if skin alteration noted or if the hose are no longer fitting properly. On August 12, 2025, at 7:35 a.m., the surveyor observed ULP-E perform morning cares and apply compression stockings for R1. R1's record lacked specific written instructions for applying and removing compression stocking or when to contact and RN should problems arise. On August 12, 2025, at 11:58 a.m., CD-C stated the resident record did not include specific instructions for R1's compression stockings or when to call and RN should problems arise. CD-C stated the nurses must have missed the	01950		

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BRIDGEWELL ASSISTED LIVING	410 WEST MAIN STREET OSAKIS, MN 56360

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01950	Continued From page 15 specific instructions when the order was transcribed. The licensee's Administration of Medication, Treatment and Therapy by Unlicensed Personnel policy dated January 18, 2023, indicated the RN may delegate administration of medications, treatments, and therapy if the unlicensed personnel has satisfied the training requirements and the RN has developed written, specific instructions for each resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for one of two residents (R1) who received treatment services. This practice resulted in a level two violation (a violation that did not harm a resident's health or	01970		

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	25904	A. BUILDING: _____ B. WING _____	08/13/2025

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01970	Continued From page 16 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on August 11, 2025, at 9:00 a.m., clinical nurse supervisor (CNS)-B and clinical director (CD)-C stated the licensee provided treatment and therapy services. R1's diagnoses included hypertension (high blood pressure), Alzheimer's disease, and anxiety. R1's signed service plan dated April 16, 2024, indicated R1 required assistance with medication administration, behavior monitoring, assistance with anti-embolism hose (TEDS-compression stockings), dressing, bathing, housekeeping and laundry. R1's August 2025 electronic task summary report indicated resident requires staff assistance to apply/remove compression stockings. On in a.m. (morning), and off at hs (before bedtime). R1's prescriber orders, dated April 16, 2024, indicated the following: -anti-embolism hose-assists with removal or putting on compression stockings. Includes washing out at hs and hanging to dry. Notify registered nurse (RN) if skin alteration noted or if the hose are no longer fitting properly.	01970		

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01970	Continued From page 17 On August 12, 2025, at 7:35 a.m., the surveyor observed ULP-E perform morning cares and apply compression stockings for R1. R1's record lacked current prescriber orders for compression stockings. On August 12, 2025, at 1:30 p.m., CD-C stated the last signed prescriber orders found for the compression stocking was dated April 16, 2024. CD-C stated the last signed prescriber orders from September 17, 2024, lacked the compression stocking order. CD-C was not sure why the compression order was not added to the physician visit form for signature and was most likely an oversight by the nurses. The licensee's Medication & Treatment Orders: Receiving, Renewal, Implementation, and Reordering policy dated May 29, 2024, indicated to keep orders up to date, whenever possible, the RN or licensed practical nurse (LPN) will provide the resident with a list of current orders to take to any physician appointments or fax the current orders to the physician's office prior to the appointment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls , MN 56537
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

BRIDGEWELL ASSISTED LIVING
410 WEST MAIN STREET
Osakis, MN 56360
Douglas County
Parcel:

Phone:

License Info

License: HFID 25904

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F7935251101
Inspection Type: Full - Single
Date: 8/11/2025 Time: 11:04:33 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

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 Fergus Falls District Office inspection report number F7935251101 from 8/11/2025

Rebecca Tonneson

Establishment Representative

Rebecca Tonneson, RS
Public Health Sanitarian Supervisor
218-332-5142
rebecca.tonneson@state.mn.us

Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls , MN 56537

Temperature Observations/Recordings

Establishment Info

BRIDGEWELL ASSISTED LIVING
Osakis
County/Group: Douglas County

Inspection Info

Report Number: F7935251101
Inspection Type: Full
Date: 8/11/2025
Time: 11:04:33 AM

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

Equipment Temperature: Product/Item/Unit: South Fridge**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls , MN 56537

Sanitizer Observations/Recordings

Establishment Info

BRIDGEWELL ASSISTED LIVING
Osakis
County/Group: Douglas County

Inspection Info

Report Number: F7935251101
Inspection Type: Full
Date: 8/11/2025
Time: 11:04:33 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 165 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No