



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 4, 2025

Licensee

Whitefish at the Lakes Senior Living
35625 Ostlund Avenue
Cross Lake, MN 56442

RE: Project Number(s) SL35750016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 12, 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

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>

INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Whitefish at the Lakes Senior Living. Please contact Jessie Chenze at 218-332-5175 on or before **Wednesday, April 9, 2025**, to schedule the conference call.

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, Supervisor

State Evaluation Team

Email: Jessie.Chenze@state.mn.us

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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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NAME OF PROVIDER OR SUPPLIER WHITEFISH AT THE LAKES SENIOR	STREET ADDRESS, CITY, STATE, ZIP CODE 35625 OSTLUND AVENUE CROSS LAKE, MN 56442
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0 000	<p>Initial Comments</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</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>SL35750016</p> <p>On March 10, 2025, through March 12, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 84 residents; 64 receiving services under the Assisted Living Facility with Dementia Care license.</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>	
0 100 SS=F	<p>144G.10 Subdivision 1 License required</p> <p>(a)(1)Beginning August 1, 2021, no assisted living</p>	0 100		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 100	<p>Continued From page 1</p> <p>facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p>	0 100		

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0 100	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to demonstrate legal responsibility for the control and operation of the facility when the licensee allowed use of facility space by a third party vendor to provide beautician services to outside community members. 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 client's health or safety but had the potential to have harmed a client'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 clients).</p> <p>Findings include:</p> <p>During the initial tour of the assisted living facility on March 10, 2025, at 11:20 a.m., with clinical nurse supervisor (CNS)-A, the surveyor observed a beauty shop on the second floor. At this time, CNS-A stated the licensee contracted with a third party beautician for the residents to utilize and stated the beauty shop was open to community members on all days except Wednesday. CNS-A also stated only residents utilized the beauty shop on Wednesdays, but residents could also utilize any other day the beauty shop was open.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 100		

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0 500 SS=F	<p>144G.41 Subd. 2 Policies and procedures</p> <p>Each assisted living facility must have policies and procedures in place to address the following and keep them current:</p> <ul style="list-style-type: none"> (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (2) conducting and handling background studies on employees; (3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (4) handling complaints regarding staff or services provided by staff; (5) conducting initial evaluations of residents' needs and the providers' ability to provide those services; (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; (7) orientation to and implementation of the assisted living bill of rights; (8) infection control practices; (9) reminders for medications, treatments, or exercises, if provided; (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; (11) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (12) medication and treatment management; (13) delegation of tasks by registered nurses or licensed health professionals; 	0 500		

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0 500	<p>Continued From page 4</p> <p>(14) supervision of registered nurses and licensed health professionals; and (15) supervision of unlicensed personnel performing delegated tasks.</p> <p>This MN Requirement is not met as evidenced by: 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 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>During the entrance conference on March 10, 2025, at 10:35 a.m., the licensee's policies and procedures were requested. The provided policies lacked: - supervision of registered nurses and licensed health professionals.</p> <p>The licensee's Renewal Application Worksheet dated May 17, 2024, signed by licensed assisted living director (LALD)-B, included a check mark in front of the section as follows "I attest to have all required policies and procedures of Minn. [Minnesota] Stat. [Statute] chapter 144G."</p>	0 500		

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0 500	Continued From page 5 On March 11, 2025, at 10:34 a.m., clinical nurse supervisor (CNS)-A stated the licensee did not have a policy on the supervision of registered nurses or licensed health professionals. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 500		
0 510 SS=D	144G.41 Subd. 3 Infection control program (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. (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. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: 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 one employee (unlicensed personnel/ULP-D). 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	0 510		

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0 510	<p>Continued From page 6</p> <p>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>On March 11, 2025, at 7:10 a.m., the surveyor observed ULP-D with R2 in the bathroom. With gloved hands, ULP-D assisted R2 to stand and hold onto the walker and provided perineal cares with the right gloved hand. ULP-D then administered hydrocortisone acetate cream to R2's back, zinc oxide ointment to R2's buttocks, Aquaphor ointment to R2's rectum, and Lidocaine cream to R2's rectum with the same right hand and glove. At this time, ULP-D removed the glove from her right hand, pulled up R2's brief and pants, removed the glove from her left hand, put on R2's eyeglasses, opened the door, touched the iPad to mark the lotions as administered, opened the cupboard with the keys, and began setting up R2's medications, without performing hand hygiene. After ULP-D administered R2's medications, she pushed R2 out to the dining room in her wheelchair, opened the kitchen gate, placed spoons in the sink, exited the kitchen area touching the gate, and washed her hands at this time.</p> <p>On March 11, 2025, at 8:10 a.m., ULP-D stated she had not done hand hygiene as she should have and was trained to do hand hygiene after performing perineal cares and after removing gloves.</p> <p>On March 11, 2025, at 10:30 a.m., clinical nurse supervisor (CNS)-A stated staff are trained to</p>	0 510		

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0 510	<p>Continued From page 7</p> <p>perform hand hygiene after removing gloves and after performing perineal cares on residents.</p> <p>The licensee's Hand Hygiene policy dated revised July 2021, indicated "When conducting a procedure requiring the use of gloves, proper hand hygiene shall be completed before donning [applying] and after removing gloves. Gloves must be changed between different cares along with proper hand hygiene/disinfecting to prevent cross-contamination; this includes changing gloves during care for the same resident."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>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.</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) 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</p>	0 775		

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0 775	<p>Continued From page 8 of the residents).</p> <p>Findings include:</p> <p>On a facility tour on March 11, 2025, from 9:45 a.m. to 12:30 p.m., with environmental services director (ESD)-E, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511:</p> <p>ELECTRICAL EXTENSION CORDS</p> <p>There was an electrical extension cord routed under the door of the storage room and und plugged into the charger for the battery powered dumpster cart in the lower-level parking garage. Electrical extension cords used for temporary power shall be used to provide power to equipment or appliances in the same room as the building power outlet. Electrical extension cords shall not be routed through doorways to prevent the risk of damage to the cord caused by opening and closing of the door.</p> <p>There was an electrical extension cord stapled to the wall and used as a permanent power source for equipment in the assisted living nurse office. Electrical extension cords shall be used for temporary power only and not fastened to the building structural elements according to the cord manufactures user manual.</p> <p>FIRE RESISTANT DOOR OPENINGS</p> <p>The automatic door closer arm was disconnected from the door closer on the fire-resistant rated door leading into the trash/ dumpster room in the parking garage. Existing fire-resistant rated doors are required to automatically close and latch as</p>	0 775		

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0 775	<p>Continued From page 9</p> <p>designed and installed in order to prevent the spread of smoke and fire in the event of a fire in the trash room.</p> <p>BREATHING OXYGEN USE</p> <p>There was an oxygen machine and spare tank located in resident room 334 with no sign at the entry door to the room indicating oxygen in use. Entrance doors of rooms containing the use of oxygen are required to be marked with a sign indicating oxygen is in use in the room or space.</p> <p>During the facility tour ESD-E, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days.</p>	0 775		
0 800 SS=D	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and</p>	0 800		

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0 800	<p>Continued From page 10</p> <p>well-being of the residents. This had the potential to affect a limited number of 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) 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>Findings include:</p> <p>On a facility tour on March 11, 2025, from 9:45 a.m. to 12:30 p.m., with environmental services director (ESD)-E, the surveyor made the following observations of facility disrepair:</p> <p>There was water dripping on the floor coming out of the light fixture on the ceiling in the hallway between the bedroom and bathroom in resident sleeping unit 315.</p> <p>During the facility tour ESD-D, verified the water coming out of the light and stated the roof was just replaced and the water could be coming from a new leak in the roof or condensation/ moisture in the attic.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 800		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not</p>	0 970		

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0 970	<p>Continued From page 11</p> <p>include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's Assisted Living Contract dated April 2023, included the following clause under VI. General Terms: - "2. Indemnification. Resident will indemnify and hold harmless Provider, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the rented premises or any other part of Provider's property, or cause wholly or in part by an act or omission of Resident or Resident's guests or agents."</p>	0 970		

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0 970	Continued From page 12 On March 12, 2025, at 12:20 p.m., clinical nurse supervisor (CNS)-A stated the above clause was included in all contracts provided to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (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; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (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 (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	01650		

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01650	<p>Continued From page 13 chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included the correct required content for four of four residents (R1, R2, R3, R4).</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>R1 R1's diagnoses included vascular dementia and type 2 diabetes mellitus.</p> <p>R1's Service Addendum to the Assisted Living Contract dated February 23, 2025, noted R1 received services including assistance with grooming, dressing, and medication administration. It noted "A Registered Nurse or a Licensed Practical Nurse under the direction of a Registered Nurse will review and monitor all health-related services provided to the resident within 14 days of admission and at least every 90 days. The Registered Nurse will complete an initial individualized assessment within 14 days after initiation of services and if there is a change in the resident's condition." It lacked the notice to include the registered nurse would complete an assessment of the physical and cognitive needs</p>	01650		

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01650	<p>Continued From page 14</p> <p>prior to the date on which a prospective resident executed a contract or the date on which the prospective resident moved in.</p> <p>R2 R2's diagnoses included Alzheimer's disease, osteoporosis, and seizures.</p> <p>On March 11, 2025, at 7:15 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R2 in her room.</p> <p>R2's Service Addendum to the Assisted Living Contract dated March 4, 2025, noted R1 received services including assistance with grooming, dressing, toileting, and medication administration. It noted "A Registered Nurse or a Licensed Practical Nurse under the direction of a Registered Nurse will review and monitor all health-related services provided to the resident within 14 days of admission and at least every 90 days. The Registered Nurse will complete an initial individualized assessment within 14 days after initiation of services and if there is a change in the resident's condition." It lacked the notice to include the registered nurse would complete an assessment of the physical and cognitive needs prior to the date on which a prospective resident executed a contract or the date on which the prospective resident moved in.</p> <p>R3 R3's diagnoses included cellulitis of the left lower limb, weakness, and type 2 diabetes mellitus.</p> <p>R3's Service Addendum to the Assisted Living Contract dated February 23, 2025, noted R3 received services including assistance with blood glucose monitoring and medication administration. It noted "A Registered Nurse or a</p>	01650		

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01650	<p>Continued From page 15</p> <p>Licensed Practical Nurse under the direction of a Registered Nurse will review and monitor all health-related services provided to the resident within 14 days of admission and at least every 90 days. The Registered Nurse will complete an initial individualized assessment within 14 days after initiation of services and if there is a change in the resident's condition." It lacked the notice to include the registered nurse would complete an assessment of the physical and cognitive needs prior to the date on which a prospective resident executed a contract or the date on which the prospective resident moved in.</p> <p>R4 R4's diagnoses included pulmonary hypertension and cerebral infarction (stroke).</p> <p>R4's Service Addendum to the Assisted Living Contract dated February 23, 2025, noted R4 received services including assistance with compression stockings, oxygen management, and medication administration. It noted "A Registered Nurse or a Licensed Practical Nurse under the direction of a Registered Nurse will review and monitor all health-related services provided to the resident within 14 days of admission and at least every 90 days. The Registered Nurse will complete an initial individualized assessment within 14 days after initiation of services and if there is a change in the resident's condition." It lacked the notice to include the registered nurse would complete an assessment of the physical and cognitive needs prior to the date on which a prospective resident executed a contract or the date on which the prospective resident moved in.</p> <p>On March 12, 2025, at 7:30 a.m., clinical nurse supervisor (CNS)-A stated the verbiage for the</p>	01650		

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01650	Continued From page 16 frequency of assessments was not correct for the initial assessment, and stated the same template was utilized for all service addendums. The licensee's Service Plan policy dated revised September 2023, indicated the service plan would include the schedule and methods of monitoring reviews or assessments of the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01690 SS=F	144G.71 Subdivision 1 Medication management services (a) This section applies only to assisted living facilities that provide medication management services. (b) An assisted living facility that provides medication management services must develop, 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. (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,	01690		

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01690	<p>Continued From page 17</p> <p>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: 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 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>During the entrance conference on March 10, 2025, at 10:35 a.m., 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: - educating residents and legal and designated representatives about medications.</p>	01690		

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01690	<p>Continued From page 18</p> <p>The licensee's Renewal Application Worksheet dated May 17, 2024, signed by licensed assisted living director (LALD)-B, included a check mark in front of the section as follows "I attest to have all required policies and procedures of Minn. [Minnesota] Stat. [Statute] chapter 144G."</p> <p>On March 12, 2025, at 8:15 a.m., CNS-A stated the licensee did not have the above required policy.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01690		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</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 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: Based on observation, interview, and record review, the licensee failed to ensure medications</p>	01760		

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01760	<p>Continued From page 19</p> <p>were administered as ordered 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>R2's diagnoses included Alzheimer's disease, osteoporosis, and seizures.</p> <p>On March 11, 2025, at 7:15 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R2 in her room. ULP-D crushed all medications except the omeprazole capsule and the Benefiber powder.</p> <p>R2's Service Addendum to the Assisted Living Contract dated March 4, 2025, noted R1 received services including assistance with grooming, dressing, toileting, and medication administration.</p> <p>R2's prescriber orders dated February 27, 2025, included: - metoprolol suc (succinate) 25 milligrams (mg) daily, take one tablet by mouth daily. Do not crush; and - potassium chloride 20 milliequivalents (mEq), take one tablet by mouth daily while on furosemide. Do not crush or chew.</p> <p>On March 11, 2025, at 10:05 a.m., ULP-D stated she had crushed the above medications, and</p>	01760		

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01760	<p>Continued From page 20</p> <p>stated upon review, the record indicated they should not be crushed.</p> <p>On March 11, 2025, at 10:30 a.m., clinical nurse supervisor (CNS)-A stated the medications should not have been crushed, and staff had already been educated on this.</p> <p>The licensee's Medications & Treatments policy dated revised March 2021, indicated staff were to compare information on the administration record with the label including any special instructions.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01790 SS=F	<p>144G.71 Subd. 10 Medication management for residents who will</p> <p>(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;</p> <p>(3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and</p> <p>(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.</p> <p>(b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:</p>	01790		

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01790	<p>Continued From page 21</p> <p>(1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and</p> <p>(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;</p> <p>(ii) how the container or containers must be labeled;</p> <p>(iii) written information about the medications to be provided;</p> <p>(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;</p> <p>(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;</p> <p>(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</p> <p>(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>	01790		

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01790	<p>Continued From page 22</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed comprehensive written procedures for the unlicensed personnel (ULP) providing medications for residents having unplanned time away when the licensed nurse was not available.</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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on March 10, 2025, at 10:35 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to residents at the facility.</p> <p>The licensee lacked written procedures to include:</p> <ul style="list-style-type: none"> - 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; - 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 - how the unlicensed personnel must document in 	01790		

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01790	<p>Continued From page 23</p> <p>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>On March 12, 2025, at 8:16 a.m., CNS-A stated the written procedures lacked the above required information.</p> <p>The licensee's Medications & Treatments policy dated revised March 2021, indicated for unplanned time away when a pharmacist or licensed nurse was not available, the RN may delegate this task to ULP if the RN developed written procedures to include how the RN shall be notified that medications had been given to the resident and whether the RN needed to be contacted before the medications were given and a review by the RN of the completion of the task to verify it had been completed accurately by the ULP.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790		
01890 SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:</p>	01890		

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01890	<p>Continued From page 24</p> <p>Based on observation, interview, and record review, the licensee failed to date time sensitive medications with a date when opened for one of two residents time sensitive medications (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>During the entrance conference on March 10, 2025, at 10:35 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to the licensee's residents.</p> <p>On March 12, 2025, at 9:30 a.m., the surveyor observed the medication storage with CNS-A, who confirmed the findings.</p> <p>R1's Lantus SoloStar insulin pen (prefilled insulin pen) lacked a date to indicate when it was opened and an expiration date.</p> <p>The manufacturer's directions for Lantus SoloStar dated August 2022, noted "After 28 days, throw your opened Lantus pen away - even if it has insulin in it."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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NAME OF PROVIDER OR SUPPLIER WHITEFISH AT THE LAKES SENIOR	STREET ADDRESS, CITY, STATE, ZIP CODE 35625 OSTLUND AVENUE CROSS LAKE, MN 56442
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(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
01910	Continued From page 25	01910		
01910 SS=F	<p>144G.71 Subd. 22 Disposition of medications</p> <p>(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.</p> <p>(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.</p> <p>(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, 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: 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 (R5) 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</p>	01910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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NAME OF PROVIDER OR SUPPLIER WHITEFISH AT THE LAKES SENIOR	STREET ADDRESS, CITY, STATE, ZIP CODE 35625 OSTLUND AVENUE CROSS LAKE, MN 56442
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(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
01910	<p>Continued From page 26</p> <p>failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R5 discharged on October 15, 2024.</p> <p>R5's diagnoses included major depressive disorder and pain.</p> <p>R5's record included a New Discharge Assessment Tool dated October 16, 2024, which noted R5 discharged to home. It noted medications were sent with resident. However, it lacked a disposition of medications to include:</p> <ul style="list-style-type: none"> - the medication name; - strength; - prescription number as applicable; - quantity; - to whom the medications were given; - date of disposition; and - names of staff and other individuals involved in the disposition. <p>R5's Service Addendum to the Assisted Living Contract dated June 5, 2024, noted R5 received services including medication administration.</p> <p>R5's October Medication Sheet noted medications including two pain relievers, one blood pressure medication, and one anti-depressant.</p> <p>On March 12, 2025, at 7:25 a.m., clinical nurse supervisor (CNS)-A stated the licensee was not documenting the required information on each discharge medications for any resident and was not aware of the requirement to do so.</p> <p>The licensee's Medications & Treatments policy</p>	01910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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NAME OF PROVIDER OR SUPPLIER WHITEFISH AT THE LAKES SENIOR	STREET ADDRESS, CITY, STATE, ZIP CODE 35625 OSTLUND AVENUE CROSS LAKE, MN 56442
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01910	Continued From page 27 dated revised March 2021, indicated upon disposition, the licensee must document the disposition including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff and other individuals involved in the disposition. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
01930 SS=F	144G.72 Subd. 2 Policies and procedures (a) An assisted living facility that provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy 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. (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain current written treatment management policies and	01930		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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NAME OF PROVIDER OR SUPPLIER WHITEFISH AT THE LAKES SENIOR	STREET ADDRESS, CITY, STATE, ZIP CODE 35625 OSTLUND AVENUE CROSS LAKE, MN 56442
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01930	<p>Continued From page 28</p> <p>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 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>During the entrance conference on March 10, 2025, at 10:35 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided treatment management services to the licensee's residents.</p> <p>The licensee's provided policies lacked: - educating residents about treatments or therapies they are receiving.</p> <p>The licensee's dated May 17, 2024, signed by licensed assisted living director (LALD)-B, included a check mark in front of the section as follows "I attest to have all required policies and procedures of Minn. [Minnesota] Stat. [Statute] chapter 144G."</p> <p>On March 12, 2025, at 8:15 a.m., CNS-A stated the licensee did not have the above required policy.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01930		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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NAME OF PROVIDER OR SUPPLIER WHITEFISH AT THE LAKES SENIOR	STREET ADDRESS, CITY, STATE, ZIP CODE 35625 OSTLUND AVENUE CROSS LAKE, MN 56442
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02170	Continued From page 29	02170		
02170 SS=F	<p>144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA</p> <p>(b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following:</p> <ul style="list-style-type: none"> (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. <p>(c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs.</p> <p>(d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to:</p> <ul style="list-style-type: none"> (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. 	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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NAME OF PROVIDER OR SUPPLIER WHITEFISH AT THE LAKES SENIOR	STREET ADDRESS, CITY, STATE, ZIP CODE 35625 OSTLUND AVENUE CROSS LAKE, MN 56442
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02170	<p>Continued From page 30</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized activity plan based on the evaluation for two of two residents (R1, R2) who resided in an assisted living with dementia care facility.</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 had an Assisted Living with Dementia Care license effective August 1, 2024.</p> <p>R1 R1's diagnoses included vascular dementia and type 2 diabetes mellitus.</p> <p>On March 11, 2025, at 7:55 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1 in his room.</p> <p>R1's record included Social History & Life Pattern Questionnaire dated February 20, 2025, included past and current interests, current abilities and skills, emotional and social needs and patterns, physical abilities and limitations, and adaptations necessary for the resident to participate. However, it lacked an individualized activity plan based on this evaluation.</p>	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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02170	<p>Continued From page 31</p> <p>R1's Service Addendum to the Assisted Living Contract dated February 23, 2025, noted R1 received services including assistance with grooming, dressing, and medication administration.</p> <p>R2 R2's diagnoses included Alzheimer's disease, osteoporosis, and seizures.</p> <p>On March 11, 2025, at 7:15 a.m., the surveyor observed ULP-D administer medications to R2 in her room.</p> <p>R2's record included Social History & Life Pattern Questionnaire dated January 10, 2025, included past and current interests, current abilities and skills, emotional and social needs and patterns, physical abilities and limitations, and adaptations necessary for the resident to participate. However, it lacked an individualized activity plan based on this evaluation.</p> <p>R2's Service Addendum to the Assisted Living Contract dated March 4, 2025, noted R1 received services including assistance with grooming, dressing, toileting, and medication administration.</p> <p>On March 12, 2025, at 7:30 a.m., clinical nurse supervisor (CNS)-A stated they had a form which included individualized items for residents related to activities but had been told by leadership this form was not needed and stopped using it.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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02320	Continued From page 32	02320		
02320 SS=D	<p>144G.91 Subd. 4 (b) Appropriate care and services</p> <p>(b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of two unlicensed personnel (ULP)-D followed appropriate medication administration procedures.</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>R2's diagnoses included Alzheimer's disease, osteoporosis, and seizures.</p> <p>R2's Service Addendum to the Assisted Living Contract dated March 4, 2025, indicated R2 received services including assistance with dressing, grooming, and medication administration.</p>	02320		

Minnesota Department of Health

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02320	<p>Continued From page 33</p> <p>R2's Medication Sheet for March 2025, included Benefiber Powder, mix one tablespoon in 8 ounces of fluid and drink daily.</p> <p>ULP-D was hired on March 14, 2024, to provide direct care services to residents of the facility.</p> <p>ULP-D's employee record contained a competency evaluation completed by a registered nurse on medication administration dated April 11, 2024.</p> <p>On March 11, 2025, at 7:15 a.m., the surveyor observed ULP-D add one tablespoon Benefiber Powder to an insulated cup with approximately 16 ounces of water, mix it together, put the straw in the cup, and provide a drink to R2 after with the medication administration. After R2 had consumed approximately half of the amount of water and Benefiber Powder, the surveyor observed ULP-D place the cup on the table in R2's room and bring R2 to the dining room. At this time, ULP-D stated she leaves the cup with the medication in R2's apartment and provides drinks throughout the shift.</p> <p>On March 11, 2025, at 10:30 a.m., clinical nurse supervisor (CNS)-A stated staff are trained to administer all medications and not leave them in the resident's room.</p> <p>The licensee's Medications & Treatments policy dated March 2021, noted "To avoid confusion, it is best to give the medications as quickly as possible after they are set up."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	02320		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
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02320	Continued From page 34 days	02320		

Type: Full
Date: 03/10/25
Time: 12:00:00
Report: 6808251034

Food and Beverage Establishment Inspection Report

Page 1

Location:

Whitefish At The Lakes
35625 Ostlund Ave.
Crosslake, MN56442
Crow Wing County, 18

Establishment Info:

ID #: 0035750
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #:
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

4-500 Equipment Maintenance and Operation

4-501.11AB

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

SERVICE THE DISHWASHER SO IT REACHES CORRECT WASH AND SANITIZING TEMPERATURES. CONTINUE USING THE THREE COMPARTMENT SINK FOR CLEANING UTENSILS UNTIL THE DISHWASHER IS FIXED.

Comply By: 03/10/25

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit
Location: WIPING CLOTH SOLUTION
Violation Issued: No

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: 3RD COMP. SINK
Violation Issued: No

Hot Water: = at 129 Degrees Fahrenheit
Location: FINAL RINSE IN DISHWASHER
Violation Issued: Yes

Food and Equipment Temperatures

Type: Full
Date: 03/10/25
Time: 12:00:00
Report: 6808251034
Whitefish At The Lakes

Food and Beverage Establishment Inspection Report

Process/Item: Steam Table
Temperature: 189 Degrees Fahrenheit - Location: CHOW MEIN
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: BUTTER
Violation Issued: No

Process/Item: Prep Cooler
Temperature: 38/40 Degrees Fahrenheit - Location: TOMATOES IN TOP/CHICKEN IN BOTTOM
Violation Issued: No

Process/Item: Hot Holding
Temperature: 178 Degrees Fahrenheit - Location: SOUP IN WARMER
Violation Issued: No

Process/Item: Walk-In Cooler
Temperature: 39-40 Degrees Fahrenheit - Location: POT ROAST, SOUP, PORK
Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		0	0	1

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 6808251034 of 03/10/25.

Certified Food Protection Manager Kathryn Mohowald

Certification Number: _____ Expires: 05/26/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

Establishment Representative

Signed: _____

Lee Ann Austin
Public Health Sanitarian
St. Cloud
320-223-7341
leeann.austin@state.mn.us

Report #: 6808251034

Food Establishment Inspection Report



Minnesota Department of Health
 Food, Pools & Lodging Section
 P.O. Box 64975
 Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out: 0
 No. of Repeat RF/PHI Categories Out: 0
 Legal Authority MN Rules Chapter 4626

Date: 03/10/25
 Time In: 12:00:00
 Time Out:

Whitefish At The Lakes	Address 35625 Ostlund Ave.	City/State Crosslake, MN	Zip Code 56442	Telephone
License/Permit # 0035750	Permit Holder	Purpose of Inspection Full	Est Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation

Compliance Status		COS	R
Supervision			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
PIC knowledgeable; duties & oversight			
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Certified food protection manager, duties			
Employee Health			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Mgmt/Staff; knowledge, responsibilities & reporting			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of reporting, restriction & exclusion			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Procedures for responding to vomiting & diarrheal events			
Good Hygienic Practices			
6	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
No discharge from eyes, nose, & mouth			
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O		
Hands clean & properly washed			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing sinks supplied/accessible			
Approved Source			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source			
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Food received at proper temperature			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, & unadulterated			
14	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Required records available; shellstock tags, parasite destruction			
Protection from Contamination			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Food separated and protected			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food contact surfaces: cleaned & sanitized			
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food			

Compliance Status		COS	R
Time/Temperature Control for Safety			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooking time & temperature			
19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooling time & temperature			
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cold holding temperatures			
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
Proper date marking & disposition			
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Time as a public health control: procedures & records			
Consumer Advisory			
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered			
Food and Color Additives and Toxic Substances			
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Food additives: approved & properly used			
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Compliance with variance/specialized process/HACCP			

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" 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	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Pasteurized eggs used where required			
31			
Water & ice obtained from an approved source			
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Variance obtained for specialized processing methods			
Food Temperature Control			
33			
Proper cooling methods used; adequate equipment for temperature control			
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Plant food properly cooked for hot holding			
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> 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			
39			
Contamination prevented during food prep, storage & display			
40			
Personal cleanliness			
41			
Wiping cloths: properly used & stored			
42			
Washing fruits & vegetables			

		COS	R
Proper Use of Utensils			
43			
In-use utensils: properly stored			
44			
Utensils, equipment & linens: properly stored, dried, & handled			
45			
Single-use/single service articles: properly stored & used			
46			
Gloves used properly			
Utensil Equipment and Vending			
47	X		
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48			
Warewashing facilities: installed, maintained, & used; test strips			
49			
Non-food contact surfaces clean			
Physical Facilities			
50			
Hot & cold water available; adequate pressure			
51			
Plumbing installed; proper backflow devices			
52			
Sewage & waste water properly disposed			
53			
Toilet facilities: properly constructed, supplied, & cleaned			
54			
Garbage & refuse properly disposed; facilities maintained			
55			
Physical facilities installed, maintained, & clean			
56			
Adequate ventilation & lighting; designated areas used			
57			
Compliance with MCIAA			
58			
Compliance with licensing & plan review			

Food Recalls:

Person in Charge (Signature)

Date: 03/10/25

Inspector (Signature)