STATE LICENSING COMPLIANCE REPORT

Report #: HL369022945C

Date Concluded: August 17, 2026

A Daughter's Love
25184 Thunder Rd
Staples, MN 56347
Todd County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Ann Boutwell, RN
Special Investigator

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

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36902	A. BUILDING: _____ B. WING _____	C 07/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A DAUGHTERS LOVE INC	25184 THUNDER ROAD STAPLES, MN 56479

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL369022945C On July 21 2026, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 12 residents receiving services under the provider's Assisted Living license. The following correction order is issued for #HL369022945C tag identification 0590.	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	

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0 000	Continued From page 1	0 000	ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 590 SS=D	144G.42 Subd. 3 Facility restrictions (a) This subdivision does not apply to licensees that are Minnesota counties or other units of government. (b) A facility or staff person may not: (1) accept a power-of-attorney from residents for any purpose, and may not accept appointments as guardians or conservators of residents; or (2) borrow a resident's funds or personal or real property, nor in any way convert a resident's property to the possession of the facility or staff person. (c) A facility may not serve as a resident's legal, designated, or other representative. (d) Nothing in this subdivision precludes a facility or staff person from accepting gifts of minimal value or precludes acceptance of donations or bequests made to a facility that are exempt from section 501(c)(3) of the Internal Revenue Code. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff did not act as the financial designee/representative for Social Security benefits, for one of one resident (R1). The facility acted as R1's rep payee and controlled R1's finances. 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	0 590		

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0 590	Continued From page 2 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: R1 was admitted to the facility on January 15, 2024, and began receiving assisted living services. R1's record indicated R1's father was her financial power of attorney. R1's diagnoses included mild cognitive impairment, major depressive disorder, attention and concentration deficit. R1's service plan, dated and signed June 6, 2025, by R1, indicated R1 received assistance with bathing, behavior management, dressing, mobility assistance, transferring, and safety checks. R1's Assisted Living Contract dated and signed June 4, 2025, by R1, indicated rent/lease fee of $1170.00 a month and increasing to $1192.00 as of July 11, 2025, and services would be paid by a waiver. On July 21, 2026, at 11:44 a.m., R1 stated her family member who is her financial power of attorney opened a checking account a few months ago for her and her money is deposited into the account now. R1 stated before the checking account was set up, the licensee received her social security disability check and would pay themselves and sometimes she would not receive her monthly spending money. R1 stated she had no concerns with the care she received at the facility.	0 590		

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0 590	Continued From page 3 On July 21, 2026, at 11:58 a.m., owner/licensed assisted living director (O/LALD)-A stated her social security disability check had been written out to the licensee and R1, the last check the facility received was dated January 9, 2026. O/LALD-A stated she does not know how the licensee's name was put on the social security checks. O/LALD-A stated the licensee was giving R1 her allotted spending money, however, is unsure if there was documentation, as sometimes R1 may have been given cash. O/LALD-A stated the licensee had been working with R1's county case manager on getting her a financial representative. On July 22, 2026, at 1:29 p.m., the investigator received an email from O/LALD-A with copies of United States Treasury checks written out to the resident and licensee name, endorsed by the licensee and deposited into the licensee's account. The checks dates and amounts are as follows: -February 12, 2025 - $1407.00; -March 12, 2025 - $1407.00; -March 17, 2025 - $2901.00; -April 3, 2025 - $1407.00; -May 2, 2025 - $1407.00; -June 3, 2025 - $1407.00; -July 2, 2025 - $1407.00; -August 1, 2025 - $1407.00; -September 2, 2025 - $2901.00 and, -December 9, 2025 -$9170.00. On July 22, 2026, at 3:05 p.m., case manager (CM)-C stated she had been working with R1's family member on becoming financial representative as the family member was concerned about the facility depositing the resident's checks and R1 not always receiving	0 590		

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0 590	Continued From page 4 spending money. CM-C stated the other concern is the large amount she owes the facility for rent and services before wavier services and social security disability was granted. On July 23, 2026, at 3:59 p.m., the investigator received an email from O/LALD-A with copies of checks written to R1's family member for personal expenses. The dates and amounts are as follows: -June 4, 2025 - $120.00; -July 10, 2025 - $120.00 and, -August 5, 2025 - $120.00. On July 23, 2026, at 4:05 p.m., R1's family member (FM)-D stated O/LALD-A and her sister were friends of R1 and moved her into the facility from another state to help her out. Additionally, he stated R1 did not have a payment source at the time she was admitted. FM-D stated the licensee told him they needed to apply for another wavier service due to R1's age. FM-D stated he was concerned that the facility was cashing her checks and R1 was not receiving her monthly spending money. FM-D stated he became rep payee about two months ago and still has not received an itemized bill. FM-D stated there is a large amount of money to pay from cares prior to receiving wavier and social security services. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 590		