Electronically Delivered

August 25, 2026

Licensee
Copper Glen Assisted Living
801 13th Street North
Montevideo, MN 56265

RE: Project Number(s) SL30465016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 16, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - $1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

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

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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,

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30465	A. BUILDING: _____ B. WING _____	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER GLEN ASSISTED LIVING	801 13TH STREET NORTH MONTEVIDEO, MN 56265

(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: SL30465016-0 On July 14, 2026, through July 16, 2026, 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 22 residents; 21 receiving services under the Assisted Living Facility license. An immediate correction order was identified on July 15, 2026, issued for SL30465016-0, tag identification 2310. During the course of the survey, the licensee took action to mitigate the imminent risks. Noncompliance remained and the scopes and levels remain unchanged.	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.	

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0 510	Continued From page 1	0 510		
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 maintain an effective infection control program to comply with acceptable health care, medical, and nursing standards for infection control by one of two employees (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 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: ULP-D was hired on October 4, 2024, to perform direct care services to residents.	0 510		

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0 510	Continued From page 2 On July 15, 2026, from 9:36 a.m. through approximately 9:50 a.m., the surveyor observed ULP-D provide morning cares to R2. ULP-D donned gloves and assisted R2 with toileting which included cleansing the peri area and assisted him off the toilet using a gait belt. ULP-D assisted R2 to his wheelchair with his walker and assisted R2 to transfer from standing to sitting. ULP-D removed the gait belt and tied it on the walker. ULP-D then gathered R2's glasses and hearing aids and assisted with placement of both items. ULP-D doffed gloves and proceeded to wheel resident to the dining area. While in the dining area ULP-D then proceeded to pour R2 coffee. ULP-D failed to complete handwashing at any point during this process. On July 15, 2026, at 9:50 a.m., ULP-D stated she had been trained to wash her hands before and after all cares. On July 15, 2026, at 9:54 a.m., clinical nurse supervisor (CNS)-A stated staff are trained and expected to perform hand hygiene before and after cares. The Center of Disease Control (CDC) Core Infection Prevention and Control Practices regarding hand hygiene dated November 29, 2022, recommends healthcare personnel should use an alcohol-based rub or wash with soap and water for the following clinical indications: immediately before touching a patient, before performing aseptic task or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated services, and immediately after glove removal.	0 510		

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0 510	Continued From page 3 The licensee's Hand-Washing policy dated June 30, 2026, indicated hand washing shall be performed between tenant cares and whenever direct physical contact with a resident takes place. Use of gloves does not replace hand washing. Hands should be washed or decontaminated: -before and after direct contact with a tenant -if moving from a contaminated body site to a clean body site during tenant care -after contact with environmental surfaces or equipment in the immediate vicinity of the tenant -after removing gloves or gowns -before eating and after using a restroom No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01370 SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices;	01370		

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01370	Continued From page 4 (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of one unlicensed personnel (unlicensed personnel (ULP)-E). 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	01370		

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01370	Continued From page 5 the residents). The findings include: ULP-E began employment on April 9, 2025, to provide direct care services to residents. ULP-E's employee record lacked documentation of the following required competencies to be completed by ULP: -appropriate and safe techniques in personal hygiene and grooming, including hair care and bathing, care of teeth, gums, and oral prosthetic devices, care and use of hearing aids, dressing and assisting with toileting -standby assistance techniques and how to perform them On July 15, 2026, at 1:55 p.m., clinical nurse supervisor (CNS)-A stated she had not completed in person competencies and was not aware that was a requirement. The licensee's Training and Competency Evaluations of unlicensed staff policy dated June 18, 2025, indicated unlicensed assisted living personnel will meet all orientation and training requirements and will be determined to be competent to perform all assigned tasks by the RN when appropriate, before unlicensed personnel may provide any service to an assisted living resident. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) day	01370		

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01380	Continued From page 6	01380		
01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of one unlicensed personnel (unlicensed personnel (ULP)-E). 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 the residents). The findings include:	01380		

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01380	Continued From page 7 ULP-E began employment on April 9, 2025, to provide direct care services to residents. ULP-E's employee record lacked documentation of the following required competencies to be completed by ULP: -reading and recording temperature, pulse, and respirations of the resident -safe transfer techniques and ambulation -range of motioning and positioning -administering medications or treatments as required -other registered nurse (RN) / professionally delegated tasks including blood glucose and oxygen. On July 15, 2026, at 1:55 p.m., clinical nurse supervisor (CNS)-A stated she had not completed in person competencies and was not aware that was a requirement. The licensee's Training and Competency Evaluations of unlicensed staff policy dated June 18, 2025, indicated unlicensed assisted living personnel will meet all orientation and training requirements and will be determined to be competent to perform all assigned tasks by the RN when appropriate, before unlicensed personnel may provide any service to an assisted living resident. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01460 SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors	01460		

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01460	Continued From page 8 (a) All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility, except as provided in paragraph (b). (b) A staff person is not required to repeat the orientation required under subdivision 2 if the staff person transfers from one licensed assisted living facility to another facility operated by the same licensee or by a licensee affiliated with the same corporate organization as the licensee of the first facility, or to another facility managed by the same entity managing the first facility. The facility to which the staff person transfers must document that the staff person completed the orientation at the prior facility. The facility to which the staff person transfers must nonetheless provide the transferred staff person with supplemental orientation specific to the facility and document that the supplemental orientation was provided. The supplemental orientation must include the types of assisted living services the staff person will be providing, the facility's category of licensure, and the facility's emergency procedures. A staff person cannot transfer to an assisted living facility with dementia care without satisfying the additional training requirements under section 144G.83. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted	01460		

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01460	Continued From page 9 living licensing requirements and regulations was provided prior to providing assisted living services to residents for one of three employees (licensed assisted living director (LALD)-B). 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 the residents). The findings include: LALD-B was hired on March 19, 2024, to provide direct care services to residents and supervision of staff. LALD-B's employee record lacked evidence orientation was completed for the following required topics: -overview of Assisted Living statutes -review of the facility's policies and procedures -handling emergencies and using emergency services -compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC) -assisted living bill of rights -the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person -handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints -consumer advocacy services of the Office of	01460		

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01460	Continued From page 10 Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the at the Department of Human Services, county-managed care advocates, or other relevant advocacy services -a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and -orientation to each specific resident services provided On July 15, 2026, at 1:12 p.m., LALD-B stated he completed training for the administrator position he held at the attached skilled nursing facility through Healthcare Academy (online education and digital competencies platform designed specifically for long-term and post-acute care providers). He stated he had not completed training as the LALD for the assisted living facility. LALD-B stated he was not aware that the training completed did not meet the training requirements. On July 15, 2026, at 1:24 p.m., human resource director (HRD)-F) stated she assumed that whatever classes were completed through the Healthcare Academy program were good for both positions held by LALD-B. HRD-F confirmed there were no additional employee training records for LALD-B. The licensee's Orientation Training Requirements policy dated June 6, 2026, indicated all staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. No further information was provided.	01460		

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01460	Continued From page 11 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01460		
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30465	A. BUILDING: _____ B. WING _____	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER GLEN ASSISTED LIVING	801 13TH STREET NORTH MONTEVIDEO, MN 56265

(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
01500	Continued From page 12 (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the 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 ensure an employee received at least eight hours of annual training for each 12 months of employment for one of three employees (licensed assisted living director (LALD)-B). 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 the residents).	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30465	A. BUILDING: _____ B. WING _____	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER GLEN ASSISTED LIVING	801 13TH STREET NORTH MONTEVIDEO, MN 56265

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01500	Continued From page 13 The findings include: LALD-B was hired on March 19, 2024, to provide direct care services to residents and supervision of staff. LALD-B's employee record lacked required annual training for the year 2025, that included: -reporting maltreatment of vulnerable adults or minors -assisted living bill of rights -effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders -review of provider's policies and procedures -principles of person-centered planning and service delivery LALD-B's employee record lacked required annual training for the year 2026, that included: -reporting maltreatment of vulnerable adults or minors -assisted living bill of rights -infection control techniques -effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders -review of provider's policies and procedures -principles of person-centered planning and service delivery On July 15, 2026, at 1:20 p.m., LALD-B stated he had not completed annual training for the years 2025 and 2026.	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30465	A. BUILDING: _____ B. WING _____	07/16/2026

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COPPER GLEN ASSISTED LIVING	801 13TH STREET NORTH MONTEVIDEO, MN 56265

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01500	Continued From page 14 On July 15, 2026, at 1:24 p.m., human resource director (HRD)-F) stated she assumed that whatever classes were completed through the Healthcare Academy program (online education and digital competencies platform designed specifically for long-term and post-acute care providers) were good for both positions held by LALD-B. HRD-F confirmed there were no additional employee training records for LALD-B The licensee's Assisted Living Annual Training policy dated June 30, 2026, indicated staff will complete annual education to keep knowledge and skills current to provide quality care to residents. All assisted living employees will complete annual education on the following topics: -reporting maltreatment of vulnerable adults or minors -assisted living bill of rights -infection control techniques -effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders -review of provider's policies and procedures -principles of person-centered planning and service delivery and how it applies to direct support services provided by staff -emergency and disaster training. Annual training will be documented in accordance with the documentation policy. Direct care staff will complete eight (8) hours of annual training for each 12 months of employment. No further information was provided.	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30465	A. BUILDING: _____ B. WING _____	07/16/2026

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01500	Continued From page 15 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the	01530		

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	30465	A. BUILDING: _____ B. WING _____	07/16/2026

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01530	Continued From page 16 training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure employees received eight hours of initial dementia care training within the first 120 hours worked and two (2) hours annually for one of three employees' (licensed assisted living director (LALD)-B). 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 the residents). The findings include: LALD-B was hired on March 19, 2024, to provide direct care services to residents and supervision of staff. LALD-B's orientation and training record lacked documentation of the required number of hours of dementia care training. The training record dated December 29, 2025, included: -a comprehensive view of Alzheimer's disease 1 (hours) -abuse prevention in person with dementia .5	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01530	Continued From page 17 On July 15, 2026, at 1:12 p.m., LALD-B stated he completed training for the administrator position he held at the attached skilled nursing facility through Healthcare Academy (online education and digital competencies platform designed specifically for long-term and post-acute care providers). He stated he had not completed training as the LALD for the assisted living facility. LALD-B stated he was not aware that the training completed did not meet the training requirements. On July 15, 2026, at 1:24 p.m., human resource director (HRD)-F) stated she assumed that whatever classes were completed through the Healthcare Academy program were good for both positions held by LALD-B. HRD-F confirmed there were no additional employee training records for LALD-B. The licensee's Assisted Living Dementia Training policy dated June 30, 2026, indicated assisted living staff will receive required training on dementia care during orientation and annually. Supervisors of direct-care staff will complete a minimum of eight (8) hours initial training on dementia care topics. Initial training will be completed within 120 working hours of the employment start date. Supervisors of direct-care staff will have a minimum of two (2) hours on training topics related to dementia care for each 12 months of employment after orientation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530		

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02310	Continued From page 18	02310		
02310 SS=I	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for one of one resident (R1) with a hospital bed rail. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on July 14, 2026, at 11:09 a.m., clinical nurse supervisor (CNS)-A and licensed assisted living director (LALD)-B stated the licensee was familiar with current minimum assisted living requirements. R1 was admitted to the licensee and began receiving assisted living services on May 27, 2016. R1's diagnoses included cerebral infarction.	02310		

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02310	Continued From page 19 R1's signed Service Plan Agreement, dated June 24, 2026, indicated R1's services included meals, bathing, pendent checks, dressing, grooming, vital sign monitoring, housekeeping and laundry, medication administration, escorts, and reassurance checks. R1's record lacked a bed rail assessment that included all the required information. On July 14, 2026, at approximately 12:20 p.m., the surveyor observed R1's bedrails and had no concerns with placement or gaps between the mattress and the bedrails. On July 14, 2026, at 1:41 p.m., CNS-A stated she did not complete the required measurements for any resident's bed rails due to the facilities current assessment tool lacking the measurement details. The licensee's Devices and Device Assessment policy dated June 30, 2026, indicated due to the risk of injury related to the use of physical devices, such devices will only be used after an assessment has been completed to determine the risks and benefits of use. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	02310		

Fergus Falls District Office
Minnesota Department of Health
2314 College Way
Fergus Falls , MN 56537
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

LUTHER HAVEN
801 13th St N
Montevideo, MN 56265
Chippewa County
Parcel:

Phone:

License Info

License: HFID 30465

Risk:
License:
Expires on:
CFPM: Justin Hughes
CFPM #: 59187; Exp: 8/10/2028

Inspection Info

Report Number: F1049261124
Inspection Type: Full - Single
Date: 7/14/2026 Time: 11:30 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

INSPECTOR MET WITH ESTABLISHMENT REPRESENTATIVE AND MDH NURSE EVALUATOR, LISA SCHWINTEK.

DISCUSSED:
- EMPLOYEE ILLNESS LOG
-VOMIT CLEAN UP PROCEDURE

ALL FOOD IS PREPPED AND COOKED AT LUTHER HAVEN AND BROUGHT OVER TO COPPER GLEN WHERE IT IS HELD HOT AND SERVED TO THE RESIDENTS.

THE SERVING KITCHEN HAS SMOOTH CEILING TILES, PAINTED WALLS, SMOOTH FLOORING, AND ANSI CERTIFIED EQUIPMENT.

THE DISH MACHINE TESTED AT 50 PPM CHLORINE, INDICATING THAT THE DISHES AND UTENSILS ARE PROPERLY SANITIZED.

Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct

bare hand contact with ready to eat foods.

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 F1049261124 from 7/14/2026

Stephanie Reynolds

Establishment Representative

Stephanie Reynolds,
Public Health Sanitarian 2
218-332-5179
stephanie.reynolds@state.mn.us

Fergus Falls District Office
Minnesota Department of Health
2314 College Way
Fergus Falls , MN 56537

Temperature Observations/Recordings

Establishment Info

LUTHER HAVEN
Montevideo
County/Group: Chippewa County

Inspection Info

Report Number: F1049261124
Inspection Type: Full
Date: 7/14/2026
Time: 11:30 AM

Food Temperature: Product/Item/Unit: Gravy**; Temperature Process:** Hot-Holding
Location: Steam Table at 190 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Pork Chop**; Temperature Process:** Hot-Holding
Location: Steam Table at 202 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Mashed Potatoes**; Temperature Process:** Hot-Holding
Location: Steam Table at 176 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Orange Juice**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 38.5 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 38.5 Degrees F.
Comment:
Violation Issued?: No

Fergus Falls District Office
Minnesota Department of Health
2314 College Way
Fergus Falls , MN 56537

Sanitizer Observations/Recordings

Establishment Info

LUTHER HAVEN
Montevideo
County/Group: Chippewa County

Inspection Info

Report Number: F1049261124
Inspection Type: Full
Date: 7/14/2026
Time: 11:30 AM

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 50 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Dishwashing Area **Equal To** 400 PPM
Comment:
Violation Issued?: No