



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

Electronically Delivered

December 16, 2025

Licensee  
Diamond Willow Assisted Living  
913 Old Highway 2  
Proctor, MN 55810

RE: Project Number(s) SL23609016

Dear Licensee:

On December 4, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on September 25, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

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

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

HHH





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

Electronically Delivered

October 24, 2025

Licensee  
Diamond Willow Assisted Living  
913 Old Highway 2  
Proctor, MN 55810

RE: Project Number(s) SL23609016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 25, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

#### **STATE CORRECTION ORDERS**

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

#### **IMPOSITION OF FINES**

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

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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



pursuant to this survey:

**St - 0 - 0480 - 144g.41 Subdivision 1 Subd. 1a (a-B) - Min. Req.; Req. Food Servs. - \$3,000.00**

**St - 0 - 0485 - 144g.41 Subdivision 1.A (a) - Min. Req.; Req. Food Servs - \$1,000.00**

**St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00**

**St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$5,000.00**. 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/Bm5uQEpHV>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

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

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

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>23609                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | (X3) DATE SURVEY COMPLETED<br><br>09/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |
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| 0 000                                                               | <p>Initial Comments</p> <p>****ATTENTION****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL23609016-0</p> <p>On September 22, 2025, through September 25,<br/>2025, the Minnesota Department of Health<br/>conducted a full survey at the above provider and<br/>the following correction orders are issued. At the<br/>time of the survey, there were 30 residents; 30<br/>receiving services under the Assisted Living<br/>Facility with Dementia Care license.</p> <p>An immediate correction order was identified on<br/>September 23, 2025, issued for SL323609016-0,<br/>tag identification 0485. The licensee took action<br/>on September 23, 2025, to mitigate the risk;<br/>however, the scope and level remains at level<br/>3/Widespread (I).</p> | 0 000                                                                           | <p>Minnesota Department of Health is<br/>documenting the State Correction Orders<br/>using federal software. Tag numbers have<br/>been assigned to Minnesota State<br/>Statutes for Assisted Living Facilities. The<br/>assigned tag number appears in the<br/>far-left column entitled "ID Prefix Tag."<br/>The state Statute number and the<br/>corresponding text of the state Statute out<br/>of compliance is listed in the "Summary<br/>Statement of Deficiencies" column. This<br/>column also includes the findings which<br/>are in violation of the state requirement<br/>after the statement, "This Minnesota<br/>requirement is not met as evidenced by."<br/>Following the evaluators ' findings is the<br/>Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING<br/>OF THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS<br/>USED FOR TRACKING PURPOSES AND<br/>REFLECTS THE SCOPE AND LEVEL<br/>ISSUED PURSUANT TO 144G.31<br/>SUBDIVISION 1-3.</p> |  |                                              |
| 0 480<br>SS=L                                                       | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum<br>requirements; required food services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 480                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                                                                                          |  |                                              |
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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810                                          |  |                                              |
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| 0 480                                                               | Continued From page 1<br><br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;<br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, | 0 480                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 480                                                               | <p>Continued From page 2</p> <p>existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level four violation (a violation that harmed a resident ' s health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 23, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> | 0 480                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 480                                                                      | Continued From page 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 480                                                                  |                                                                                                                          |  |                                                     |
| 0 485<br>SS=I                                                              | <p>144G.41 Subdivision 1.a (a) Minimum requirements; required food services</p> <p>(a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to provide or make available at least three nutritious meals daily with snacks available seven days per week according to the licensee's posted menu. This had the potential to affect all 30 residents.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident),</p> | 0 485                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 485                                                                      | <p>Continued From page 4</p> <p>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>This resulted in an immediate order issued on September 23, 2025.</p> <p>The license held an assisted living with dementia care license effective January 1, 2025, with an expiration date of December 31, 2025.</p> <p>During the entrance conference on September 22, 2025, at 1:00 p.m., regional licensed assisted living director/ registered nurse (RLALD/RN)-C stated the licensee was familiar with current minimum assisted living requirements.</p> <p>On September 22, 2025, at 1:06 p.m., RLALD/RN-C stated the residents were served at least three nutritious meals daily with snacks available seven days per week, residents were informed of advance menu changes, and resident's meals were included in the assisted living contract.</p> <p>The licensee's undated Menu: posted in each of the licensee's three buildings indicated the following meals were to be served on Tuesday:</p> <ul style="list-style-type: none"><li>-Breakfast: eggs made to order, toast, sausage, peaches</li><li>-Snack: orange slices</li><li>-Dinner: beef stroganoff, egg noodles, California blend vegetable, dinner roll</li><li>-Snack: sliced cucumbers</li><li>-Supper: chicken and rice, asparagus, fruit cup, lettuce salad, rice krispy [sic] bar</li></ul> | 0 485                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 485                                                               | <p>Continued From page 5</p> <p>-Snack: cheese and crackers</p> <p>The licensee's daily menu posted in Misty Ivy building for Tuesday, September 23, 2025, indicated the following to be served:</p> <p>-Breakfast: cereal, toast, banana</p> <p>-Lunch: spaghetti and meat sauce, peas, salad, cherry pie</p> <p>-Dinner: sausage and cheese breakfast bake, English muffin, fruit cup, choice of pie, rice Krispie bar or ice cream</p> <p>The licensee's daily menu posted in Arbor Rose building for Tuesday, September 23, 2025, indicated the following to be served:</p> <p>-Breakfast: scrambled eggs, toast, banana</p> <p>-Lunch: spaghetti, salad, garlic bread, fruited jello</p> <p>-Dinner: chicken and dumplings, lunch meat sandwich, veggies, gingerbread</p> <p>On September 23, 2025, from 8:18 a.m. until 8:29 a.m., the surveyor observed the licensee's pantries and refrigerators stored in all three buildings. The surveyor observed minimal meat available, small portion of fresh fruits and vegetable, several pans covered with tinfoil to serve for resident meals, and several condiments.</p> <p>On September 22, 2025, at 3:37 p.m., unlicensed personnel (ULP)-M wrote in entry in the licensee's electronic resident record to all ULPs, which had written: "I put a grocery order for Misty Ivy that I will be picking up between 4-5pm Tuesday (tomorrow). I would have done it right away in the morning, but my dog has a vet appointment I cannot postpone. I am going to do pick up orders sine delivery is so unreliable. Please keep in mind that I am doing the grocery</p> | 0 485                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 485                                                               | <p>Continued From page 6</p> <p>orders around the rest of my office duties so I need some assistance with flexibility and patience. I am doing my best and I understand that groceries have been frustrating for us all. Hopefully this task will be taken over by the site leadership shortly, but with staffing I know it is difficult to manage all the moving parts [sic]."</p> <p>On September 23, 2025, at 6:08 a.m., ULP-J stated the licensee was always short on groceries. ULP-J stated the licensee's pantry was empty. ULP-J further stated the night ULPs prepared meals for the following day and never followed the licensee's meal menu due to ingredients available in the licensee's kitchens. ULP-J stated ULP-J had purchased groceries for residents with ULP-J's own money to ensure residents had food available to eat.</p> <p>On September 23, 2025, at 6:19 a.m., ULP-K stated ULP-K prepared food on the overnight shift for residents to eat during the day. ULP-K stated ULP-K would make meals with whatever ingredients was available in the licensee's kitchen. ULP-K further stated the licensee did not have many groceries available to prepare meals for residents. ULP-K stated the licensee had no groceries available to serve over Labor Day weekend in the beginning of September 2025.</p> <p>On September 23, 2025, at 8:17 a.m., ULP-G stated the licensee had minimal groceries available on site to serve food and ULP-G used food available in the fridge or cereal in the pantry to serve residents' breakfast. ULP-G stated ULP-G was not sure who was responsible to get groceries.</p> <p>On September 23, 2025, at 8:30 a.m., ULP-I</p> | 0 485                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 485                                                               | <p>Continued From page 7</p> <p>stated ULP-I recalled staff purchasing groceries at least two days for residents to prepare meals to serve. ULP-I further stated groceries used to be delivered to the licensee at least two days per week, however, that was no longer being completed.</p> <p>On September 23, 2025, at 9:22 a.m., RLALD/RN-C stated the licensee had just hired a new assisted living coordinator who will oversee the grocery orders RLALD/RN-C further stated the licensee had issues with cancelled delivery orders, however, the licensee was in the process of scheduling a grocery pick up order. RLALD/RN-C stated ULPs were instructed to prepare meals based on the licensee's menu posted and offer similar substitutions if a resident didn't care for a meal being served. RLALD/RN-C stated staff were never expected to purchased groceries with their own money for residents and were instructed to reach out to cooperate leadership for emergent food pick up needs. RLALD/RN-C further stated menu and groceries available was an area of improvement identified by RLALD/RN-C and the licensee was working to improve it. RLALD/RN-C stated the licensee's shelter in place policy indicated the licensee would have enough groceries for at least three days to shelter in place, however, RLALD/RN-C stated the licensee did not have enough groceries onsite to provide for all three days for 30 residents.</p> <p>On September 23, 2025, at 12:20 p.m., through 12:39 p.m., the Minnesota Department of Health (MDH) Environmental Health (EH) surveyor stated the surveyor instructed the licensee to discard the spaghetti sauce to be served for dinner due to not following the regulations for the</p> | 0 485                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 485                                                                      | <p>Continued From page 8</p> <p>cooling process. The EH surveyor further stated the licensee did not have a certified food manager employed for the licensee. The EH surveyor stated the licensee did not have enough groceries on site to feed 30 residents for three days and lacked sources of protein.</p> <p>On September 23, 2025, at 12:43 p.m., the surveyor observed ULPs serve spaghetti, garlic bread, and a type of dessert in a plastic cup.</p> <p>The licensee's 12/01 Food Service and Menu Planning policy dated January 1, 2025, indicated the licensee will offer to provide or make available at least 3 (three) meals daily with snacks available seven days per week according to the recommended dietary allowances in the USDA guidelines, including seasonal fresh fruit and fresh vegetables. Meal substitutions will be of similar nutritional value if a resident refuses a food that is served. Food will be prepared and served according to the Minnesota Food Code, Minnesota Rules chapter 4626. Residents have the right to access food at any time, the facility will not restrict access to food unless certain circumstances are necessary for the residents' health and safety and documented in the resident's record [sic].</p> <p>No further information was provided.</p> <p>TIME PERIOD TO CORRECT: Immediate</p> | 0 485                                                                                   |                                                                                                                          |  |                                                        |
| 0 490<br>SS=F                                                              | <p><b>144G.41</b> Subdivision 1b Minimum requirements; other required services</p> <p>All assisted living facilities must offer to provide or make available the following services to residents:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 490                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 490                                                               | <p>Continued From page 9</p> <p>(1) weekly housekeeping;<br/>(2) weekly laundry service;<br/>(3) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance;<br/>(4) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance;<br/>(5) provide culturally sensitive programs; and<br/>(6) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to have daily programs of social and recreational activities based on individual and group interests, physical, mental, and psychosocial needs. This had the potential to affect all 30 residents at the 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</p> | 0 490                                                           |                                                                                                                          |                          |                                              |



Minnesota Department of Health

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| 0 490                                                               | <p>Continued From page 10</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on September 22, 2025, at 1:05 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee provided a daily program of social and recreational activity for residents.</p> <p>During the facility tour on September 22, 2025, from 1:35 p.m., through 2:00 p.m., with licensed assisted living director (LALD)-A, the licensee consisted of three separate buildings named Arbor Rose, Misty Ivy, and World Traveler. The surveyor did not observe an activity calendar posted in Arbor Rose or Misty Ivy, however, the surveyor observed an activity calendar dated August 2025 posted in World Traveler.</p> <p>During the survey on September 22, 2025, through September 24, 2025, the surveyor did not observe any planned or offered activities for residents to attend. The surveyor observed residents sitting in the shared living rooms watching television, while some residents remained in their rooms most of the day.</p> <p>On September 23, 2025, at 6:55 a.m., unlicensed personnel (ULP)-E stated ULPs did not have enough time during the day to offer group activities for residents. ULP-E further stated the licensee use to have an activities director, however, the licensee did not have an activities director at this time.</p> <p>On September 24, 2025, at 8:53 a.m.,</p> | 0 490                                                                           |                                                                                                                          |  |                                              |



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| 0 490                                                               | Continued From page 11<br><br>RLALD/RN-C stated the activity calendar was supposed to be posted in each building and ULPs were responsible for completing resident activities twice per day. LALD-A further stated the licensee had provided a monthly activity calendar to each resident, however, LALD-A stated the current activity calendar was not posted in any of the buildings.<br><br>The licensee's 1.34 Activity Programming policy dated January 1, 2025, indicated on a regular basis, (licensee name) will provide a wide range of activities and social recreation for its residents. A monthly activity calendar will be created and available to all residents.<br><br>The licensee's 3.05 ALDC (assisted living dementia care) Life Enrichment Programs, Activities and Outdoor Space policy dated January 1, 2025, indicated activities will be provided throughout the day and include a variety of activities based on the individual and group preferences as determined by the individual activity plans of the residents.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 490                                                                           |                                                                                                                          |  |                                              |
| 0 510<br>SS=F                                                       | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.<br>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 510                                                                           |                                                                                                                          |  |                                              |



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| 0 510                                                               | <p>Continued From page 12</p> <p>Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.<br/>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure services were provided according to accepted health care, medical, or nursing standards in regard to infection control during medication and treatment administration for one of five employees (unlicensed personnel (ULP)-E). In addition, the licensee failed to ensure infection control standards were followed to disinfect shared reusable medical equipment for one of one employee (ULP-E).</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>HAND HYGIENE<br/>During the entrance conference on September 22, 2025, at 1:05 p.m., regional licensed assisted living director/registered nurse (LALD/RN)-C stated the licensee provided medication management and treatment management to</p> | 0 510                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810                                          |  |                                              |
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| 0 510                                                               | <p>Continued From page 13</p> <p>residents at the facility.</p> <p>ULP-E's employee record included a Staff Training Transcript dated January 1, 2025, through September 25, 2025, which indicated ULP-E had completed Basic Infection Control Techniques on August 13, 2025.</p> <p>On September 23, 2025, at 7:30 a.m., the surveyor observed ULP-E wipe ULP-E's nose on ULP-E's shirt with bare hands and did not complete hand hygiene.</p> <p>On September 23, 2025, at 7:32 a.m., the surveyor observed ULP-E complete a blood glucose check for R4. ULP-E put on gloves, obtained a blood glucose reading, removed ULP-E's gloves, used hand sanitizer, and then wiped ULP-E's hands, which still had wet hand sanitizer on them, onto ULP-E's pants. ULP-E returned to the medication cart and ULP-E used ULP-E's shirt three times to wipe ULP-E's nose onto ULP-E's shirt sleeve. The surveyor did not observe hand hygiene.</p> <p>On September 23, 2025, at 7:47 a.m., the surveyor observed ULP-E complete hand hygiene with hand sanitizer, put on gloves, placed R4's morning medication into a plastic cup, and ULP-E proceeded to wipe ULP-E's nose on ULP-E's shirt sleeve. Without performing hand hygiene and using the same gloved hands, ULP-E administered R4's morning medication, removed gloves, documented administration of R4's medication, and wiped ULP-E's nose on ULP-E's shirt sleeve. The surveyor did not observe hand hygiene.</p> <p>On September 23, 2025, at 2:09 p.m., ULP-E</p> | 0 510                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b> |                                                                                                                          |  |                                                        |
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| 0 510                                                                      | <p>Continued From page 14</p> <p>stated hand hygiene should have been completed between glove changes, and after coughing or sneezing.</p> <p>On September 24, 2025, at 8:59 a.m., RLALD/RN-C stated ULPs were trained to complete hand hygiene before entering or exiting resident rooms, in between glove changes, prior to cooking, and anytime the ULP coughed or sneezed into their hand. RLALD/RN-C further stated hand hygiene was covered during orientation and on an annual basis. RLALD/RN-C further stated RLALD/RN-C was in the process of training in new leadership who would complete audits regarding infection control.</p> <p>The licensee's 8.07 Gloves policy dated January 1, 2025, indicated to wash hands before applying gloves and after removing gloves.</p> <p>The licensee's 8.09 Hand Washing policy dated January 1, 2025, indicated hand washing will be performed by all employees, as necessary, between tasks and procedures. The policy further indicated hand hygiene should be completed after blowing your nose, coughing, sneezing, before putting gloves on, and after removal of gloves.</p> <p>SHARED REUSABLE MEDICAL EQUIPMENT<br/>On September 23, 2025, at 7:32 a.m., the surveyor observed ULP-E remove a shared reusable blood pressure cuff from medication cart one located in Misty Ivy. ULP-E went to R4's room, obtained R4's blood pressure and pulse readings, and placed the blood pressure cuff back into medication cart one. The surveyor did not observe ULP-E disinfect the shared blood pressure cuff before or after use.</p> | 0 510                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 510                                                               | <p>Continued From page 15</p> <p>On September 23, 2025, at 11:10 a.m., ULP-G, another ULP working at the facility, stated ULP-G did not recall receiving any training on disinfecting shared reusable medical equipment.</p> <p>On September 23, 2025, at 1:59 p.m., ULP-F, another ULP working at the facility, stated shared reusable resident equipment was supposed to be sanitized after each use, however, ULP-F stated the licensee had no disinfecting wipes available to use.</p> <p>On September 23, 2025, at 2:08 p.m., ULP-E stated ULP-E had never been trained or told to disinfect shared reusable medical equipment for residents.</p> <p>On September 24, 2025, at 8:57 a.m., RLALD/RN-C stated ULPs were expected to disinfectant shared medical equipment after each use using disinfectant wipes provided by the licensee. RLALD/RN-C further stated disinfecting shared medical equipment training is covered under infection control upon hire as well as annual training for staff.</p> <p>The licensee's 8.03 Cleaning of Shared Medical Equipment policy dated January 1, 2025, indicated (licensee name) will implement and maintain processes to ensure all reusable resident care equipment is routinely cleaned, and when appropriate, disinfected, before and after reuse.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 510                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 580<br>SS=F                                                              | <p><b>144G.42 Subd. 2 Quality management</b></p> <p>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on September 22, 2025, at 1:21 p.m., regional licensed assisted</p> | 0 580                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 580                                                               | Continued From page 17<br><br>living director/registered nurse (RLALD/RN)-C stated RLALD/RN-C would have to look for documentation of the licensee's quality management program.<br><br>On September 24, 2025, at 8:50 a.m., RLALD/RN-C stated RLALD/RN-C was unable to locate any quality management documentation for the licensee, however, RLALD/RN-C was working with the licensee's new leadership to develop a quality management program.<br><br>The licensee's 2.31 Quality Management Project policy dated January 1, 2025, indicated (licensee name) will have at least one documented quality management project in place at all times, and retain records of such projects for at least two years.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 580                                                                           |                                                                                                                          |  |                                              |
| 0 660<br>SS=F                                                       | 144G.42 Subd. 9 Tuberculosis prevention and control<br><br>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide                                                                                                                                                                                     | 0 660                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 660                                                               | <p>Continued From page 18</p> <p>technical assistance regarding implementation of the guidelines.<br/>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), including completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for two of two employees (registered nurse (RN)-L, unlicensed personnel (ULP)-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on September 22, 2025, at 1:00 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee was familiar with current minimum assisted living requirements.</p> <p>The licensee's Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by</p> | 0 660                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 660                                                                      | <p>Continued From page 19</p> <p>MDH was completed on November 15, 2024, and the facility was determined to be a low risk level.</p> <p><b>RN-L</b><br/>RN-L was hired on August 25, 2025, to provide direct care services to residents and supervision of staff at the assisted living facility.</p> <p>Throughout the survey on September 22, 2025, through September 24, 2025, the surveyor observed RN-L provide direct care services to residents at the facility.</p> <p>RN-L's employee record contained a negative TB screen and first step TST dated August 25, 2025, and read negative on August 27, 2025. RN-L's employee record included a second step TST administered on September 19, 2025, at 1500 (3:00 p.m.), 23 days after the first TST was read.</p> <p>RN-L's employee record lacked documentation of a second TST being administered seven to 21 days after the first TST.</p> <p><b>ULP-E</b><br/>ULP-E was hired on August 11, 2025, to provide direct care services to residents at the assisted living facility.</p> <p>On September 23, 2025, at 7:32 a.m., the surveyor observed ULP-E complete a blood glucose check for R4.</p> <p>ULP-E's employee record contained a negative TB screen and first step TST dated July 22, 2025, at 1:30 p.m., and was read on July 25, 2025, at 2:00 p.m. (over 72 hours had passed after the TST was administered. ULP-E's employee record contained a second TST</p> | 0 660                                                                     |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b> |                                                                                                                          |  |                                                        |
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| 0 660                                                                      | <p>Continued From page 20</p> <p>administered on August 8, 2025, and read on August 11, 2025, however, the second TST lacked the time of the administration and time the second TST was read.</p> <p>ULP-E's employee record lacked documentation of the first TST being read within 48 to 72 hours after administration and documentation of the time administered and read for the second TST.</p> <p>On September 25, 2025, at 2:02 p.m., RLALD/RN-C stated employee TSTs were expected to be read 48 to 72 after administration and the second TST was expected to be administered two to three weeks after the first TST was administered and read. RLALD/RN-C further stated RLALD/RN-C was not sure why ULP-E's two step TST was not followed per the licensee's protocol since ULP-E was hired prior to RLALD/RN-C starting for the licensee. RLALD/RN-C stated RN-L's second step TST was read late due to no other licensed nurses available to read RN-L's second TST within 72 hours.</p> <p>The licensee's 8.16 TB Screening policy dated January 1, 2025, indicated new staff will have an IGRA (interferon- gamma release assay) blood test or a two-step Mantoux [sic] (TST) conducted with results documented on the Baseline TB Screening Tool for HCWs (health care workers). The policy did not address when to read the TST or how far apart the first and second TST should be administered.</p> <p>The MDH TB Screening and Education Requirements for Assisted Living Facilities and Home Care Providers dated February 3, 2022, indicated baseline TB screening is required at the</p> | 0 660                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 660                                                               | Continued From page 21<br><br>time of hire for all health care personnel in Minnesota. Baseline TB screening includes assessing for current symptoms of active TB disease; assessing TB history; and testing for the presence of infection with Mycobacterium TB by administering either a two-step TB skin test or a single TB blood test.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 660                                                                           |                                                                                                                          |  |                                              |
| 0 680<br>SS=F                                                       | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. | 0 680                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 680                                                                      | <p>Continued From page 22</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, staff, and visitors of the 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>During the entrance conference on September 22, 2025, at 1:00 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee was familiar with current minimum assisted living requirements.</p> <p>On September 23, 2025, from 8:18 a.m. until 8:29 a.m., the surveyor observed the licensee's pantries and refrigerators stored in all three buildings. The surveyor observed minimal meat available, small portion of fresh fruits and vegetable, several pans covered with tinfoil to serve for resident meals, and several condiments.</p> <p>The licensee's EPP, dated September 22, 2025,</p> | 0 680                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 680                                                               | <p>Continued From page 23</p> <p>lacked the following content:</p> <ul style="list-style-type: none"><li>- development procedures to address food availability onsite for 30 residents and staff if shelter in place was activated; and</li><li>- quarterly review of the missing resident policy.</li></ul> <p>On September 23, 2025, at 9:22 a.m., RLALD/RN-C stated the licensee had just hired a new assisted living coordinator who will oversee the grocery orders. RLALD/RN-C further stated the licensee had issues with canceled delivery orders, however, the licensee was in the process of scheduling a grocery pick up order. RLALD/RN-C further stated menu and groceries available was an area of improvement identified by RLALD/RN-C, and the licensee was working to improve it. RLALD/RN-C stated the licensee's shelter in place policy indicated the licensee would have enough groceries for at least three days to shelter in place, however, RLALD/RN-C stated the licensee did not have enough groceries onsite to provide for all three days for 30 residents.</p> <p>On September 24, 2025, at 8:51 a.m., RLALD/RN-C stated the missing resident plan needed to be reviewed quarterly, however, RLALD/RN-C was unable to locate documentation of the missing resident quarterly review. RLALD/RN-C further stated RLALD/RN-C was training in the licensee's new leadership, which included all required components of the EPP.</p> <p>The licensee's undated 9.01 Emergency Preparedness Plan- Appendix Z Compliance policy indicated the EPP will include all required elements of appendix [sic] Z.</p> | 0 680                                                           |                                                                                                                          |                          |                                              |



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| 0 680                                                                      | <p>Continued From page 24</p> <p>The licensee's undated 9.02 Disaster Planning and Emergency Preparedness policy indicted the licensee will have a written emergency disaster plan that contains a plan for addressing elements of sheltering in place.</p> <p>The licensee's undated 2.28 Missing Resident policy indicated (licensee name) will review this policy and any individual resident plans that pertain to elopement at least quarterly, and all changes will be documented.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0100, sections A and B, effective October 2022, assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0110, Subp. 4, effective October 2022, the assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 680                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 775                                                               | Continued From page 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 775                                                           |                                                                                                                          |  |                                              |
| 0 775<br>SS=F                                                       | 144G.45 Subd. 2. (a) Fire protection and physical environment<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation 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.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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).<br><br>Findings include:<br><br>On a facility tour on September 23, 2025, from 8:45 a.m. to 10:30 a.m., with director of maintenance (DM)-D, the following observations were made of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511:<br><br>FIRE ALARM SYSTEM SMOKE DETECTION<br><br>There were not smoke detectors installed in the corridors and incidental use areas and tied into the fire alarms system in the Arbor Rose and Misty Ivy buildings. The only smoke detectors | 0 775                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 775                                                               | <p>Continued From page 26</p> <p>installed and tied into the building fire alarm system were in the resident sleeping rooms and the mechanical rooms of these two buildings.</p> <p>It was explained to DM-D, that smoke detectors tied into the fire alarms system are required throughout this occupancy type in accordance with MSFC in Minnesota Rules Chapter 7511.</p> <p>DISCARDING OF USED SMOKING MATERIALS</p> <p>There was a broken smoking material dispenser outside the front door of the World Traveler building. There was also cigarette butts found on the ground, ash on the exterior windowsill and ash on the siding next to the smoking material dispenser of the World Traveler building.</p> <p>Used smoking materials were also observed outside on the ground adjacent to the building around the front door of Arbor Rose and Misty Ivy buildings. There was smoking material dispensers provided in the designated smoking area for Arbor Rose and Misty Ivy buildings.</p> <p>SPECIAL EXIT DOOR LOCKING ARRANGEMENTS</p> <p>There was controlled exit door hardware requiring a code to exit installed at all exit doors leading to the exterior exit path.</p> <p>The fire safety and evacuation plan (FSEP) employee procedures failed to include operating procedures for operation of the controlled exit locking system in writing in the FSEP employee procedures.</p> <p>FIRE RESISTANT RATED DOOR</p> | 0 775                                                                           |                                                                                                                          |  |                                              |



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| 0 775                                                                      | <p>Continued From page 27</p> <p><b>MAINTENANCE</b></p> <p>The self-closing devices installed on the fire-resistant rated doors of the tub room, laundry room, and bathroom were not functioning as designed and installed to automatically close and latch these doors in the World Traveler building.</p> <p>The self-closing devices installed on the fire-resistant rated doors of the tub room, laundry room, bathroom and resident sleeping rooms one, two and three were not functioning as designed and installed to automatically close and latch these doors in the Traditions building.</p> <p><b>ELECTRICAL EXTENSION CORD USE</b></p> <p>There was an extension cord used to permanently provide power to the freezer in the mechanical room of the World Traveler building.</p> <p>It was explained to DM-D, that extension cords shall only be used for temporary power supply to electrical appliances in accordance with MSFC in Minnesota Rules Chapter 7511.</p> <p><b>FIRE ALARM SYSTEM MAINTENANCE</b></p> <p>On September 23, 2025, the fire alarm system maintenance records were reviewed and indicated a discrepancy with one of the heat detectors in the Lake Superior building.</p> <p>On September 24, 2025, at 10:22 a.m., documentation was requested by email indicating the discrepancy with the heat detector was repaired.</p> <p>As of September 25, 2025, at 8:45 a.m., no</p> | 0 775                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>23609 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br>09/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810                                          |  |                                              |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                     |
| 0 775                                                               | Continued From page 28<br><br>documentation was provided indicating the heat detector discrepancy was repaired.<br><br>FIRE SPRINKLER SYSTEM MAINTENANCE<br><br>There was a fire sprinkler head escutcheon hanging loose causing an obstruction to the sprinkler head on the ceiling in the living/ dining room of the Arbor Rose building.<br><br>During the facility tour DM-D, verified the above listed observations while accompanying on the tour.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                           | 0 775                                                           |                                                                                                                          |  |                                              |
| 0 800<br>SS=E                                                       | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation 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 well-being of the residents. This had the potential to affect more than a limited number of | 0 800                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b> |                                                                                                                          |  |                                                        |
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| 0 800                                                                      | <p>Continued From page 29</p> <p>residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>Findings include:</p> <p>On a facility tour on September 23, 2025, from 8:45 a.m. to 10:30 a.m., with director of maintenance (DM)-D, the surveyor made the following observations of facility disrepair:</p> <p><b>EXTERIOR EXIT DISCHARGE SURFACE MAINTENANCE</b></p> <p>There was uneven exterior concrete sidewalk surface causing a trip hazard leading from the main front exit door to the public way of the World Traveler building.</p> <p><b>DOOR MAINTENANCE</b></p> <p>There was a piece of trim missing at the top of the main exit door of the Lake Superior building.</p> <p>During the facility tour DM-D, verified the above listed observations while accompanying on the tour.</p> <p><b>TIME PERIOD FOR CORRECTION: Seven (7) days</b></p> | 0 800                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b> |                                                                                                                          |  |                                                        |
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| 0 810                                                                      | Continued From page 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 810                                                                                   |                                                                                                                          |  |                                                        |
| 0 810<br>SS=F                                                              | <p><b>144G.45 Subd. 2 (b-f) Fire protection and physical environment</b></p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br/>(1) location and number of resident sleeping rooms;<br/>(2) staff actions to be taken in the event of a fire or similar emergency;<br/>(3) fire protection procedures necessary for residents; and<br/>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p><b>This MN Requirement is not met as evidenced</b></p> | 0 810                                                                                   |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b> |                                                                                                                          |  |                                                        |
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| 0 810                                                                      | <p>Continued From page 31</p> <p>by:<br/>Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content, make the plan readily available, provide required training and drills. 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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 23, 2025, at 8:05 a.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C, provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p><b>FIRE SAFETY AND EVACUATION PLAN</b></p> <p>The licensee provided FSEP, failed to include the following:</p> <p>The available FSEP did not identify specific fire protection actions for residents as evident by not providing procedures for residents to take in this specific facility in the event of a fire or similar emergency in writing in the FSEP.</p> <p>During an interview on September 23, 2025, at 8:20 a.m., RLALD/RN-C, stated resident actions</p> | 0 810                                                                                   |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b> |                                                                                                                          |  |                                                        |
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| 0 810                                                                      | <p>Continued From page 32</p> <p>to take in the event of a fire or similar emergency were not included in the FSEP.</p> <p><b>TRAINING</b></p> <p>Record review of the available documentation indicated the licensee failed to provide training to employees on the FSEP at least twice per year as evident by providing one document that employees were trained April 9, 2025, for emergency preparedness during a tornado. FSEP training documentation was not available.</p> <p>Record review of the available documentation indicated the licensee failed to provide evacuation training to residents at least once per year as evident by not providing documentation the required training was provided to residents annually.</p> <p>During an interview on September 23, 2025, at 8:30 a.m., RLALD/RN-C, stated required training documentation was not available for employees or residents.</p> <p><b>DRILLS</b></p> <p>Record review of the available documentation indicated the licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month as evident by not providing documentation the drills were completed as required.</p> <p>During an interview on September 23, 2025, at 8:30 a.m., RLALD/RN-C, stated documentation was not available indicating drills were completed every other month and twice per year per shift as</p> | 0 810                                                                                   |                                                                                                                          |  |                                                        |



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| 0 810                                                               | Continued From page 33<br><br>required.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 810                                                                           |                                                                                                                 |  |                                              |
| 01060<br>SS=F                                                       | 144G.52 Subd. 9 Emergency relocation<br><br>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.<br>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:<br>(1) the reason for the relocation;<br>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;<br>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;<br>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and<br>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.<br>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:<br>(1) the resident, legal representative, and designated representative;<br>(2) for residents who receive home and | 01060                                                                           |                                                                                                                 |  |                                              |



Minnesota Department of Health

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| 01060                                                               | <p>Continued From page 34</p> <p>community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to provide written notice with required content to the resident, legal representative, and/or designated representative and failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC) when the resident did not return from the emergency relocation within four days for one of one resident (R2). This had to potential to affect all residents of the licensee.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on September 22, 2025, at 1:00 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C</p> | 01060                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 01060                                                                      | <p>Continued From page 35</p> <p>stated the licensee was familiar with the current assisted living laws and regulations.</p> <p>R2's diagnoses included hypertension (HTN-high blood pressure) and cerebral vascular cerebral infarction (type a of stroke).</p> <p>R2's Service Plan-Modification dated March 12, 2025, indicated R2's services included assistance with bathing, grooming, dressing, medication management, skin care, toileting, transfers, laundry and housekeeping.</p> <p>On September 23, 2025, at 7:18 a.m., the surveyor observed unlicensed personnel (ULP)-F administer R2's scheduled morning medication.</p> <p>R2's Resident Notes included the following:<br/>-On March 20, 2025, at 7:15 p.m., R2 was sent to the emergency department for evaluation:<br/>-On March 21, 2025, at 9:55 a.m., R2 was admitted to the hospital for respiratory syncytial virus (RSV) and urinary tract infection (UTI):<br/>-On March 24, 2025, at 5:26 p.m, R2 was hospitalized receiving intravenous medications and was receiving therapy services; and<br/>-On March 25, 2025, at 3:29 p.m., R2 returned from the hospital.</p> <p>R2's record lacked documentation a written notice was provided to the resident and or representative that contained, at a minimum:<br/>-the reason for the relocation;<br/>-the name and contact information for the location to which the resident has been relocated and any new service provider;<br/>-contact information for the OOLTC;<br/>-if known and applicable, the approximate date or range of dates within which the resident is</p> | 01060                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                          |  |                                              |
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| 01060                                                               | <p>Continued From page 36</p> <p>expected to return to the facility, or a statement that a return date is not currently known; and -a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>In addition, R2's record lacked notification to the OOLTC that the resident had been relocated and had not returned to the facility within four days.</p> <p>On September 25, 2025, at 9:07 a.m., the surveyor received an email (electronic mail) from RLALD/RN-C and the email indicated it did not appear the previous nurse completed emergency relocation notifications for resident hospitalizations or notified the OOLTC. RLALD/RN-C indicated it was a deviation from the training the licensee provided regarding emergency relocations.</p> <p>The licensee's 1.23 Emergency Relocation policy dated October 24, 2024, indicated in the event of an emergency relocation, (licensee name) will provide a written notice to the resident, legal representative, designated representative, and to the OOLTC if the resident has not returned to the facility in four days that contains, at a minimum:</p> <ul style="list-style-type: none"><li>-the reason for the relocation;</li><li>-the name and contact information for the location to which the resident has been relocated and any new service provider;</li><li>-contact information for the OOLTC;</li><li>-if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known;</li></ul> | 01060                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                          |  |                                              |
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| 01060                                                               | Continued From page 37<br><br>-a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal; and<br>-the facility must provide contact information for the agency to which the resident may submit an appeal.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01060                                                                           |                                                                                                                          |  |                                              |
| 01290<br>SS=F                                                       | 144G.60 Subdivision 1 Background studies required<br><br>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.<br>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the employee's current background study clearance was affiliated with the correct health care facility identification number (HFID) for one of 14 employees | 01290                                                                           |                                                                                                                          |  |                                              |



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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                          |  |                                              |
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| 01290                                                               | <p>Continued From page 38</p> <p>(maintenance (M)-N). This had the potential to affect all residents living within the 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>During the entrance conference on September 22, 2025, at 1:14 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee was aware of required contents in an employee record.</p> <p>M-N was hired on July 16, 2012, and had begun to provide facility ground duties at the assisted living facility on August 1, 2021.</p> <p>M-N's employee record contained a background study with the HFID 29456 for a sister facility location and not the correct HFID 23609 for the licensee.</p> <p>On September 24, 2025, at 10:52 a.m., RLALD/RN-C emailed (electronic mail) the surveyor and indicated M-N's background study was completed under a sister facility and had not been affiliated with the licensee's HFID after providing maintenance at the licensee's site.</p> <p>The licensee's 4.02 Background Studies policy dated January 1, 2025, indicated (licensee name)</p> | 01290                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b>                                  |  |                                                     |
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| 01290                                                                      | Continued From page 39<br><br>will conduct a Minnesota Department of Human Services Background Study on all employees and volunteers and contractors [sic] at (licensee name). The policy did not address background study affiliation.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01290                                                                  |                                                                                                                          |  |                                                     |
| 01540<br>SS=D                                                              | <b>144G.64 (a) (3) Training in Dementia, Mental Illness, and De-</b><br><br>(3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, the 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 two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;<br><br>This MN Requirement is not met as evidenced | 01540                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01540                                                                      | <p>Continued From page 40</p> <p>by:<br/>Based on observation, interview, and record review, the licensee failed to ensure one of two employees (registered nurse (RN)-L) received the required amount of dementia, mental illness, and de-escalation training within the required time frame.</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>The licensee held an assisted living facility with dementia care (ALFDC) license effective January 1, 2025, with an expiration date of December 31, 2025.</p> <p>During the entrance conference on September 22, 2025, at 1:14 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee was aware of required contents in an employee record.</p> <p>RN-L was hired on August 25, 2025, to provide direct care services to residents and supervision of staff at the assisted living facility.</p> <p>The licensee's Schedule dated September 22, 2025, through September 26, 2025, indicated RN-L was scheduled to work Monday through Friday 8:00 a.m. through 4:30 p.m., daily.</p> | 01540                                                                                   |                                                                                                                          |  |                                                        |



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| 01540                                                               | <p>Continued From page 41</p> <p>Throughout the survey on September 22, 2025, through September 24, 2025, the surveyor observed RN-L provide direct care services to residents at the facility.</p> <p>RN-L's employee record included a Staff Training Transcript dated January 1, 2025, through August 28, 2025. The transcript indicated RN-L had completed 3.75 hours of dementia training and 1.25 hours of mental illness and de-escalation training.</p> <p>RN-L's employee record lacked documentation RN-L had completed the initial eight hours of dementia training and two hours of mental illness and de-escalation training within 80 hours of employment start date.</p> <p>On September 25, 2025, at 2:11 p.m., RLALD/RN-C stated RN-L had worked more than 80 hours for the licensee, and RN-L was not assigned the full bundle of training used for new employees which consisted of eight hours of dementia training and two hours of mental illness and de-escalation training. RLALD/RN-C further stated RLALD/RN-C assumed human resources may have accepted training hours from a previous employer, however, the licensee was unable to obtain how many hours the training was worth.</p> <p>The licensee's 5.03 Dementia Training policy dated October 23, 2024, indicated direct care employees will complete eight (8) hours of initial training within 80 hours of the employment start date.</p> <p>No further information was provided.</p> | 01540                                                                           |                                                                                                                          |  |                                              |



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| 01540                                                               | Continued From page 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01540                                                           |                                                                                                                          |  |                                              |
| 01640<br>SS=D                                                       | <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> <p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the service plan was revised to reflect current services provided for one of two residents (R4).</p> <p>This practice resulted in a level two violation (a</p> | 01640                                                           |                                                                                                                          |  |                                              |



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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                          |  |                                              |
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| 01640                                                               | <p>Continued From page 43</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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 September 22, 2025, at 1:00 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee was familiar with current minimum assisted living requirements.</p> <p>R4's Provider Orders dated January 30, 2025, included blood glucose monitoring two times a day.</p> <p>R4's most current Provider Orders dated February 20, 2025, directed to increase blood glucose monitoring to three times a day for one week.</p> <p>R4's Individualized Treatment and Therapy plan dated January 23, 2025, included blood glucose monitoring three times a day.</p> <p>R4's Medication Administration Summary dated August 2025, and September 2025, respectively, indicated R2 was scheduled to receive blood glucose monitoring twice a day; however, R4's August and September 2025 Treatment and Recap Summary indicated R2 received blood glucose monitoring three times a day.</p> <p>On September 23, 2025, at 7:32 a.m., the</p> | 01640                                                                           |                                                                                                                          |  |                                              |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b> |                                                                                                                          |  |                                                        |
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| 01640                                                                      | <p>Continued From page 44</p> <p>surveyor observed unlicensed personnel (ULP)-E complete a blood glucose check for R4.</p> <p>R4's Service Plan-Modification dated January 23, 2025, lacked R4's required blood glucose monitoring.</p> <p>On September 25, 2025, at 10:17 a.m., during a telephone interview, RLALD/RN-C verified R4's blood glucose monitoring was not on R4's service plan. RLALD/RN-C stated R4's blood glucose was entered incorrectly and should have been entered as a treatment service to ensure blood glucose monitoring would carry onto R4's service plan.</p> <p>The licensee's 6.08 Service Plan policy dated August 15, 2024, indicated a service plan will include:</p> <ul style="list-style-type: none"><li>-a description of the services that are provided based on the most recent assessment and resident preferences;</li><li>-the frequency of each service to be provided based on the most recent assessment and resident preferences; and</li><li>-an identification of staff or categories of staff who will be providing services.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) day</p> | 01640                                                                                   |                                                                                                                          |  |                                                        |
| 01750<br>SS=D                                                              | <p>144G.71 Subd. 7 Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01750                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01750                                                               | <p>Continued From page 45</p> <p>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) documented resident-specific instructions for medications for one of two residents (R2) whose medication administration was delegated to unlicensed personnel (ULP).</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 September 22, 2025, at 1:05 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee provided medication management services to residents at the facility.</p> <p>R2's diagnoses included cerebral infarction and</p> | 01750                                                                           |                                                                                                                          |  |                                              |



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| 01750                                                               | <p>Continued From page 46</p> <p>hypertension (HTN-high blood pressure).</p> <p>R2's Service Plan-Modification dated March 12, 2025, indicated R2's services included medication administration twice daily</p> <p>R2's prescriber orders dated July 24, 2025, included an order for artificial tears 1.4% solution place 1-2 drops into both eyes two times per day.</p> <p>R2's Med (medication) Admin (administration) Summary dated August 2025, and September 2025, respectively, indicated Soothe XP Xtra (artificial tears) place 1-2 drops into both eyes two time a day.</p> <p>On September 23, 2025, at 7:18 a.m., the surveyor observed unlicensed personnel (ULP)-F administer R2's scheduled morning medication pass. ULP-F compared the prescription label with R2's electronic medication administration record (EMAR), went to R2's room, administered one drop of Sooth XP Xtra into each of R2's eyes, and returned to the computer to document on R2's EMAR.</p> <p>R2's record lacked resident specific instructions for the administration of Sooth XP Xtra on when to administer one drop into each eye versus when to administer two drops into each eye.</p> <p>On September 23, 2025, at 2:01 p.m., ULP-F stated ULP-F administered one drop of Sooth XP Xtra to each of R2's eyes and has only administered two drops into each eye if R2 requested an additional drop into each eye.</p> <p>On September 24, 2025, at 9:02 a.m., RLALD/RN-C stated R2's order for Sooth XP Xtra</p> | 01750                                                                           |                                                                                                                          |  |                                              |



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| 01750                                                                      | <p>Continued From page 47</p> <p>needed to be clarified on whether to administer one or two drops into each of R2's eyes. RLALD/RN-A further stated the licensee typically did not have ranges for orders and used specific instructions on when to administer one or two eye drops.</p> <p>The licensee's 7.03 Medication Management Individualized Plan policy dated October 23, 2024, indicated the medication management record will be current and would include any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01750                                                                                   |                                                                                                                          |  |                                                        |
| 01890<br>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:<br/>Based on observation, interview, and record review, the licensee failed to monitor for expired medications in one of five locked medication carts (medication cart one at Misty Ivy).</p>                                                                                                                                                                                                                  | 01890                                                                                   |                                                                                                                          |  |                                                        |



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| 01890                                                                      | <p>Continued From page 48</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 September 22, 2025, at 1:05 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee provided medication management services to residents at the facility.</p> <p>On September 23, 2025, at 1:50 p.m., the surveyor reviewed medication cart one located in the Misty Ivy building with unlicensed personnel (ULP)-E and observed an expired open bottle of Miralax 3350 for R6. ULP-E stated R6's Miralax expired January 2025, and it was the licensed nurse's responsibility to be monitoring for expired medications.</p> <p>On September 24, 2025, at 8:55 a.m., RLALD/RN-C stated onsite licensed nurses were expected to check all medications carts and monitor for expired medications. RLALD/RN-C stated the licensee previously had a licensed practical nurse (LPN) completing medication cart audits, however, RLALD/RN-C was in the process of training in RNs who were going to be taking over mediation cart audits.</p> <p>The licensee's 7.23 Medication Disposal policy</p> | 01890                                                                                   |                                                                                                                          |  |                                                        |



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| 01890                                                                      | <p>Continued From page 49</p> <p>dated October 23, 2024, indicated expired medications managed by (licensee name) will disposed [sic] of according to accepted practices of the Minnesota board [sic] of Pharmacy and the labels from the containers will be destroyed.</p> <p>The licensee's 7.11 Medication Storage policy dated October 23, 2024, indicated medications will be kept securely locked and stored per manufacturer's directions.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>                                                                                                                                                                                                                                                                                                                                                                                   | 01890                                                                                   |                                                                                                                          |  |                                                        |
| 01960<br>SS=E                                                              | <p><b>144G.72 Subd. 5 Documentation of administration of treatments</b></p> <p>Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the registered nurse (RN) failed to ensure treatment or therapy services were documented and administered as prescribed or document the reason they were not provided for two of two residents (R2, R4) receiving treatments.</p> | 01960                                                                                   |                                                                                                                          |  |                                                        |



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| 01960                                                               | <p>Continued From page 50</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>During the entrance conference on September 22, 2025, at 1:12 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee provided treatment and therapy services to residents at the facility.</p> <p>R2<br/>R2's diagnoses included cerebral infarction and hypertension (HTN-high blood pressure).</p> <p>R2's Service Plan-Modification dated March 12, 2025, indicated R2's services included blood pressure management monthly.</p> <p>R2's Provider Orders dated March 13, 2025, included amlodipine (for hypertension) 10 milligrams (mg) daily and to hold if top number (systolic) of blood pressure was less than 110 millimeter of mercury (mm Hg) and to take blood pressure prior to administering amlodipine.</p> <p>R2's Individualized Treatment and Therapy plan updated September 11, 2025, lacked daily blood pressure monitoring.</p> | 01960                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>23609</b>               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/25/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DIAMOND WILLOW ASSISTED LLIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>913 OLD HIGHWAY 2<br/>PROCTOR, MN 55810</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 01960                                                                      | <p>Continued From page 51</p> <p>On September 23, 2025, at 7:18 a.m., the surveyor observed unlicensed personnel (ULP)-E administer R2's scheduled morning medication, including amlodipine 10 mg. The surveyor was unable to observe if R2's blood pressure was monitored prior to ULP-E administering R2's amlodipine as directed</p> <p>R2's Medication Administration Summary dated August 2025, and September 2025, respectively, indicated R2 was scheduled and received amlodipine daily; however, R2's record lacked documentation R2's blood pressure was monitored daily as directed.</p> <p>R2's Vital Sign-Blood Pressure report dated August 1, 2025, to September 25, 2025, indicated R2's blood pressure was taken one time on August 12, 2025, for a blood pressure of 128/71.</p> <p>On September 25, 2025, at 9:07 a.m., the surveyor received an email (electronic mail) from RLALD/RN-C, which indicated R2's record included blood pressure hold parameters for administering amlodipine (Norvasc); however, the previous nurse did not add a service for staff to enter R2's daily blood pressure reading.</p> <p>On September 25, 2025, at 10:17 a.m., during a telephone interview, RLALD/RN-C stated instructions to monitor R2's blood pressure daily were indicated in R2's electronic medication administration record (EMAR) record; however, had not been entered as a blood pressure check service to prompt staff to complete R2's daily blood pressure results before administering amlodipine. RLALD/RN-C stated directions were in R2's EMAR and staff were still capable and</p> | 01960                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                          |  |                                              |
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| 01960                                                               | <p>Continued From page 52</p> <p>expected to monitor and record daily blood pressures in R2's notes.</p> <p>R4<br/>R4's diagnoses included mild cognitive impairment and type two diabetes.</p> <p>R4's Service Plan-Modification dated January 23, 2025, lacked blood glucose monitoring.</p> <p>R4's Provider Orders dated January 30, 2025, included blood glucose monitoring two times a day.</p> <p>R4's Provider Orders dated February 20, 2025, directed to increase blood glucose monitoring to three times a day for one week.</p> <p>On September 23, 2025, at 7:32 a.m., the surveyor observed ULP-E complete a blood glucose check for R4.</p> <p>R4's Individualized Treatment and Therapy plan dated January 23, 2025, included blood glucose monitoring three times a day.</p> <p>R4's Medication Administration Summary dated August 2025, and September 2025, respectively, indicated R2 was scheduled to receive blood glucose monitoring twice a day; however, R4's August and September 2025 Treatment and Recap Summary indicated R2 received blood glucose monitoring three times a day.</p> <p>On September 25, 2025, at 10:17 a.m., RLALD/RN-C stated R4's electronic medication administration record (EMAR) directed to monitor R4's blood glucose twice a day; however, did not know why staff were monitoring R4's blood</p> | 01960                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                          |  |                                              |
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| 01960                                                               | <p>Continued From page 53</p> <p>glucose three times a day. RLALD/RN-C stated RLALD/RN-C would have to review R4's past blood glucose orders for further clarification.</p> <p>On September 25, 2025, at 10:58 a.m., the surveyor received and email from RLALD/RN-C indicating R4's last blood glucose orders were for blood glucose monitoring three times a day for only one week. RLALD/RN-C stated RLALD/RN-C contacted R4's provider for clarification on frequency for blood glucose monitoring.</p> <p>The licensee's 7.15 Medication and Treatment-Administration and Delegation policy dated August 15, 2024, indicated when administration of medications or treatment/therapy is delegated or assigned to ULPs, (licensee name) will ensure the RN has specified, in writing, specific instructions for each resident and documented those instructions in the resident's record.</p> <p>The licensee's 7.22 Medication and Treatment Record- Documentation and Refusal policy dated August 23, 2024, indicated the following must be documented in the resident's medication and/or treatment/therapy records after providing medication assistance or administration: the date, the time, the quantity of dosage, the method of administration of all prescribed legend [sic] and over-the-counter medications and or treatments/therapy, and signature and title of the authorized person who provided the assistance and/or administration of medications/treatment/therapy [sic]. In addition, if medication and or treatment/therapy assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed and any follow</p> | 01960                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                          |  |                                              |
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| 01960                                                               | Continued From page 54<br><br>up.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01960                                                                           |                                                                                                                          |  |                                              |
| 02170<br>SS=D                                                       | 144G.84 SERVICES FOR RESIDENTS WITH<br>DEMENTIA<br><br>(b) Each resident must be evaluated for activities<br>according to the licensing rules of the facility. In<br>addition, the evaluation must address the<br>following:<br>(1) past and current interests;<br>(2) current abilities and skills;<br>(3) emotional and social needs and patterns;<br>(4) physical abilities and limitations;<br>(5) adaptations necessary for the resident to<br>participate; and<br>(6) identification of activities for behavioral<br>interventions.<br>(c) An individualized activity plan must be<br>developed for each resident based on their<br>activity evaluation. The plan must reflect the<br>resident's activity preferences and needs.<br>(d) A selection of daily structured and<br>non-structured activities must be provided and<br>included on the resident's activity service or care<br>plan as appropriate. Daily activity options based<br>on resident evaluation may include but are not<br>limited to:<br>(1) occupation or chore related tasks;<br>(2) scheduled and planned events such as<br>entertainment or outings;<br>(3) spontaneous activities for enjoyment or those<br>that may help defuse a behavior;<br>(4) one-to-one activities that encourage positive<br>relationships between residents and staff such as | 02170                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                          |  |                                              |
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| 02170                                                               | <p>Continued From page 55</p> <p>telling a life story, reminiscing, or playing music;<br/>(5) spiritual, creative, and intellectual activities;<br/>(6) sensory stimulation activities;<br/>(7) physical activities that enhance or maintain a resident's ability to ambulate or move; and<br/>(8) outdoor activities.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to develop an individualized activity plan for one of two residents (R4) 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 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>The licensee held an assisted living facility with dementia care (ALFDC) license effective January 1, 2025, with an expiration date of December 31, 2025.</p> <p>During the entrance conference on September 22, 2025, at 1:00 p.m., regional licensed assisted living director/registered nurse (RLALD/RN)-C stated the licensee was familiar with current minimum assisted living requirements.</p> <p>R4's diagnosis included mild cognitive</p> | 02170                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810 |                                                                                                                          |  |                                              |
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| 02170                                                               | <p>Continued From page 56</p> <p>impairment.</p> <p>R4's Service Plan dated January 23, 2025, indicated R4 received services including assistance with bathing, dressing, grooming, ambulation, toileting, medication administration, housekeeping, and laundry.</p> <p>On September 23, 2025, at 7:47 a.m., the surveyor observed unlicensed personnel (ULP)-E administer R4's schedule morning medication.</p> <p>R4's 90-Day Assessment dated August 29, 2025, indicated R4 was occasionally disorientated to year and had some difficulty remembering new situations. R4's assessment included an evaluation of the activity areas which were required; however, lacked an individual activity plan with structured and non-structured activities specific for R4.</p> <p>On September 24, 2025, at 12:09 p.m., the surveyor received an email (electronic mail) from RLALD/RN-C, which indicated RLALD/RN-C was unable to find documentation in R4's records that included a specific individualized activity plan had been developed for R4. RLALD/RN-C wrote in the email it was the expectation activity evaluations and activity plans be completed upon admission and prior to the 14-day required assessment.</p> <p>The licensee's 3.05 ALDC (assisted living dementia care) Life Enrichment Programs, Activities and Outdoor Space policy dated January 1, 2025, indicated each resident must be evaluated for activities according to the licensing rules of the facility. Facility nursing will assess each resident using RTasks (electronic medical</p> | 02170                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>DIAMOND WILLOW ASSISTED LLIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>913 OLD HIGHWAY 2<br>PROCTOR, MN 55810                                          |                          |                                              |
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| 02170                                                               | <p>Continued From page 57</p> <p>documentation platform) Activity Plan and activity Assessment [sic] to determine individualized and group interests for activity scheduling. The evaluation must address the following:</p> <ul style="list-style-type: none"><li>-past and current interests;</li><li>-current abilities and skills;</li><li>-emotional and social needs and patterns;</li><li>-physical abilities and limitations;</li><li>-adaptations necessary for the resident to participate; and</li><li>-identification of activities for behavioral interventions.</li></ul> <p>In addition, an individualized activity plan must be developed for each resident based on their activity evaluation, including a selection of daily structured and non-structured activities.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 02170                                                           |                                                                                                                          |                          |                                              |





Duluth District Office  
Minnesota Department of Health  
11 East Superior Street, Suite 290  
Duluth, MN 55802  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

DIAMOND WILLOW ASSISTED LIVING  
913 OLD HIGHWAY 2  
Proctor, MN 55810  
St Louis County  
Parcel:  
  
Phone:

### License Info

License: HFID 23609  
  
Risk:  
License:  
Expires on:  
CFPM: None  
CFPM #: ; Exp:

### Inspection Info

Report Number: F1006251068  
Inspection Type: Full - Single  
Date: 9/23/2025 Time: 10:00 AM  
Duration: minutes  
Announced Inspection: No  
**Total Priority 1 Orders: 4**  
Total Priority 2 Orders: 5  
Total Priority 3 Orders: 2  
Delivery:

### New Order: 2-100 Supervision

2-102.11D,E,F,G,H,I      *Priority Level: Priority 2   CFP#: 1*

*MN Rule 4626.0030DEFGHI* The person in charge must be able to demonstrate their knowledge to the inspector of the importance of the following food handling procedures to preventing foodborne disease: handwashing; avoiding cross contamination; avoiding hand contact with ready-to-eat foods; time and temperature requirements for safely refrigerating, hot holding, cooling, and reheating TCS food; hazards of eating raw or undercooked meat, poultry, eggs, and fish; food temperatures and cooking times required to safely cook TCS food including meat, poultry, eggs, and fish; foods identified as major food allergens and the symptoms of an allergic reaction; identification of critical control points in a food service operation and steps to be taken to ensure the points are controlled.

COMMENT: FOODS ARE NOT BEING COOLED CORRECTLY WHEN NIGHT STAFF IS PREPARING THE MEALS IN ADVANCE. ALSO DISCUSSED TEMPERATURES WITH STAFF AT THE MULTIPLE HOMES AND STAFF MAKING THE LUNCHES WERE NOT AWARE OF TEMPERATURE REQUIREMENTS. DISCUSSED ISSUES WITH THE NEW ASSISTED LIVING COORDINATOR WHOM PRINTED MULTIPLE FACT SHEETS OFF THE MDH FOOD BUSINESS SAFETY FACT SHEETS WEBSITE DURING THE INSPECTION. SHE WAS IN THE PROCESS OF MAKING A GUIDE FOR EACH HOUSE AND DISCUSSED GOING OVER GENERAL FOOD SAFETY WITH ALL STAFF THAT HELP HANDLE FOOD. THERE WILL ALSO BE ANOTHER ASSISTED LIVING COORDINATOR BEING HIRED IN THE NEAR FUTURE, RECOMMEND SENDING THE ADDITIONAL COORDINATOR TO A FOOD MANAGERS COURSE.

*Comply By: 9/23/2025      Originally Issued On: 9/23/2025*

### New Order: 2-100 Supervision

2-102.12AMN      *Priority Level: Priority 3   CFP#: 2*

*MN Rule 4626.0033A* Employ a certified food protection manager (CFPM) for the establishment.

COMMENT: THERE IS NOT CURRENTLY A CERTIFIED FOOD PROTECTION MANAGER EMPLOYED. NIKKI IS SIGNED UP TO TAKE A COURSE AT CANAL PARK LODGE ON 10/14. PULLED UP THE MDH CFPM WEBSITE AND DISCUSSED MAKING SURE TO SIGN UP FOR THE STATE CERTIFICATE ONCE THE COURSE IS COMPLETED. MAKE SURE TO APPLY FOR THE STATE CERTIFICATE WITHIN 6 MONTHS OF TAKING THE COURSE AND EXAM. ONCE THE STATE CERTIFICATE IS RECEIVED MAKE SURE TO POST IT AT THE ESTABLISHMENT.

*Comply By: 11/1/2025      Originally Issued On: 9/23/2025*



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**! New Order: 2-200 Employee Health**2-201.11A *Priority Level: Priority 1 CFP#: 3*

*MN Rule 4626.0040A* The licensee must ensure that employees and conditional employees report to the person in charge information about their health as it relates to illnesses transmissible through food. A food employee or conditional employee must report to the person in charge the date of onset of symptoms such as vomiting, diarrhea, jaundice, sore throat with fever, boils or infected wounds, diagnosed illnesses such as norovirus, hepatitis A virus, Salmonella spp, Shigella spp, Shiga toxin-producing Escherichia coli or other enteric bacterial, viral, or parasitic pathogens, and if they have been exposed to, or are the suspected source of, a probable or confirmed disease outbreak within the last 30 days.

COMMENT: THERE WAS A CALL-IN LIST BY THE PHONE IF AN EMPLOYEE CALLS IN THAT HAD REASON WHY THEY CALLED IN. DISCUSSED KEEPING A SEPARATE ILLNESS LOG THAT INCLUDED THE DAY THEY CALLED IN AND THE DAY THEY RETURNED TO WORK TO HELP ENSURE THEY ARE SYMPTOM FREE FOR AT LEAST 24 HOURS PRIOR TO COMING BACK TO WORK IF THEY HAVE ANY SYMPTOMS OF VOMITING AND/OR DIARRHEA. STAFF ALSO COULD NOT LIST THE 5 MAIN ILLNESS THAT THEY NEED TO REPORT TO MDH IF ANY EMPLOYEES ARE DIAGNOSED WITH. MDH ILLNESS LOG WAS PULLED UP AND PRINTED DURING THE INSPECTION. MAKE SURE ALL STAFF ARE AWARE OF THE ILLNESS POLICY. NO ONE IS TO WORK WITH FOOD IF THEY HAVE HAD ANY VOMITING OR DIARRHEA IN THE LAST 24 HOURS.

*Comply By: Complied On Site Originally Issued On: 9/23/2025*

**! New Order: 3-500A Microbial Control: cooling**3-501.14A *Priority Level: Priority 1 CFP#: 20*

*MN Rule 4626.0385A* Cool cooked TCS food: 1. within 2 hours from 135 degrees F (57 degrees C) to 70 degrees F (21 degrees C); and 2. within a total of 6 hours from 135 degrees F (57 degrees C) to 41 degrees F (5 degrees C) or less.

COMMENT: THE NIGHT STAFF HAS BEEN HELPING PREP LUNCHES AND DINNERS FOR THE FOLLOWING DAY. SPAGHETTI SAUCE IN ARBOR ROSE WAS PREPPED THE NIGHT BEFORE, STAFF UNSURE OF AN EXACT TIME. STAFF WERE UNSURE IF THE SAUCE WAS HEATED, BUT HAMBURGER WAS AT LEAST COOKED AND ADDED. THE SAUCE WAS STILL 53F IN THE CENTER AT 10:30 A.M. THERE WAS ALSO A CHICKEN AND NOODLE SOUP IN WORLD TRAVELER THAT WAS STILL 52F IN THE CENTER AT 11:45 A.M. BOTH ITEMS WERE DISCARDED. STAFF RAN TO THE STORE TO GET NEW SPAGHETTI SAUCE FOR LUNCH AND WILL BE FINDING SOMETHING ELSE FOR DINNER AT WORLD TRAVELER.

DISCUSSED IMPORTANCE OF PROPER COOLING WITH STAFF. RECOMMEND HAVING STAFF ON HAND THAT CAN COOK THE MEALS PRIOR TO SERVICE TO AVOID HAVING TO COOK AND COOL. IF FOODS NEED TO BE PREPPED AHEAD OF TIME DISCUSSED WAYS TO PROPERLY COOL, INCLUDING PLACING ANY MEATS ON A SHEET PAN OR PLACING FOODS IN SHALLOW METAL CONTAINERS THAT ARE CRACKED TO ALLOW FOR BETTER COOLING. A COOLING LOG WAS PRINTED DURING THE INSPECTION, HAVE STAFF AT EACH HOUSE CHECKING COOLING TEMPS TO MAKE SURE THE FOODS ARE ALL COOLING IN THE REQUIRED TIME FRAME.

*Comply By: Complied On Site Originally Issued On: 9/23/2025*

**New Order: 3-500A Microbial Control: cooling**3-501.15A *Priority Level: Priority 2 CFP#: 33*

*MN Rule 4626.0390A* Cool food by: 1) placing the food in shallow pans; 2) separating the food into smaller portions 3) using rapid cooling equipment; 4) stirring the food in a container placed in an ice water bath; 5) using containers that facilitate heat transfer; 6) adding ice as an ingredient; or other effective methods.

COMMENT: SPAGHETTI SAUCE WAS IN A LARGER PLASTIC STORAGE CONTAINER AND THE SOUP WAS IN THE SOUP POT COVERED WITH TIN FOIL. DISCUSSED COOLING METHODS WITH STAFF.

*Comply By: 9/24/2025 Originally Issued On: 9/23/2025*



**! New Order: 3-800 Highly Susceptible Population**3-801.11B *Priority Level: Priority 1 CFP#: 26*

*MN Rule 4626.0447B* Discontinue using unpasteurized eggs or egg products in the preparation of Caesar salad, hollandaise or Bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages when serving a highly susceptible population.

COMMENT: 3-801.11B

B. Pasteurized eggs or egg products must be substituted for raw eggs in the preparation of:

§(1) foods such as Caesar salad, hollandaise or Bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages;P1 and

(2) except as specified in item F, **recipes in which more than 1 egg is broken and the eggs are combined.**

KITCHENS HAVE SCRAMBLED EGGS AND EGG BAKE ON THE MENUS AND ARE ONLY USING REGULAR SHELL EGGS. DISCUSSED THAT WHENEVER MAKING THESE DISHES WHERE MULTIPLE EGGS ARE USED THEY MUST BE PASTEURIZED EGGS.

*Comply By: 9/23/2025 Originally Issued On: 9/23/2025*

**New Order: 4-300 Equipment Numbers and Capacities**4-302.12B *Priority Level: Priority 2 CFP#: 36*

*MN Rule 4626.0705B* Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

COMMENT: MISTY IVY STAFF COULD NOT LOCATE A THERMOMETER AND THE THERMOMETER IN WORLD TRAVELER WOULD NOT TURN ON. MAKE SURE EACH HOME HAS A WORKING THERMOMETER THAT IS CHECKED AND CALIBRATED AT LEAST ONCE A MONTH FOR ACCURACY.

*Comply By: 9/30/2025 Originally Issued On: 9/23/2025*

**New Order: 4-300 Equipment Numbers and Capacities**4-302.14 *Priority Level: Priority 2 CFP#: 48*

*MN Rule 4626.0715* Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT: STAFF COULDN'T LOCATE TEST STRIPS DURING THE INSPECTION. THERE WAS ONE STAFF AT ARBOR ROSE THAT WAS SUPPOSED TO HAVE SOME CHLORINE TEST STRIPS, BUT WASN'T ABLE TO CONFIRM WITH THEM. DISCUSSED ORDERING THE APPROPRIATE TEST STRIP FOR WHAT APPROVED SANITIZER THEY PLAN ON USING IN THE KITCHENS MOVING FORWARD. IF GERMICIDAL BLEACH IS TO BE USED PROVIDE CHLORINE TEST STRIPS THAT CAN TEST FOR 50-100 PPM. MAKE SURE EACH HOME HAS THEIR OWN TEST STRIPS.

*Comply By: 9/30/2025 Originally Issued On: 9/23/2025*

**! New Order: 4-500 Equipment Maintenance and Operation**4-501.114A *Priority Level: Priority 1 CFP#: 16*

*MN Rule 4626.0805A* Use the approved sanitizer according to the rule and the EPA approved manufacturer's label.

COMMENT: THERE WERE A FEW DIFFERENT CHEMICALS THAT STAFF WOULD USE IN THE KITCHEN. 2 WERE QUAT BASED, BUT WERE MUCH STRONGER THAN 400 PPM AND DIRECTIONS STATED THAT IT NEEDED TO BE WIPED WITH WATER AFTER USE ON A FOOD CONTACT AREA. THE THIRD WAS A BLEACH WATER, BUT THE BLEACH ON-SITE IS A LOW SPLASH BLEACH. DISCUSSED SANITIZERS WITH STAFF AND TO CHECK LABELS PRIOR TO BUYING ANY NEW ONES TO MAKE SURE THEY ARE APPROVED FOR FOOD CONTACT SURFACES. BLEACH CAN BE USED AS A SANITIZER AT 50-100 PPM, BUT JUST GET REGULAR GERMICIDAL BLEACH WITH NO SCENT OR SPLASH ADDITIVES.

*Comply By: 9/26/2025 Originally Issued On: 9/23/2025*

**New Order: 4-600 Cleaning Equipment and Utensils**4-601.11C *Priority Level: Priority 3 CFP#: 49*

*MN Rule 4626.0840C* Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

COMMENT: SOMETHING SPILLED IN THE BOTTOM OF THE REFRIGERATOR IN THE BACK STORAGE AREA IN WORLD TRAVELER. DISCUSSED HAVING STAFF CLEAN THE REFRIGERATOR.

*Comply By: 9/26/2025 Originally Issued On: 9/23/2025*



**New Order: 6-300 Physical Facility Numbers and Capacities**6-301.12      *Priority Level: Priority 2   CFP#: 10*

*MN Rule 4626.1445* Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

COMMENT: THERE WERE NO PAPER TOWELS OUT AT ARBOR ROSE. PAPER TOWELS WERE SUPPLIED IMMEDIATELY. THERE WASN'T A PAPER TOWEL HOLDER THERE, DISCUSSED PROVIDING.

*Comply By: Complied On Site      Originally Issued On: 9/23/2025*

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## Food & Beverage General Comment

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**COMMENTS:**

INSPECTED ARBOR ROSE, MISTY IVY, AND WORLD TRAVELER, THE OTHER TWO BUILDINGS ARE LOCKED AND NOT IN USE AT THIS TIME.

DISCUSSED MENU AND DAY TO DAY OPERATIONS WITH STAFF. NIGHT CREW HAS BEEN HELPING PREP LUNCHESES AND DINNERS. IDEALLY ALL MEALS ARE COOKED JUST PRIOR TO THAT MEAL SERVICE AND THEN SERVED , WITH NO COOLING OR RE-HEATING IN THE MIDDLE. SINCE THERE ARE ONLY DOMESTIC REFRIGERATORS AND FREEZERS ON-SITE THERE ISN'T A LOT OF ROOM TO COOL BATCHES OF FOOD PROPERLY. IF THERE ARE MEALS THAT NEED TO BE PREPARED DURING NIGHT SHIFT THEY MUST BE COOLED WITHIN THE REQUIRED TIME LIMITS. DISCUSSED METHODS TO HELP COOL FOODS AND A COOLING LOG WAS PRINTED DURING THE INSPECTION. HAVE STAFF CHECKING COOLING TEMPS TO ENSURE FOODS THAT ARE HOT ARE COOLING FROM 135F TO 70F IN 2 HOURS THEN FROM 70F TO 41F OR LOWER IN AN ADDITIONAL 4 HOURS, FOR A TOTAL COOLING TIME OF 6 HOURS.

FOOD ORDERS ARE BEING DELIVERED FROM WAL-MART AND ESTABLISHMENT HAS BEEN HAVING ISSUES WITH ORDERS BEING CANCELED. REMINDER THAT FOODS DO NEED TO BE DELIVERED AT APPROPRIATE TEMPERATURES AND PROTECTED FROM ANY POSSIBLE CONTAMINATION OR ADULTERATION DURING DELIVERY. THE HOUSES ARE ALL DOING INDEPENDENT DELIVERIES AS WELL, RECOMMEND REACHING OUT TO AN APPROVED FOOD VENDOR TO DISCUSS MINIMUM ORDER REQUIREMENTS AND WORKING WITH ONE TO DO ONE LARGE ORDER FOR ALL THREE HOMES AT ONCE. THIS WILL HELP ENSURE PROPER TEMPS ARE BEING MAINTAINED DURING DELIVERY AND WILL HELP WITH CONSISTENCY WITH THE THREE HOMES.

DISCUSSED THE IMPORTANCE OF PROPER HAND WASHING AND GLOVE USE WITH ALL READY TO EAT FOODS. ALL HOMES DO HAVE GLOVES.

DISCUSSED THE EMPLOYEE ILLNESS POLICY AND THE EXCLUSION OF EMPLOYEES SICK WITH SYMPTOMS OF VOMITING AND/OR DIARRHEA UNTIL THEY HAVE BEEN SYMPTOM FREE FOR AT LEAST 24 HOURS. ALSO, CONTACT THE DEPARTMENT OF HEALTH IF ANY EMPLOYEES ARE DIAGNOSED WITH HEPATITIS A., SHIGA TOXIN-PRODUCING E. COLI, SALMONELLA, SHIGELLA, OR NOROVIRUS OR IF THERE ARE ANY FOODBORNE SUSPECTED ILLNESS COMPLAINTS.

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

**I acknowledge receipt of the Duluth District Office inspection report number F1006251068 from 9/23/2025**

*Callie Harrison*



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Director

Public Health Sanitarian 3  
218-302-6173  
callie.harrison@state.mn.us





Duluth District Office  
Minnesota Department of Health  
11 East Superior Street, Suite 290  
Duluth, MN 55802

## Temperature Observations/Recordings

Page: 1

### Establishment Info

DIAMOND WILLOW ASSISTED LIVING  
Proctor  
County/Group: St Louis County

### Inspection Info

Report Number: F1006251068  
Inspection Type: Full  
Date: 9/23/2025  
Time: 10:00 AM

**Food Temperature:** Product/Item/Unit: SPAGHETTI SAUCE; Temperature Process: Cooling

**Location:** Upright Cooler at 53 Degrees F.

**Comment:** ARBOR ROSE

**Violation Issued?:** Yes

**Food Temperature:** Product/Item/Unit: CHICKEN NOODLE SOUP; Temperature Process: Cooling

**Location:** Upright Cooler at 52 Degrees F.

**Comment:** WORLD TRAVELER

**Violation Issued?:** Yes

**Food Temperature:** Product/Item/Unit: CHICKEN DUMPLING SOUP; Temperature Process: Cold-Holding

**Location:** Upright Cooler at 39 Degrees F.

**Comment:** ARBOR ROSE

**Violation Issued?:** No

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

**Location:** Upright Cooler at 37 Degrees F.

**Comment:** ARBOR ROSE

**Violation Issued?:** No

**Food Temperature:** Product/Item/Unit: ALL FOODS FROZEN; Temperature Process: Cold-Holding

**Location:** Upright Freezer at Degrees F.

**Comment:** ARBOR ROSE

**Violation Issued?:** No

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

**Location:** Upright Cooler at 37 Degrees F.

**Comment:** MISTY IVY

**Violation Issued?:** No

**Food Temperature:** Product/Item/Unit: ALL FOODS FROZEN; Temperature Process: Cold-Holding

**Location:** Upright Freezer at Degrees F.

**Comment:** MISTY IVY

**Violation Issued?:** No

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

**Location:** Upright Cooler at 39 Degrees F.

**Comment:** MISTY IVY

**Violation Issued?:** No

**Food Temperature:** Product/Item/Unit: SPAGHETTI SAUCE; Temperature Process: Re-Heating

**Location:** Stove at 176 Degrees F.

**Comment:** MISTY IVY

**Violation Issued?:** No



**Food Temperature: Product/Item/Unit:** PEAS; **Temperature Process:** Re-Heating

**Location:** STOVE at 140 Degrees F.

Comment: MISTY IVY

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** PASTA BAKE; **Temperature Process:** Re-Heating

**Location:** Oven at 166 Degrees F.

Comment: WORLD TRAVELER

*Violation Issued?: No*

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

**Location:** Upright Cooler at 39 Degrees F.

Comment: WORLD TRAVELER

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** ALL FOODS FROZEN; **Temperature Process:** Cold-Holding

**Location:** Freezer at Degrees F.

Comment: WORLD TRAVELER

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** ALL FOODS FROZEN; **Temperature Process:** Cold-Holding

**Location:** Chest Freezer at Degrees F.

Comment: WORLD TRAVELER

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** ALL FOODS FROZEN; **Temperature Process:** Cold-Holding

**Location:** Upright Freezer at Degrees F.

Comment: WORLD TRAVELER

*Violation Issued?: No*

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

**Location:** Upright Cooler at 38 Degrees F.

Comment: WORLD TRAVELER

*Violation Issued?: No*





Duluth District Office  
Minnesota Department of Health  
11 East Superior Street, Suite 290  
Duluth, MN 55802

## Sanitizer Observations/Recordings

Page: 1

### Establishment Info

DIAMOND WILLOW ASSISTED LIVING  
Proctor  
County/Group: St Louis County

### Inspection Info

Report Number: F1006251068  
Inspection Type: Full  
Date: 9/23/2025  
Time: 10:00 AM

**Sanitizing Chemical: Product:** Chlorine; **Sanitizing Process:** Spray Bottle

**Location:** Equal To 50 PPM

Comment:

*Violation Issued?: No*

**Sanitizing Chemical: Product:** Chlorine; **Sanitizing Process:** Spray Bottle

**Location:** Equal To 100 PPM

Comment:

*Violation Issued?: No*

**Sanitizing Chemical: Product:** Quaternary Ammonia; **Sanitizing Process:** Spray Bottle

**Location:** Greater Than 400 PPM

Comment: DISINFECTANT SPRAYS UNDER THE SINK

*Violation Issued?: No*

**Sanitizing Equipment: Product:** Hot Water; **Sanitizing Process:** Dish Machine

**Location:** Equal To 160F Degrees F.

Comment: STRIP TURNED BLACK, ARBOR ROSE.

*Violation Issued?: No*

**Sanitizing Equipment: Product:** Hot Water; **Sanitizing Process:** Dish Machine

**Location:** Equal To 160 Degrees F.

Comment: STRIP TURNED BLACK, MISTY IVY.

*Violation Issued?: No*

**Sanitizing Equipment: Product:** Hot Water; **Sanitizing Process:** Dish Machine

**Location:** Equal To 160 Degrees F.

Comment: STRIP TURNED BLACK, WORLD TRAVELER

*Violation Issued?: No*



|                                                                                                                                                                                                                              |     |                                                                                |                                                                                                               |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------|----------------|---|
| Minnesota (MDH) Version<br>EH Manager; RPT: F1006251068                                                                                                                                                                      |     |                                                                                | Food Establishment Inspection Report                                                                          |                                |                                                                                                                                                                                                                                            | Page <u>1</u> of <u>1</u> |                                                                                    |                |   |
| <div><div>Duluth District Office<br/>Minnesota Department of Health<br/>11 East Superior Street, Suite 290<br/>Duluth, MN 55802</div></div> |     |                                                                                | No. of Risk Factor/Intervention/Violations                                                                    |                                | 7                                                                                                                                                                                                                                          | Date: 9/23/2025           |                                                                                    |                |   |
|                                                                                                                                                                                                                              |     |                                                                                | No. of Repeat Risk Factor/Intervention/Violations                                                             |                                |                                                                                                                                                                                                                                            | Time: 10:00 AM            |                                                                                    |                |   |
|                                                                                                                                                                                                                              |     |                                                                                | Score (optional)                                                                                              |                                |                                                                                                                                                                                                                                            | Dur: min                  |                                                                                    |                |   |
| Establishment:<br>DIAMOND WILLOW ASSISTED LIVING                                                                                                                                                                             |     | Address:<br>913 OLD HIGHWAY 2                                                  |                                                                                                               | City/State:<br>Proctor, MN     |                                                                                                                                                                                                                                            | Zip:<br>55810             |                                                                                    | Phone:         |   |
| License/Permit #:<br>HFID 23609                                                                                                                                                                                              |     | Permit Holder:                                                                 |                                                                                                               | Purpose of Inspection:<br>Full |                                                                                                                                                                                                                                            | Est. Type:                |                                                                                    | Risk Category: |   |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS                                                                                                                                                               |     |                                                                                |                                                                                                               |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
| Designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br>IN=in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable                                                               |     |                                                                                |                                                                                                               |                                | Mark "X" in appropriate box for COS and/or R<br>COS=corrected on-site during inspection    R=repeat violation                                                                                                                              |                           |                                                                                    |                |   |
| Compliance Status                                                                                                                                                                                                            |     |                                                                                | COS                                                                                                           | R                              | Compliance Status                                                                                                                                                                                                                          |                           |                                                                                    | COS            | R |
| Supervision                                                                                                                                                                                                                  |     |                                                                                |                                                                                                               |                                | Time/Temperature Control for Safety                                                                                                                                                                                                        |                           |                                                                                    |                |   |
| 1                                                                                                                                                                                                                            | OUT | Person in charge present, demonstrate knowledge and performs duties            |                                                                                                               |                                | 18                                                                                                                                                                                                                                         | N/O                       | Proper cooking time & temperatures                                                 |                |   |
| 2                                                                                                                                                                                                                            | OUT | Certified Food Protection Manager                                              |                                                                                                               |                                | 19                                                                                                                                                                                                                                         | N/O                       | Proper reheating procedures for hot holding                                        |                |   |
| Employee Health                                                                                                                                                                                                              |     |                                                                                |                                                                                                               |                                | 20                                                                                                                                                                                                                                         | OUT                       | Proper cooling time and temperature                                                | X              |   |
| 3                                                                                                                                                                                                                            | OUT | knowledge, responsibilities, and reporting                                     | X                                                                                                             |                                | 21                                                                                                                                                                                                                                         | N/O                       | Proper hot holding temperatures                                                    |                |   |
| 4                                                                                                                                                                                                                            | IN  | Proper use of restriction and exclusion                                        |                                                                                                               |                                | 22                                                                                                                                                                                                                                         | IN                        | Proper cold holding temperatures                                                   |                |   |
| 5                                                                                                                                                                                                                            | IN  | Response to vomiting, diarrheal events                                         |                                                                                                               |                                | 23                                                                                                                                                                                                                                         | IN                        | Proper date marking & disposition                                                  |                |   |
| Good Hygienic Practices                                                                                                                                                                                                      |     |                                                                                |                                                                                                               |                                | 24                                                                                                                                                                                                                                         | N/A                       | Time as public health control;procedures & record                                  |                |   |
| 6                                                                                                                                                                                                                            | IN  | Proper eating, tasting, drinking, tobacco use                                  |                                                                                                               |                                | Consumer Advisory                                                                                                                                                                                                                          |                           |                                                                                    |                |   |
| 7                                                                                                                                                                                                                            | IN  | No discharge from eyes, nose, and mouth                                        |                                                                                                               |                                | 25                                                                                                                                                                                                                                         | N/A                       | Consumer advisory provided for raw or undercooked foods                            |                |   |
| Preventing Contamination by Hands                                                                                                                                                                                            |     |                                                                                |                                                                                                               |                                | Highly Susceptible Populations                                                                                                                                                                                                             |                           |                                                                                    |                |   |
| 8                                                                                                                                                                                                                            | IN  | Hands clean and properly washed                                                |                                                                                                               |                                | 26                                                                                                                                                                                                                                         | OUT                       | Pasteurized foods used; prohibited foods not offered                               |                |   |
| 9                                                                                                                                                                                                                            | IN  | No bare hand contact with RTE foods, alternatives                              |                                                                                                               |                                | Food/Color Additives and Toxic Substances                                                                                                                                                                                                  |                           |                                                                                    |                |   |
| 10                                                                                                                                                                                                                           | OUT | Adequate handwashing sinks supplied and access                                 | X                                                                                                             |                                | 27                                                                                                                                                                                                                                         | N/A                       | Food additives; approved & properly used                                           |                |   |
| Approved Source                                                                                                                                                                                                              |     |                                                                                |                                                                                                               |                                | 28                                                                                                                                                                                                                                         | IN                        | Toxic substances properly identified;stored;used                                   |                |   |
| 11                                                                                                                                                                                                                           | IN  | Food obtained from approved source                                             |                                                                                                               |                                | Conformance with Approved Procedures                                                                                                                                                                                                       |                           |                                                                                    |                |   |
| 12                                                                                                                                                                                                                           | N/O | Food Received at proper temperature                                            |                                                                                                               |                                | 29                                                                                                                                                                                                                                         | N/A                       | Compliance with variance, specialized processes & HACCP plan                       |                |   |
| 13                                                                                                                                                                                                                           | IN  | Food in good condition, safe & unadulterated                                   |                                                                                                               |                                | <div>Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury</div> |                           |                                                                                    |                |   |
| 14                                                                                                                                                                                                                           | N/A | Records available: shellstock tags, parasite dest.                             |                                                                                                               |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
| Protection From Contamination                                                                                                                                                                                                |     |                                                                                |                                                                                                               |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
| 15                                                                                                                                                                                                                           | IN  | Food separated and protected                                                   |                                                                                                               |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
| 16                                                                                                                                                                                                                           | OUT | Food-contact surfaces; cleaned & sanitized                                     |                                                                                                               |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
| 17                                                                                                                                                                                                                           | IN  | Proper Disposition of returned, previously served, reconditioned,& unsafe food |                                                                                                               |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
| GOOD RETAIL PRACTICES                                                                                                                                                                                                        |     |                                                                                |                                                                                                               |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.                                                                                            |     |                                                                                |                                                                                                               |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
| Mark "X" or OUT in box if numbered item is <b>not</b> in compliance                                                                                                                                                          |     |                                                                                | Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation |                                |                                                                                                                                                                                                                                            |                           |                                                                                    |                |   |
|                                                                                                                                                                                                                              |     |                                                                                | COS                                                                                                           | R                              |                                                                                                                                                                                                                                            |                           |                                                                                    | COS            | R |
| Safe Food and Water                                                                                                                                                                                                          |     |                                                                                |                                                                                                               |                                | Proper Use of Utensils                                                                                                                                                                                                                     |                           |                                                                                    |                |   |
| 30                                                                                                                                                                                                                           | N/A | Pasteurized eggs used where required                                           |                                                                                                               |                                | 43                                                                                                                                                                                                                                         |                           | In-use utensils; Properly stored                                                   |                |   |
| 31                                                                                                                                                                                                                           |     | Water & ice from approved source                                               |                                                                                                               |                                | 44                                                                                                                                                                                                                                         |                           | Utensils, equipment & linens; properly stored, dried, handled                      |                |   |
| 32                                                                                                                                                                                                                           | N/A | Variance obtained for specialized processing methods                           |                                                                                                               |                                | 45                                                                                                                                                                                                                                         |                           | Single-use & single-service articles, properly stored and used                     |                |   |
| Food Temperature Control                                                                                                                                                                                                     |     |                                                                                |                                                                                                               |                                | 46                                                                                                                                                                                                                                         |                           | Gloves used properly                                                               |                |   |
| 33                                                                                                                                                                                                                           | X   | Proper cooling methods used; adequate equipment for temperature control        |                                                                                                               |                                | Utensils, Equipment and Vending                                                                                                                                                                                                            |                           |                                                                                    |                |   |
| 34                                                                                                                                                                                                                           | N/O | Plant food properly cooked for hot holding                                     |                                                                                                               |                                | 47                                                                                                                                                                                                                                         |                           | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |                |   |
| 35                                                                                                                                                                                                                           | N/O | Approved thawing methods used                                                  |                                                                                                               |                                | 48                                                                                                                                                                                                                                         | X                         | Warewashing facilities: installed, maintained, used; test strips                   |                |   |
| 36                                                                                                                                                                                                                           | X   | Thermometers provided & accurate                                               |                                                                                                               |                                | 49                                                                                                                                                                                                                                         | X                         | Non-food contact surfaces clean                                                    |                |   |
| Food Identification                                                                                                                                                                                                          |     |                                                                                |                                                                                                               |                                | Physical Facilities                                                                                                                                                                                                                        |                           |                                                                                    |                |   |
| 37                                                                                                                                                                                                                           |     | Food properly labeled; original container                                      |                                                                                                               |                                | 50                                                                                                                                                                                                                                         |                           | Hot & cold water available; adequate pressure                                      |                |   |
| Prevention of Food Contamination                                                                                                                                                                                             |     |                                                                                |                                                                                                               |                                | 51                                                                                                                                                                                                                                         |                           | Plumbing installed; proper backflow devices                                        |                |   |
| 38                                                                                                                                                                                                                           |     | Insects, rodents, & animals not present; no unauthorized person                |                                                                                                               |                                | 52                                                                                                                                                                                                                                         |                           | Sewage & waste water properly disposed                                             |                |   |
| 39                                                                                                                                                                                                                           |     | Contamination prevented during food prep, storage, & display                   |                                                                                                               |                                | 53                                                                                                                                                                                                                                         |                           | Toilet facilities; properly constructed, supplied & cleaned                        |                |   |
| 40                                                                                                                                                                                                                           |     | Personal cleanliness                                                           |                                                                                                               |                                | 54                                                                                                                                                                                                                                         |                           | Garbage & refuse properly disposed; facilities maintained                          |                |   |
| 41                                                                                                                                                                                                                           |     | Wiping cloths: properly used & stored                                          |                                                                                                               |                                | 55                                                                                                                                                                                                                                         |                           | Physical facilities installed, maintained & clean                                  |                |   |
| 42                                                                                                                                                                                                                           |     | Washing fruits & vegetables                                                    |                                                                                                               |                                | 56                                                                                                                                                                                                                                         |                           | Adequate ventilation & lighting; designated areas used                             |                |   |
| Person in Charge (signature)                                                                                                                                                                                                 |     |                                                                                |                                                                                                               |                                | 57                                                                                                                                                                                                                                         |                           | Compliance with MCIAA                                                              |                |   |
|                                                                                                                                                                                                                              |     |                                                                                |                                                                                                               |                                | 58                                                                                                                                                                                                                                         |                           | Compliance with licensing and plan review                                          |                |   |
| Inspector (signature)                                                                                                                                                                                                        |     |                                                                                |                                                                                                               |                                | Follow-up:      Follow-up Date:                                                                                                                                                                                                            |                           |                                                                                    |                |   |