



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

Electronically Delivered

April 30, 2026

Licensee  
Lakewood Pines  
1702 Airport Road Northeast  
Staples, MN 56479

RE: Project Number(s) SL30838016

Dear Licensee:

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

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

### **STATE CORRECTION ORDERS**

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

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

### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](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,



Kelly Thorson, Supervisor

State Evaluation Team

Email: [Kelly.Thorson@state.mn.us](mailto:Kelly.Thorson@state.mn.us)

Telephone: 320-223-7336 Fax: 1-866-890-9290

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30838</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKWOOD PINES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1702 AIRPORT ROAD NE STAPLES, MN 56479</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p><b>INITIAL COMMENTS:</b></p> <p><b>SL3083816</b></p> <p>On April 13, 2026, through April 16, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 40 residents; 31 receiving services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p><b>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 480 SS=F	<p><b>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</b></p> <p><b>(a) Except as provided in paragraph (b), food</b></p>	0 480		

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

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0 480	<p>Continued From page 1</p> <p>must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean</p>	0 480		
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0 480	<p>Continued From page 2</p> <p>and in good condition; (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 (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: 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 two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 14, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer</p>	0 480		
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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 750 SS=F	<p><b>144G.43 Subd. 5 Record retention</b></p> <p>Following the resident's discharge or termination of services, an assisted living facility must retain a resident's record for at least five years or as otherwise required by state or federal regulations. Arrangements must be made for secure storage and retrieval of resident records if the facility ceases to operate.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain resident records for at least five years for two of two residents (R5, R6).</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>On April 15, 2026, at 9:00 a.m., the surveyor requested documentation of medication set-ups.</p> <p>On April 15, 2026, at 9:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they complete medication set-ups for two residents (R5, R6), but do not keep documentation beyond one week. When staff bring the empty mediset back to the nurse</p>	0 750		

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0 750	<p>Continued From page 4</p> <p>for a refill, the nurse checks for any discrepancies and then they get rid of the documentation. LALD/CNS-A further stated she was not aware of the requirements of record retention for resident records.</p> <p>The licensee's Medication Administration System-Weekly Dosage Box Set-Up policy dated December 10, 2025, indicated the RN (registered nurse) or LPN (licensed practical nurse) will set up medication on a weekly/biweekly basis into the dosage boxes. When the RN or LPN has completed setting up the medications into the dosage box, the nurse will document that the medications have been set up on the MAR (medication administration record). The RN or LPN will review the dosage boxes and MARs on a weekly basis to assure that all the previous week's medications were administered as prescribed, and documentation is then made on the MAR.</p> <p>No further information was provided.</p> <p>TIME PERIOD OF CORRECTION: Twenty-one (21) days</p>	0 750		
01290 SS=F	<p>144G.60 Subdivision 1 Background studies required</p> <p>(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.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under</p>	01290		

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01290	<p>Continued From page 5</p> <p>section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was affiliated to the current health facility identification (HFID) number for two of two employees on the facility provided employee roster unlicensed personnel (ULP) D and 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 the residents).</p> <p>The findings include:</p> <p>On April 13, 2026, at 1:30 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster (background study) and compared it to the facility's staff roster and discovered two employees were not affiliated with the licensee's HFID #30838.</p> <p>On April 13, 2026, at 2:10 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated that human resources personnel take care of the background studies</p>	01290		
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01290	<p>Continued From page 6</p> <p>and is not sure why they missed affiliating these two staff with both of their assisted living facilities.</p> <p>The licensee's Criminal Background Checks policy dated October 31, 2024, indicated a criminal background check through DHS NETStudy 2.0 system is required for all individuals associated with our organization.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		
01370 SS=D	<p>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</p> <p>(a) Training and competency evaluations for all unlicensed personnel must include the following:</p> <ul style="list-style-type: none"> <li>(1) documentation requirements for all services provided;</li> <li>(2) reports of changes in the resident's condition to the supervisor designated by the facility;</li> <li>(3) basic infection control, including blood-borne pathogens;</li> <li>(4) maintenance of a clean and safe environment;</li> <li>(5) appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> <li>(i) hair care and bathing;</li> <li>(ii) care of teeth, gums, and oral prosthetic devices;</li> <li>(iii) care and use of hearing aids; and</li> <li>(iv) dressing and assisting with toileting;</li> </ul> </li> <li>(6) training on the prevention of falls;</li> <li>(7) standby assistance techniques and how to perform them;</li> <li>(8) medication, exercise, and treatment reminders;</li> </ul>	01370		

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01370	<p>Continued From page 7</p> <p>(9) basic nutrition, meal preparation, food safety, and assistance with eating;            (10) preparation of modified diets as ordered by a licensed health professional;            (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;            (12) awareness of confidentiality and privacy;            (13) understanding appropriate boundaries between staff and residents and the resident's family;            (14) procedures to use in handling various emergency situations; and            (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by:            Based on interview and record review, the licensee failed to ensure required training was completed for one of two employees (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 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>ULP-E began employment on September 19, 2025, to provide direct care services to residents.</p> <p>ULP-E's employee record lacked documentation</p>	01370		

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01370	<p>Continued From page 8</p> <p>of the following required training and competencies to be completed by ULP:</p> <ul style="list-style-type: none"> <li>-documentation requirements for all services provided</li> <li>-reports of changes in the resident's condition to the supervisor designated by the facility</li> <li>-maintenance of a clean and safe environment</li> <li>-standby assistance techniques and how to perform them</li> <li>-basic nutrition, meal preparation, food safety, and assistance with eating</li> <li>-preparation of modified diets as ordered by a licensed health professional</li> <li>-communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family</li> <li>-awareness of confidentiality and privacy</li> <li>-understanding appropriate boundaries between staff and residents and the residents' family</li> <li>-procedures to use in handling various emergency situations</li> <li>-awareness of commonly used health technology equipment and assistive devices</li> </ul> <p>On April 15, 2026, at 2:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they do all the training, but do not have evidence or documentation of it for ULP-E.</p> <p>The licensee's Delegation of Nursing Services policy dated April 9, 2026, indicated the RN will assure that training and competency records for all unlicensed staff are kept up-to-date and are easily accessible to the RN so that the RN can determine which staff is competent to perform various delegated tasks.</p> <p>No further information provided.</p>	01370		
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01380 SS=F	<p><b>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</b></p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:                      (1) observing, reporting, and documenting resident status;                      (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;                      (3) reading and recording temperature, pulse, and respirations of the resident;                      (4) recognizing physical, emotional, cognitive, and developmental needs of the resident;                      (5) safe transfer techniques and ambulation;                      (6) range of motioning and positioning; and                      (7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by:                      Based on interview and record review, the licensee failed to ensure required training was completed for two of two employees unlicensed personnel (ULP)-E, ULP-G).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems</p>	01380		

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01380	<p>Continued From page 10</p> <p>are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>ULP-E began employment on September 19, 2025, to provide direct care services to residents.</p> <p>ULP-E's employee record lacked documentation of the following required training and competencies to be completed by ULP:</p> <ul style="list-style-type: none"> <li>-observing, reporting, and documenting of resident status</li> <li>-basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel</li> <li>-recognizing physical, emotional, cognitive, and developmental needs of the resident</li> <li>-range of motion and positioning</li> </ul> <p>ULP-G began employment on December 24, 2024, to provide direct care services to residents.</p> <p>ULP-G's record lacked documentation of the following required training and competencies to be completed by ULP:</p> <ul style="list-style-type: none"> <li>-range of motion and positioning</li> </ul> <p>On April 15, 2026, at 11:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated if range of motion and positioning is not on the competency checklist, we do not have it for either ULP.</p> <p>On April 15, 2026, at 2:15 p.m., LALD/CNS-A stated they do all the training, but do not have evidence or documentation of it for ULP-E.</p>	01380		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30838</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKWOOD PINES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1702 AIRPORT ROAD NE STAPLES, MN 56479</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01380	Continued From page 11  The licensee's Delegation of Nursing Services policy dated April 9, 2026, indicated that the RN will ensure that training and competency records for all unlicensed staff are kept up-to-date and are easily accessible to the RN so that the RN can determine which staff is competent to perform various delegated tasks.  No further information provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01450 SS=F	144G.62 Subd. 5 Documentation  A facility must retain documentation of supervision activities in the personnel records.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of direct supervision of staff performing delegated tasks was maintained for two of two unlicensed personnel ((ULP-E, ULP-G).  This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).  The findings include:  ULP-E began employment on September 19, 2025.	01450		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30838</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKWOOD PINES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1702 AIRPORT ROAD NE STAPLES, MN 56479</b>
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01450	<p>Continued From page 12</p> <p>ULP-G began employment on December 24, 2024.</p> <p>ULP-E and ULP-G's records lacked documentation of direct supervision of delegated tasks by the registered nurse within 30 days after the date on which the individuals began working for the facility and first performed the delegated tasks for residents.</p> <p>On April 15, 2026, at 11:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated we did do the 30-day supervisions but do not have documentation of it. We are working on streamlining the orientation process to make sure all requirements get documented.</p> <p>The licensee's Delegation of Nursing Services policy dated April 9, 2026, indicated delegation occurs when the RN transfers the responsibility for the performance of a nursing task in a specific situation to another nursing staff member who is competent to perform the task, while the RN retains the accountability for the outcome. Using his/her professional judgment, the RN may delegate nursing tasks to LPNs or unlicensed nursing staff, consistent with the Nurse Practice Act, the MN home care rule requirements, accepted nursing practice and the five rights of delegation: · Right task to be delegated · Under the right circumstances · The right person to do the task · The right directions and communication · The right supervision to ensure the task is carried out safely.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	01450		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>LAKWOOD PINES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1702 AIRPORT ROAD NE STAPLES, MN 56479</b>
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01450	Continued From page 13  (21) days	01450		
01620 SS=F	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an</p>	01620		

Minnesota Department of Health

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01620	<p>Continued From page 14</p> <p>individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure the registered nurse (RN) completed an ongoing assessment and monitoring on or before day 90 for three of three residents (R1, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On April 13, 2026, at 11:00 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated a registered nurse completed assessments pre-admission, day of admission, at</p>	01620		
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Minnesota Department of Health

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01620	<p>Continued From page 15</p> <p>14 days, every 90 days, and with changes in condition.</p> <p>R2 began receiving services on August 14, 2025.</p> <p>R2's record included a pre-admission assessment dated August 7, 2025, and a change of condition assessment dated December 23, 2025.</p> <p>R3 began receiving services on November 1, 2024.</p> <p>R3's record included a pre-admission assessment dated October 18, 2024, an admission assessment dated November 23, 2024, a change of condition assessment dated October 8, 2025, and a 90-day assessment dated December 18, 2025.</p> <p>R4 began receiving services on April 1, 2022.</p> <p>R4's record included change of condition assessments dated April 25, 2025, April 29, 2025, May 13, 2025, May 15, 2025, June 20, 2025, and March 19, 2026, and a 90-day assessment dated November 19, 2025.</p> <p>On April 15, 2026, at 11:20 a.m., LALD/CNS-A stated the assessments are late because they are trying to get caught up from previous nurses. This is one of the quality management objectives and they should be at 100% by the end of this month.</p> <p>The licensee's Assessments, Reviews, and Monitoring policy dated December 10, 2025, indicated resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted</p>	01620		
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Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>LAKWOOD PINES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1702 AIRPORT ROAD NE STAPLES, MN 56479</b>
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01620	Continued From page 16  as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01880 SS=F	144G.71 Subd. 19 Storage of medications  An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored according to manufacturer's instructions for the medication refrigerator. This had the potential to affect all residents in the facility.  This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).  The findings include:  On April 14, 2026, at 11:00 a.m., the surveyor	01880		

Minnesota Department of Health

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01880	<p>Continued From page 17</p> <p>observed the medication refrigerator and asked to review the temperature log.</p> <p>The medication refrigerator temperature log for March 2026, was missing temperature documentation for 13 of 31 days and the temperature log for April 2026, was missing temperatures for seven of 14 days.</p> <p>The refrigerator contained one Ozempic pen, 12 Lantus insulin pens, and two Novolog insulin pens.</p> <p>The manufacturer's instructions for Ozempic, Lantus, and Novolog indicated store unopened (not in use) refrigerate at 36F-46F.</p> <p>On April 14, 2026, at 11:20 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the staff on the overnight shift are responsible for checking and documenting the medication refrigerator temperatures. We have been auditing temperature logs as part of our quality control and were at 100% earlier in the year. LALD/CNS-A further stated they will investigate which staff member was working on those days and find out why it was not done.</p> <p>The licensee's Central Storage of Medications or Secured Storage of Medications policy dated December 10, 2025, indicated medications kept in central or secured storage must be kept in locked compartments under proper temperature controls and only authorized nursing personnel will have access to the keys. Medications will be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen.) Client medications needing to be refrigerated will be stored in the</p>	01880		

Minnesota Department of Health

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01880	<p>Continued From page 18</p> <p>locked medication refrigerator in the locked nurse's office. Refrigerator temperature will be kept between 36 and 46 degrees Fahrenheit, checked and documented daily by AL staff.</p> <p>No further information was provided.</p> <p>TIME PERIOD TO CORRECT: Seven (7) days.</p>	01880		



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

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

Lakewood Pines  
1702 AIRPORT ROAD NE  
Staples, MN 56479  
Wadena County  
Parcel:  
  
Phone:

### License Info

License: HFID 30838  
  
Risk:  
License:  
Expires on:  
CFPM: N/A  
CFPM #: ; Exp:

### Inspection Info

Report Number: F1065261044  
Inspection Type: Full - Single  
Date: 4/14/2026 Time: 11:00:19 AM  
Duration: minutes  
Announced Inspection:  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 1  
Total Priority 3 Orders: 0  
Delivery: Emailed

### New Order: 4-300 Equipment Numbers and Capacities

4-302.13B *Priority Level: Priority 2 CFP#: 48*

*MN Rule 4626.0710B* Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

COMMENT: A DISHWASHER THERMOMETER IS NEEDED. DISCUSSED REQUIREMENT WITH STAFF.

*Comply By: 4/21/2026 Originally Issued On: 4/14/2026*

## Food & Beverage General Comment

ALL FOOD IS CATERED IN FROM THE CARE CENTER. FOOD TEMPERATURES ARE TAKEN AT THE CARE CENTER AND TIME STAMPED AND THEN THIS FACILITY ENSURES IT IS USED OR DISCARDED WITHIN 4 HOURS.

1. The Certified Food Manager should be routinely conducting self-inspections to ensure that employees are following proper food handling practices.
2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up-to-date employee illness log.
3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.
4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

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

**I acknowledge receipt of the Fergus Falls District Office inspection report number F1065261044 from 4/14/2026**

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*Monique Erickson*

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Establishment Representative

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Monique Erickson,  
Public Health Sanitarian 2  
218-332-5146  
monique.erickson@state.mn.us



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

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## Temperature Observations/Recordings

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Page: 1

### Establishment Info

Lakewood Pines  
Staples  
County/Group: Wadena County

### Inspection Info

Report Number: F1065261044  
Inspection Type: Full  
Date: 4/14/2026  
Time: 11:00:19 AM

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**Equipment Temperature:** Product/Item/Unit: ; **Temperature Process:** Ambient Air

**Location:** Upright Cooler at 40 Degrees F.

**Comment:**

*Violation Issued?: No*



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

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## Sanitizer Observations/Recordings

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Page: 1

### Establishment Info

Lakewood Pines  
Staples  
County/Group: Wadena County

### Inspection Info

Report Number: F1065261044  
Inspection Type: Full  
Date: 4/14/2026  
Time: 11:00:19 AM

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

**Location:** Dishwashing Area **Equal To** 173.5 Degrees F.

Comment:

*Violation Issued?: No*