Electronically Delivered

October 13, 2025

Licensee
Crystal Brook Senior Living
1006 Crocus Hill Street
Park Rapids, MN 56470

RE: Project Number(s) SL34332016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 28, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

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

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

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

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Crystal Brook Senior Living. Please contact Jessie Chenze at 218-332-5175 on or before Thursday, October 16, 2025, to schedule the conference call.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jessica Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34332	A. BUILDING: _____ B. WING _____	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL BROOK SENIOR LIVING	1006 CROCUS HILL STREET PARK RAPIDS, MN 56470

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL34332016-0 On August 26, 2025, through August 28, 2025, 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 103 residents; 53 residents receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 100 SS=F	144G.10 Subdivision 1 License required	0 100		

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0 100	Continued From page 1 (a)(1) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type. (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.	0 100		

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0 100	Continued From page 2 (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to demonstrate legal responsibility for the control and operation of the facility when the licensee allowed use of the facility space to operate home health care agency. This had the potential to affect all residents, staff, and visitors. 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). The findings include: During the entrance conference on August 26, 2025, at 11:20 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar	0 100		

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0 100	Continued From page 3 with current minimum assisted living requirements. LALD-A stated the licensee did not employ physical or occupational therapists; however, have a home care office located in the building that provided home care, hospice, occupational and physical therapy services to the residents and the community. LALD-A stated the home care provider was owned by the same company that owned their assisted living, memory care and independent living facility. During a facility tour August 26, 2025, at 12:34 p.m., with LALD-A, the surveyor observed a sign [name of home care agency] on the outside of an office door, in the hallway off the main entrance lobby area in the unsecured part of the building. LALD-A stated the home care also had a separate entrance into their office besides the office door located in the common area of the building. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 100		
01290 SS=F	144G.60 Subdivision 1 Background studies required (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. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.	01290		

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01290	Continued From page 4 (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure background studies (BGS) were submitted and a clearance received in affiliation with the assisted living licensee's current health facility identification (HFID) for two of nine on-call employees (registered nurse (RN)-I, RN-J). This had the potential to affect all 52 residents receiving services under the assisted living dementia care license. 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). The findings include: During entrance conference on August 26, 2025, at 11:20 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated the licensee utilized an RN on-call team who were all employed by the licensee's corporate office to provide on-call services remotely for the licensee's residents. CNS-B stated staff were to call the on-call service	01290		

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01290	Continued From page 5 Monday through Friday 5:00 p.m. to 8:00 a.m., and Friday 5:00 p.m. through Monday 8:00 a.m. The licensee's On-Call Nurse Roster listed nine RNs including RN-I and RN-J who rotated on-call services for the licensee. RN-I RN-I was licensed July 25, 2014, and background study cleared May 9, 2025. RN-I was hired by the licensee's management company April 28, 2025, to provide on-call RN services for multiple sites to include the licensee. RN-J RN-J was licensed August 20, 1991, and background study cleared May 1, 2023. RN-J was hired by the licensee's management company April 28, 2025, to provide on-call RN services for multiple sites to include the licensee. The licensee's Department of Human Services (DHS) NetStudy employee roster dated August 26, 2025, did not include RN-I or RN-J or indicate their BGSs were affiliated with the licensee's HFID 34332. On August 28, 2025, at 9:50 a.m., CNS-B reviewed the licensee's DHS NetStudy employee roster and stated RN-I and R-J were listed on the licensee's RN on-call list; however, were not listed on the DHS NetStudy employee roster. On August 28, 2025, at 11:40 a.m., LALD-A stated RN-I and RN-J's BGS's were missed and had not been affiliated with the licensee's HFID 34332 and since they have implemented a new process to ensure all employees background studies were affiliated with the licensee.	01290		

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01290	Continued From page 6 The licensee's On-Call policy dated January 2025, indicated the licensee would ensure that a RN would be available to team members at every community, 24 hours a day, seven days a week, for clinical related issues and questions, in compliance with Minnesota statues. The licensee maintains and On-call team of RNs to service as a resource on nights, weekends and holidays, when there may be no nurse available on-site. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

Bemidji District Office
Minnesota Department of Health
705 5th St NW, Suite A
Bemidji, MN 56601
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

CRYSTAL BROOK SENIOR LIVING
1006 CROCUS HILL STREET
Park Rapids, MN 56470
Hubbard County
Parcel:

Phone:

License Info

License: HFID 34332

Risk:
License:
Expires on:
CFPM: CRAIG CURRENT
CFPM #: 93895; Exp: 5/3/2027

Inspection Info

Report Number: F8045251035
Inspection Type: Full - Single
Date: 8/26/2025 Time: 11:04:40 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

KITCHEN FOUND CLEAN AND IN GOOD CONDITION AT TIME OF INSPECTION.

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 Bemidji District Office inspection report number F8045251035 from 8/26/2025

Adam J Bommersbach

Establishment Representative

Adam Bommersbach,
Public Health Sanitarian 3
218-308-2147
adam.bommersbach@state.mn.us

Bemidji District Office
Minnesota Department of Health
705 5th St NW, Suite A
Bemidji, MN 56601

Temperature Observations/Recordings

Establishment Info

CRYSTAL BROOK SENIOR LIVING
Park Rapids
County/Group: Hubbard County

Inspection Info

Report Number: F8045251035
Inspection Type: Full
Date: 8/26/2025
Time: 11:04:40 AM

Equipment Temperature: **Product/Item/Unit:** ALL ITEMS**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** ALL ITEMS**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 34 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** POTATO SALAD**; Temperature Process:** Cold-Holding
Location: Salad Bar at 38 Degrees F.
Comment:
Violation Issued?: No

Bemidji District Office
Minnesota Department of Health
705 5th St NW, Suite A
Bemidji, MN 56601

Sanitizer Observations/Recordings

Establishment Info

CRYSTAL BROOK SENIOR LIVING
Park Rapids
County/Group: Hubbard County

Inspection Info

Report Number: F8045251035
Inspection Type: Full
Date: 8/26/2025
Time: 11:04:40 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Mop Sink **Equal To** 400 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No