



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 2, 2026

Licensee

West View Assisted Living Apts

240 6th Avenue North

Osakis, MN 56360

RE: Project Number(s) SL30815016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 2, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;

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

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

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

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

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

pursuant to this survey:

St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$1,000.00

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

REQUESTING A HEARING

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

To submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you

may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Jessie Chenze". The signature is written in a cursive, flowing style.

Jessie Chenze, Supervisor

State Evaluation Team

Email: Jessie.Chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30815	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/02/2026
NAME OF PROVIDER OR SUPPLIER WEST VIEW ASSISTED LIVING APT			STREET ADDRESS, CITY, STATE, ZIP CODE 240 6TH AVENUE NORTH OSAKIS, MN 56360		
(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: SL30815016 On August 31, 2026, through September 2, 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 20 residents; all 20 receiving services under the Assisted Living Facility 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.		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (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; (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; (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; (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; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480			

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0 480	Continued From page 2 allowed provided the facility keeps them clean 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. 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. 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 1, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480			

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0 480	Continued From page 3	0 480			
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;	0 730			

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0 730	Continued From page 4 (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure accurate documentation of all provided services was completed for one of one resident (R3). 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 the potential to affect a large portion or all of the residents). The findings include: R3's diagnoses included type two diabetes (high blood sugar caused from the body resisting insulin or failing to produce enough insulin) and rheumatoid arthritis (painful, swollen joints). R3's Service Agreement dated June 12, 2026, indicated services including assistance with medication reminders only, complex medication	0 730			

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0 730	Continued From page 5 set-up, medication assistance (nebulizer treatments, blood sugar readings, insulin), and oxygen equipment management. R3's Need for Medication Management Services form dated June 25, 2026, indicated the nurse set up R3's pills weekly; R3 self-administered with reminders of insulin, pills from pill box, and nebulizer treatments; and the following needed services based on assessment: - medication reminders; - medication set-up; - administration of medication; - storing and securing medications; and - monitoring of medications for effectiveness, side effects, pain management, etc. R3's Tenant Assessment and Care Plan Guide dated June 25, 2026, indicated R3 was independent with medications from pill box with supervision/reminders and that a nurse set up R3's pill box weekly. On August 31, 2026, at 2:11 p.m., the surveyor observed R3 demonstrate independent use of R3's continuous blood glucose monitor. R3 stated ULP documented R3's blood sugar readings and that nebulizer treatments, oxygen use at night and taking medications from the pill box were all managed independently. Furthermore, R3 stated nursing staff filled the pill box once per week. R3's August 2026, Medication Administration Record (MAR) indicated ULP documented R3's medication reminders and insulin reminder with a checkmark, which indicated "Administered". On September 2, 2026, at 3:20 p.m., clinical nurse supervisor (CNS)-A stated ULP documented medication reminders with a	0 730			

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0 730	Continued From page 6 checkmark on the MAR for all residents that received medication reminder services. R3's record lacked documentation that services had been provided as identified in the service plan. Medications were documented as "Administered" on the MAR, not as reminders only as per service agreement. The licensee's Medication, Treatment and Therapy Reminders policy dated February 23, 2026, indicated staff will provide medication, treatment, and therapy reminders as appropriate according to the assessed needs of the resident and consistent with the MAR. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			
01565 SS=C	144G.64 (c) Training in Dementia, Mental Illness, and De- (a)The facility shall provide to consumers in written or electronic form a description of the training program, the categories of staff trained, the frequency of training, and the basic topics covered. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide in written or electronic form to residents, families, or other persons who requested it, a complete description of the dementia care training program to include the	01565			

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01565	Continued From page 7 required content. This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect 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). The findings include: The licensee provided services under an assisted living license effective May 1, 2026, through April 30, 2027. The licensee's Dementia Disclosure dated May 13, 2024, lacked the basic topics covered to include: - recognizing symptoms of common mental illness diagnoses, including but not limited to mood disorders, anxiety disorders, trauma and stressor related disorders, personality and psychotic disorders, substance use disorder, and substance misuse; - de-escalation techniques and communication; and - crisis resolution and suicide prevention, including procedures for contacting crisis response teams and 988 suicide and crisis lifelines. On September 2, 2026, at 4:10 p.m., clinical nurse supervisor (CNS)-A stated the disclosure did not include the mental health training topics. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01565			

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01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for two of two residents (R3, R2). This practice resulted in a level two violation (a	01650			

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01650	Continued From page 9 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 the potential to affect a large portion or all of the residents). The findings include: R3 R3's diagnoses included type two diabetes (high blood sugar caused from the body resisting insulin or failing to produce enough insulin) and rheumatoid arthritis (painful, swollen joints). R3's Service Agreement dated June 12, 2026, indicated services including assistance with medication reminders only, complex medication set-up, medication assistance (nebulizer treatments, blood sugar readings, insulin), and oxygen equipment management. However, it lacked: - the methods of monitoring assessments of the resident; and - the methods of monitoring staff providing services. R2 R2's diagnoses included Type II diabetes (high blood sugar caused from the body resisting insulin or failing to produce enough insulin), and gastro-esophageal reflux disease/GERD (a chronic condition where the stomach acid flows back into the esophagus). R2's Service Agreement dated June 12, 2026, indicated R2 received services including assistance with oxygen management and medication administration. However, it lacked:	01650			

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01650	Continued From page 10 - the methods of monitoring assessments of the resident; and - the methods of monitoring staff providing services. On September 2, 2026, at 3:44 p.m., clinical nurse supervisor (CNS)-A stated the licensee used the same Service Agreement for all residents which did not include method of monitoring assessments of residents or staff but they would update the form. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medication	01760			

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01760	Continued From page 11 was administered as ordered for one of one resident (R5). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R5's diagnoses included hypertension (high blood pressure). R5's Service Agreement dated July 15, 2026, indicated R5 received services including assistance with bathing and complex medication set up. R5's prescriber orders dated August 4, 2026, included: - Aspirin - give 81 milligrams (mg) by mouth at bedtime for cardiovascular prevention. R5's August 2026, Medication Administration Record (MAR) identified Aspirin had been given as ordered. R5's August 2026, medication set up documentation indicated registered nurse (RN)-F performed medication set up services as ordered. On September 1, 2026, at 12:00 p.m., the surveyor observed RN-F performing medication set up for R5. The surveyor observed the label on the Aspirin bottle used for R5's medication set up	01760			

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01760	Continued From page 12 indicated a dose of 325 mg. On September 1, 2026, at 12:45 p.m., the surveyor asked RN-F to read the label of the Aspirin that was used for R5's medication set up. RN-F stated the Aspirin used for R5's medication set up read 325 mg and that R5's family provided the bottle of Aspirin to the facility upon R5's admission. On September 1, 2026, at 1:28 p.m., RN-F stated RN-F investigated the error and found that the medication reconciliation form was filled out upon R5's admission, R5's prescriber orders stated Aspirin 81 mg, and the Aspirin administered to R5 was 325 mg. On September 2, 2026, at 3:57 p.m., CNS-A stated RN-F had performed medication set up for R5 since R5 had been admitted on July 14, 2026. Furthermore, CNS-A stated medication reconciliation was to be completed by CNS-A for all new residents upon admission. The licensee's Initial and On-Going Nursing Assessment of Residents policy dated November 24, 2025, indicated review of medication dosage was part of the comprehensive nursing assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01760			
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy	01790			

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01790	Continued From page 13 is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the	01790			

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01790	Continued From page 14 medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed comprehensive written procedures for the unlicensed personnel (ULP) providing medications for residents having unplanned time away when the licensed nurse was not available. 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:	01790			

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01790	Continued From page 15 During the entrance conference on August 31, 2026, at 11:10 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to the licensee's residents. The licensee's Delegation of Medications to be Given to Residents by Unlicensed Staff for Residents Time Away From Home policy dated November 27, 2024, lacked written procedures including: - a review by the registered nurse (RN) of the completion of this task to verify that this task was completed accurately by the ULP. On September 2, 2026, at 4:50 p.m., RN-H stated the nurses review the task, but this was not included in the written procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790			
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.	01910			

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01910	Continued From page 16 (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one resident (R1) upon discharge. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was discharged to a skilled nursing (SNF) facility on July 21, 2026. R1's diagnoses included type two diabetes (high blood sugar caused from the body resisting insulin or failing to produce enough insulin). R1's Service Agreement dated December 29, 2025, indicated R1 received services including medication management and assistance with bathing, dressing, and grooming.	01910			

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01910	Continued From page 17 R1's Progress Note dated June 8, 2026, indicated R1 was admitted to the hospital. On June 18, 2026, R1's Progress Note indicated R1 was admitted to a SNF for rehabilitation services. R1's Discharge Summary dated July 21, 2026, indicated R1 discharged to a SNF due to needing a higher level of care. R1's Discharge Summary also indicated medication disposition had not been completed according to the licensee's policies and procedures due to the SNF receiving orders directly from the hospital. R1's Medication Disposition/Disposal Record dated June 23, 2026, and July 17, 2026, respectively, included the following medications, lacking the medication strength: - Benadryl; - omeprazole; - Probiotic; - Vitamin D3; - acetaminophen; - nitroglycerine; - Thera-tabs; - Aspirin; - ketoconazole; - mupirocin; - nystatin; - Lantus; and - Novolog. R1's Medication Return to Pharmacy Record dated June 8, 2026, and July 20, 2026, respectively, included the following medications, lacking the medication strength: - allopurinol; - duloxetine; and - ondansetron. R1's Certificate of Inventory and Destruction of	01910			

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01910	Continued From page 18 Controlled Substances form, dated July 17, 2026, included the following medication, lacking documentation of either whom the medication was given to or method of destruction: - Tramadol, 50 milligrams (mg), 10 tablets. R1's record lacked disposition for the following medications: - capsaicin cream (family took home); - clobetasol (family took home); - lisinopril; - metoprolol; - MiraLAX; - pravastatin; - Sarna External lotion (family took home); - Synthroid; and - torsemide. On September 2, 2026, at 3:09 p.m., clinical nurse supervisor (CNS)-A stated some medications were documented on the Medication Disposition/Disposal Record, some medications were documented on the Medication Returned to Pharmacy Record, and any medications stored in R1's room were taken by R1's family and no medication disposition was completed for any of those medications. CNS-A also stated the Medication Disposition/Disposal Record and Medication Return to Pharmacy Record lacked the medication strength. CNS-A stated when staff fill out those forms, they typically write the medication strength next to the medication name and stated this was not done for R1. On September 3, 2026, at 5:20 p.m., CNS-A stated the facility had an additional form used for disposition of controlled substances. The licensee's Disposition or Disposal of Medication policy dated February 23, 2026,	01910			

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01910	Continued From page 19 indicated medications given to the resident or representative would include the name of the person receiving the medications, the time and date, the name of each medication, and the quantity. The policy further states documentation of the disposition of controlled medications would include the date, medication name, quantity, strength, and dosage form of the medication; prescription number, name and signature of the person releasing the drug; and name of person receiving the controlled drug upon discharge. Additionally, the policy states unused portions of a controlled substance following the termination of a resident's services will be disposed of in MedSafe/Collection/Destruction container by a registered nurse (RN) or licensed practical nurse (LPN). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01910			
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions	01940			

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01940	Continued From page 20 relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a current individualized treatment and therapy management plan to include all required content for one of one resident (R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on August 31, 2026, at 11:10 a.m., clinical nurse supervisor	01940			

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01940	Continued From page 21 (CNS)-A stated the licensee provided treatment management services to the licensee's residents. R3's diagnoses included type two diabetes (high blood sugar caused from the body resisting insulin or failing to produce enough insulin) and rheumatoid arthritis (painful, swollen joints). On August 31, 2026, at 2:11 p.m., the surveyor observed R3 in R3's room sitting in the recliner. R3 showed the surveyor the continuous glucose monitoring system and demonstrated its use. R3 explained R3's blood sugar gets checked three times a day independently and unlicensed personnel (ULP) documented the readings. In addition, the surveyor observed an insulin pen, nebulizer, and pill box with a one-week supply of medication next to R3's recliner. R3's Service Agreement dated June 12, 2026, indicated services including assistance with medication reminders only, complex medication set-up, medication assistance (nebulizer treatments, blood sugar readings, insulin), and oxygen equipment management. R3's prescriber orders dated July 31, 2026, included NovoLog 100 unit/milliliters (mL) as follows: - 111 - 150 = 0 units; - 151 - 200 = 2 units; - 201 - 250 = 4 units; - 251 - 300 = 6 units; - 301 - 350 = 8 units; - 351 - 400 = 10 units; and - 401+ = 12 units. R3's August 2026, medication administration record (MAR) included documentation of ULP initials and blood sugar readings four times a day	01940			

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01940	Continued From page 22 with instructions to contact nursing staff immediately if questions arise during blood sugar check reminders. R3's record lacked; - any resident-specific requirements to include instructions for ULP to notify the registered nurse (RN) or prescriber of low or high blood glucose readings. On September 2, 2026, at 3:37 p.m., CNS-A stated the licensee required residents to manage blood sugar testing independently and ULP's only provided reminders and documented readings in the MAR. The licensee's Medication, Treatment, and Therapy Reminders policy dated February 23, 2026, indicated ULP will provide treatment reminders consistent with the MAR and would chart in the MAR any problems with treatment reminders and notify the nurse about the problem. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01940			
02310 SS=I	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced	02310			

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02310	Continued From page 23 by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for one of four residents (R2) with consumer bed rails. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: This practice resulted in an immediate order for correction on September 2, 2026. R2's diagnoses included type two diabetes (high blood sugar caused by the body resisting insulin or failing to produce enough insulin), hypertension (high blood pressure), osteoarthritis (stiff, painful joints), and sciatica (pain that radiates from the lower back through the buttock and down the back of the leg). On September 2, 2026, at 9:05 a.m., the surveyor observed R2's bed, with licensed assisted living director (LALD)-B and clinical nurse supervisor (CNS)-A, to be a twin sized bed with a white, upside down U-shaped metal device with a black grip material across the upside-down U-shaped piece and a handle on the side with a black grip material and included a black mesh-type material bag in the middle. The device included a silver metal U-shaped bar attached at the bottom at 90	02310			

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02310	Continued From page 24 degrees, which was placed three-quarters of the way underneath the mattress. The consumer bed rail lacked any identification or model number. R2's bed frame included wooden slats approximately 3 inches wide and no boxspring. R2's Service Agreement dated July 16, 2026, indicated R2 received services including assistance with dressing and grooming, medication administration, toileting, bed mobility and positioning. R2's Assessment and Care Plan Guide dated July 30, 2026, noted R2 was anxious, forgetful, and had some confusion, received safety checks twice a day, ambulated with a four wheeled walker or used a wheelchair for longer distances, required assistance with toileting, getting in and out of bed, and bed mobility due to pain associated with arthritis. R2's Device Assessment dated June 23, 2026, indicated R2 had a bed handle (consumer bed rail) for positioning and mobility, had two falls in the last three months, had poor bed mobility or difficulty moving to a sitting position on the side of the bed, utilized the consumer bed rail for positioning support, to assist pulling self from lying to sitting position, and preferred to have the consumer bed rail in place for safety and comfort. R2's Device Assessment also noted consumer bed rail would assist with turning from side to side, safer transfers, improved balance, improved/maintaining comfortable body positioning, supporting self, exiting bed more safely, entering bed more safely, transferring more safely, providing sense of security, and increased independence with cares. Further, R2's Device Assessment noted the device was not a restraint and was installed according to the	02310			

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NAME OF PROVIDER OR SUPPLIER WEST VIEW ASSISTED LIVING APT			STREET ADDRESS, CITY, STATE, ZIP CODE 240 6TH AVENUE NORTH OSAKIS, MN 56360		
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02310	Continued From page 25 manufacturer's instructions. R2's Risk Agreement - Bed Positioning Device dated July 17, 2025, indicated openings in the areas within the rails measured 10 x 5 inches, 8.5 x 9 inches, 6 x 3.5 inches. The undated manufacturer Instruction Manual for HEPO Bed Safety Rail, identified by LALD-B, lacked a model number. On September 2, 2026, at 8:00 a.m., CNS-A stated LALD-B performed the physical inspection of all bed rails. On September 2, 2026, at 8:40 a.m., LALD-B stated LALD-B made monthly rounds to see if any new devices had been added to resident rooms and checked that current devices were stable and secure. LALD-B stated LALD-B last checked the Food and Drug Administration (FDA) website on June 23, 2026, and LALD-B checked the FDA website every six months for recalls. In addition, LALD-B stated R2's consumer bed rail was last checked on August 20, 2026, to ensure it was stable and secure. LALD-B stated the licensee did not have a model number for R2's consumer bed rail. LALD-B said LALD-B searched the FDA website for "HEPO Bed Safety Rail" and no recall was identified. LALD-B stated LALD-B was aware of the Consumer Product Safety Commission (CPSC) website but had not checked this site for recalls for any of the licensee's residents that have consumer bed rails. CPSC identified HEPO Adult Portable Bed Rail had been recalled on April 30, 2026. CPSC website noted, "the recalled bed rails violate the mandatory standard for adult portable bed rails because users can become entrapped within the	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30815	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/02/2026
NAME OF PROVIDER OR SUPPLIER WEST VIEW ASSISTED LIVING APT			STREET ADDRESS, CITY, STATE, ZIP CODE 240 6TH AVENUE NORTH OSAKIS, MN 56360		
(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
02310	Continued From page 26 bed rail or between the bed rail and the side of the mattress, posing a serious entrapment hazard and risk of death by asphyxiation. The bed rails also do not meet structural stability or retention strap requirements, posing a fall hazard. The bed rails' push pins and push pin holes are incorrectly sized, posing a laceration hazard. In addition, the bed rails do not bear the required hazard warning labels." R2's record lacked a comprehensive assessment of the consumer bed rail to include the make, model, condition and description of the consumer bed rail, and documented evidence that the licensee had checked CPSC for a recall. The licensee's Devices and Device Assessment policy dated November 24, 2025, indicated LALD-B "has signed up for the FDA Email Subscription so will be emailed on any recalls on bed assistive devices and may also check the FDA website for recalls on bed assistive devices 2x/year". The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently-Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30815	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/02/2026
NAME OF PROVIDER OR SUPPLIER WEST VIEW ASSISTED LIVING APT		STREET ADDRESS, CITY, STATE, ZIP CODE 240 6TH AVENUE NORTH OSAKIS, MN 56360			
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02310	Continued From page 27 includes, but is not limited to: - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Checking CPSC website to know if the consumer bed rail had been recalled and was no longer recommended for use; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". Additionally, the MDH website indicated for hospital-style bed rails, the licensee must include in their documentation, the bed rail measurements and that the bed rail has not shifted and is securely attached to the bed frame per manufacturer recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	02310			



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

Food & Beverage Inspection Report

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Establishment Info

WEST VIEW ASSISTED LIVING APT
240 6th Ave n
Osakis, MN 56360
Douglas County
Parcel:

Phone:

License Info

License: HFID 30815

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F7935261106
Inspection Type: Full - Single
Date: 9/1/2026 Time: 10:30:19 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery:

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: Provide a max/min thermometer or test strips to check dish machine sanitizing temperature. Person in charge is going to order a thermometer. Until received establishment will get some test strips from the nursing home kitchen.

Comply By: 9/1/2026 Originally Issued On: 9/1/2026

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 F7935261106 from 9/1/2026

Establishment Representative

Rebecca Tonneson, RS
Public Health Sanitarian Supervisor
218-332-5142
rebecca.tonneson@state.mn.us



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

Temperature Observations/Recordings

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Establishment Info	Inspection Info
WEST VIEW ASSISTED LIVING APT	Report Number: F7935261106
Osakis	Inspection Type: Full
County/Group: Douglas County	Date: 9/1/2026
	Time: 10:30:19 AM

Equipment Temperature: **Product/Item/Unit:** Upright Cooler; **Temperature Process:** Cold-Holding

Location: Upright Cooler at 39 Degrees F.

Comment:

Violation Issued?: No



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

Sanitizer Observations/Recordings

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Establishment Info

WEST VIEW ASSISTED LIVING APT
Osakis
County/Group: Douglas County

Inspection Info

Report Number: F7935261106
Inspection Type: Full
Date: 9/1/2026
Time: 10:30:19 AM

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

Location: Dishwashing Area **Equal To** 167 Degrees F.

Comment:

Violation Issued?: No

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

Location: Kitchen **Equal To** 200 PPM

Comment:

Violation Issued?: No