Electronically Delivered

June 4, 2026

Licensee
The Pillars of Grand Rapids
2060 Southwest 8th Street
Grand Rapids, MN 55744

RE: Project Number(s) SL38392017

Dear Licensee:

On May 26, 2026, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on May 26, 2026. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jessie Chenze

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

KKM

Electronically Delivered

April 15, 2026

Licensee
The Pillars of Grand Rapids
2060 Southwest 8th Street
Grand Rapids, MN 55744

RE: Project Number(s) SL38392017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 11, 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 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $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. 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,

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38392	A. BUILDING: _____ B. WING _____	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF GRAND RAPIDS	2060 SW 8TH STREET GRAND RAPIDS, MN 55744

(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: SL38392017-0 On March 9, 2026, through March 11, 2026, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider and the following correction orders are issued. At the time of the survey, there were 121 residents; 65 receiving services under the Assisted Living Facility with Dementia Care license. An immediate correction order was identified on March 10, 2026, issued for SL38392017-0, tag identification 1290. The licensee took action on March 10, 2026, to mitigate the risk; however, the scope and level remains at level 3/Widespread (I).	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		

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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 March 9, 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 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
01290 SS=I	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. (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 current employee records contained all the required content to include a current background study clearance letter for two of 10 employees (dietary aide (DA)-E, DA-J). This had the potential to affect all residents living within the facility. 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	01290		

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01290	Continued From page 4 has affected or has potential to affect a large portion or all of the residents). The findings include: This resulted in an immediate correction order on March 10, 2026. During the entrance conference on March 9, 2026, at 11:12 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated the licensee was aware of required contents in an employee record. DA-E DA-E was hired on February 23, 2026, through a contract agency to provide dietary assistance to residents at the facility. DA-E's Associate Work Detail Report dated March 3, 2026, through March 10, 2026, indicated DA-E had worked over five hours for the licensee. DA-E's employee record contained a cleared background check from a third party dated January 30, 2026. DA-E's employee record lacked a cleared background study through the Minnesota Department of Human Services (MN DHS) NETStudy website. DA-J DA-J was hired on September 25, 2025, through a contract agency to provide dietary assistance to residents at the facility. DA-J's Associate Work Detail Report dated March 3, 2026, through March 10, 2026,	01290		

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01290	Continued From page 5 indicated DA-J had worked over 22 hours for the licensee. DA-J's employee record contained a cleared background check from a third party dated September 19, 2025. DA-J's employee record contained a cleared background check from MN DHS dated March 9, 2026 (same day as survey initiation), however, DA-J's employee record lacked a cleared background study through NETStudy 2.0 prior to survey initiation. On March 9, 2026, at 3:22 p.m., LALD-A stated human resources (HR)-I was responsible for completing background studies for the licensee's employees. On March 9, 2026, at 3:28 p.m., HR-I stated HR-I completed NETStudy 2.0 background studies upon hire. HR-I stated DA-E and DA-J were not listed on the licensee's NETStudy 2.0 roster. HR-I further stated when HR-I searched DA-E and DA-J's names the results indicated no match. HR-I stated when HR-I received paperwork through the contract agency for dietary employees HR-I then added the employees to the licensee's NETStudy 2.0 roster. On March 10, 2026, at 12:36 p.m., HR-I stated HR-I usually completed NETStudy 2.0 background studies when employee information was received from the contract agency. HR-I further stated DA-J's background study was completed on the NETStudy 2.0 website after the surveyor requested DA-J's background study on March 9, 2026. LALD-A stated the licensee was aware a NETStudy 2.0 background check was required for all direct care staff, including dietary	01290		

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01290	Continued From page 6 aides. LALD-A further stated the license would be notified by the contract agency if an employee were to become ineligible on the third-party background check conducted by the contract agency. The licensee's 2.0 Background Studies policy dated April 16, 2025, indicated employees, contractors, and regularly scheduled volunteers of the facility are subject to the NETStudy 2.0 Background study. All employees must pass a background study and all contractors or volunteers with direct resident contact are required to have a background study. "Direct contact" means providing face-to-face care, training, supervision, counseling, consultation or medication assistance to persons served by the program. Continuous Direct Supervision defined in NETStudy 2.0 System User Manual Updated July 7, 2023, page 7: Continuous, Direct Supervision - An individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program. Direct Contact Services - Providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the entity. Supervision defined in, NETStudy 2.0 System User Manual Updated July 7, 2023, page 53: Supervision Status Study subjects must be under continuous, direct supervision until the study subject is determined eligible until the entity is notified by DHS that the study subject may provide unsupervised services while the background study is being completed. The	01290		

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01290	Continued From page 7 supervision status is shown in the "Supervision Required" column for convenience. However, programs are instructed to rely on background study notices for supervision status and other background study determination information. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	01290		
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 medications were administered per prescriber orders for one of six residents (R5) observed during medication administration. 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	01760		

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01760	Continued From page 8 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 March 9, 2026, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility. R5's diagnoses included vascular dementia, hypertension (HTN- high blood pressure), and diabetes. R5's Service Plan Agreement dated October 29, 2025, indicated R5's services included medication administration three times per day. R5's prescriber orders dated February 26, 2026, included an order for aspirin (for pain) 81 milligrams (mg) EC (enteric coated) tablet by mouth daily. Do not crush. R5's Medication Sheet dated February 2026, and March 2026, respectively, indicated aspirin 81 mg EC tablet daily. Do not crush. On March 10, 2026, at 6:53 a.m., the surveyor observed unlicensed personnel (ULP)-D administer R5's scheduled morning medication. During the observation, ULP-D crushed some of R5's oral medication including R5's aspirin 81 mg EC tablet and mixed the crushed medication with pudding for administration. ULP-D stated R5's electronic medication administration record (EMAR) indicated R5's medications were able to	01760		

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01760	Continued From page 9 be crushed unless a specific medication indicated to not be crushed. On March 11, 2026, at 12:06 p.m., CNS-B stated R5's EMAR instructions indicated aspirin 81 mg EC tablet was not supposed to be crushed. CNS-B and regional registered nurse (RRN)-K further stated ULPs were expected to follow the written instructions on resident's EMARs and R5's aspirin should not have been crushed since it was aspirin EC. The manufacturer's instructions for aspirin EC dated October 2017, indicated EC aspirin tablets should be swallowed whole and not be crushed or broken. The licensee's Administration of Oral Medications policy dated August 23, 2021, indicated staff administering medications will check the Medication Profile [sic] to check for order changes or special instructions. In addition, if staff discover a mistake that has resulted in a medication error, the staff person that made the error or that discovered the error will report it to the Nurse [sic] immediately. The licensee's Medication Errors policy dated January 25, 2023, indicated when a medication error occurs the person who discovers the error or the person responsible for the error will contact the licensed nurse immediately and explain the situation with details including the client's (resident's) name, the medication name, dosage and amount and other relevant information [sic]. The licensee's Administration of Medication, Treatment and Therapy by ULP policy dated July 28, 2021, indicated to follow the six rights of medications.	01760		

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01760	Continued From page 10 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to monitor for expired medications in one of four locked medication cupboards located in resident's rooms (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: During the entrance conference on March 9, 2026, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management to residents at the facility.	01890		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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
01890	Continued From page 11 R5's Medication Sheet dated March 2026, indicated R5 was administered two (2) Tums Extra Strength (for heart burn) 750 milligram chewable tablets on March 2, 2026, at 9:19 p.m. On March 10, 2026, at 6:53 a.m., the surveyor observed unlicensed personnel (ULP)-D administer R5's scheduled morning medication. During the observation, the surveyor reviewed R5's locked medication cupboard with ULP-D and observed R5's opened Tums Extra Strength 750 mg chewable tablets bottle, approximately ¼ full, with an expiration date of October 2024. ULP-D stated nurses were responsible for checking for expired medications in resident's locked medication cabinets. On March 11, 2026, at 12:02 p.m., CNS-B stated nurses completed weekly audits in resident's locked medication cupboards and monitored for expired medications, however, all staff were expected to check expiration dates of medications prior to medication administration. The licensee's Storage of Medications policy dated December 29, 2022, indicated a registered nurse (RN) must conduct a nursing assessment of a resident's need for medication management services, including the appropriate way to store the resident's medications. The policy did not address monitoring for expired medications that were not time-sensitive medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38392	A. BUILDING: _____ B. WING _____	03/11/2026

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THE PILLARS OF GRAND RAPIDS	2060 SW 8TH STREET GRAND RAPIDS, MN 55744

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01950	Continued From page 12	01950		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for one of three residents (R6) receiving treatment management services. 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).	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01950	Continued From page 13 The findings include: During the entrance conference on March 9, 2026, at 11:10 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents at the facility. R6's diagnoses included chronic obstructive pulmonary disease (COPD-difficult breathing), chronic respiratory failure, and hypertension (HTN- high blood pressure). R6's Service Plan Agreement dated February 24, 2026, indicated R6's services included O2 (oxygen) assist (assistance) three times per day. Assist R6 with placing on nasal cannula, switching O2 tanks, and filling R6's condenser bubbler (device used to moisten oxygen) with distilled water. Indicate oxygen order in treatment orders, document monitoring in EMAR (electronic medical administration record). R6's prescriber orders dated February 11, 2026, included an order for oxygen 1-10 liters (l) per (p) minute (m) continuous for shortness of breath/comfort. R6's Master Assessment dated February 23, 2026, indicated R6 had oxygen and encourage R6 to use oxygen. In addition, R6 needed assistance placing nasal cannula (a flexible tub with two prongs, which delivers oxygen through the nose), switching oxygen tanks, and filling concentrator with water. R6's record lacked documentation of oxygen being applied, removed, oxygen flow rate, or route administered.	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01950	Continued From page 14 On March 10, 2026, at 7:23 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R6 with toileting. During the observation, the surveyor observed R6's oxygen concentrator next to R6's bed. ULP-F stated R6 was supposed to have oxygen on 3 lpm continuous via nasal cannula and R6 had removed the oxygen while getting dressed. R6's record lacked specific instructions for when ULPs should notify the RN when a problem arises regarding R6's oxygen and communicated with the ULP about the individual needs of R6. On March 11, 2026, at 12:08 p.m., regional registered nurse (RRN)-K stated R6's oxygen was not entered correctly as a treatment in R6's electronic medical record, which resulted in no specific RN instructions for ULPs to follow. RRN-K further stated the licensee required RN specific instructions of all treatments provided to residents. The licensee's Individualized Medication, Treatment and Therapy Management Plans policy dated May 24, 2022, indicated Treatment Plans will include documentation of specific resident instructions relating to the treatments and procedures for notifying a RN or appropriate licensed health professional when a problem arises with treatments. No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01950		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01960	Continued From page 15 Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatment services were documented as administered as prescribed, or to document the reason they were not provided for one of three residents (R6) receiving treatments. 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 March 9, 2026, at 11:10 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents at the facility. R6's diagnoses included chronic obstructive	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01960	Continued From page 16 pulmonary disease (COPD-difficult breathing), chronic respiratory failure, and hypertension (HTN- high blood pressure). R6's Service Plan Agreement dated February 24, 2026, indicated R6's services included O2 (oxygen) assist (assistance) three times per day. Assist R6 with placing on nasal cannula, switching O2 tanks, and filling R6's condenser bubbler (device used to moisten oxygen) with distilled water. Indicate oxygen order in treatment orders, document monitoring in EMAR (electronic medical administration record). R6's prescriber orders dated February 11, 2026, included an order for oxygen 1-10 liters (l) per (p) minute (m) continuous for shortness of breath/comfort. R6's Master Assessment dated February 23, 2026, indicated R6 had oxygen and encourage R6 to use oxygen. In addition, R6 needed assistance placing nasal cannula (a flexible tub with two prongs, which delivers oxygen through the nose), switching oxygen tanks, and filling concentrator with water. On March 10, 2026, at 7:23 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R6 with toileting. During the observation, the surveyor observed R6's oxygen concentrator next to R6's bed. ULP-F stated R6 was supposed to have oxygen on 3 lpm continuous via nasal cannula and R6 had removed the oxygen while getting dressed. R6's record lacked documentation of oxygen being applied, removed, oxygen flow rate, or route administered.	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01960	Continued From page 17 On March 11, 2026, at 12:08 p.m., regional registered nurse (RRN)-K stated R6's oxygen was not entered correctly as a treatment in R6's electronic medical record, which resulted in no documentation of R6's oxygen administration. RRN-K further stated the licensee required documentation of all treatments provided to residents. The licensee's Documentation of Medication, Treatment and Therapy Management Services policy dated July 28, 2021, indicated staff will appropriately document all medications, treatments, and therapy management services provided to residents. In addition, staff will document each task immediately, or as soon as reasonably possible, after that task has been performed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		

Bemidji District Office
Minnesota Department of Health
710 5th St NW, Suite A
Bemidji, MN 56601
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

The Pillars in Grand Rapids
2060 SW 8th
Grand Rapids, MN 55744
Itasca County
Parcel:

Phone:

License Info

License: 0044855

Risk: High
License: FBLB-1, HOSP-1, FBC3-1
Expires on: 12/31/2025
CFPM: RACHEL PETERSON
CFPM #: FM118332; Exp: 7-14-2026

Inspection Info

Report Number: F7939261065
Inspection Type: Full - Single
Date: 3/9/2026 Time: 12PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

! **New Order: 3-300C Protection from Contamination: equipment/utensils, consumers**
3-304.15A *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0287A Single-use gloves must be used for only one task and be discarded when damaged or soiled, or when interruptions occur in the operation.
COMMENT: OBSERVED COOK HANDLE FROZEN RAW BURGER PATTIES WITH GLOVED HANDS THEN PROCEED TO PREP PLATES HANDLING ALL THE UTENSILS IN THE PREP TOP COOLER WITHOUT CHANGING GLOVES. PREP COOLER HAS ITEMS SUCH AS LETTUCE THAT ARE HANDLED BY GLOVED HANDS CREATING A CROSS CONTAMINATION ISSUE WHEN HANDLES ARE TOUCHED FIRST.
Comply By: 3/9/2026 Originally Issued On: 3/9/2026

Food & Beverage General Comment

DISCUSSION
COLD VEGETABLE SALADS ON THE LINE ARE HELD ON ICE AND MUST BE DATED WHEN PLACED ON THE LINE USING ICE COLD HOLDING AND TOSSED OUT AFTER 4 HOURS

COOLING ISSUES - DISCUSSED AT LENGTH SOUP COOLING 2 HOURS FROM 135F TO 70F AND AN ADDITIONAL 4 HOURS TO GET BELOW 35F. SOUP WAS AT 100 AFTER 1 HOUR.

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 F7939261065 from 3/9/2026

JON KROSCH
CHEF

Ryan Trenberth,
Public Health Sanitarian 3
218-308-2133
ryan.trenberth@state.mn.us

Bemidji District Office
Minnesota Department of Health
710 5th St NW, Suite A
Bemidji, MN 56601

Temperature Observations/Recordings

Establishment Info

The Pillars in Grand Rapids
Grand Rapids
County/Group: Itasca County

Inspection Info

Report Number: F7939261065
Inspection Type: Full
Date: 3/9/2026
Time: 12PM

Food Temperature: Product/Item/Unit: Soup**; Temperature Process:** Hot-Holding
Location: Steam Pot at 182 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Pulled Pork**; Temperature Process:** Hot-Holding
Location: Steam Table at 158 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Mayo**; Temperature Process:** Cold-Holding
Location: Prep Cooler - top at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Soup Base**; Temperature Process:** Cold-Holding
Location: Prep Cooler - bottom at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Tartar Sauce**; Temperature Process:** Cold-Holding
Location: 2 Door Upright Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Ranch**; Temperature Process:** Cold-Holding
Location: Waitress Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Bemidji District Office
Minnesota Department of Health
710 5th St NW, Suite A
Bemidji, MN 56601

Sanitizer Observations/Recordings

Establishment Info

The Pillars in Grand Rapids
Grand Rapids
County/Group: Itasca County

Inspection Info

Report Number: F7939261065
Inspection Type: Full
Date: 3/9/2026
Time: 12PM

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

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