Electronically Delivered

December 9, 2025

Licensee
Vista Prairie At Copperleaf
1550 1st Street North
Willmar, MN 56201

RE: Project Number(s) SL26121016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 31, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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:

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. 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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26121	A. BUILDING: _____ B. WING _____	10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT COPPERLEAF	1550 1ST STREET NORTH WILLMAR, MN 56201

(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: SL26121016-0 On October 27, 2025, through October 31, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 86 residents; 67 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 1 Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the requirements of the Minnesota State Fire Code. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On a facility tour on October 27, 2025, from 11:30 a.m. to 12:45 p.m., with licensed assisted living director (LALD)-A and maintenance manager (MM)-C, the surveyor made the following observations of non-compliance with the requirements of the Minnesota State Fire Code (MSFC) in Minnesota Rules Chapter 7511: EXIT DOOR LOCKING ARRANGEMENTS There was a controlled egress locking system installed on the emergency exit doors leading to the exterior exit path throughout the memory care unit of this facility. The controlled egress door locking system was not provided with a device capable of deactivating the delayed egress door hardware to the unlocked position from the nurse station or other	0 775		

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0 775	Continued From page 2 approved location for occupants to exit in the event of an emergency. The controlled egress locking system is required to be provided with a switch or device located at the nurse station or other approved location to deactivate the delayed egress locked exit doors for building occupants to exit in the event of an emergency. The procedures required to operate and unlock the controlled egress locking system for occupants to exit in the event of an emergency are required to be included in the fire safety and evacuation plan employee procedures. These procedures are required in accordance with MSFC in Minnesota Rules Chapter 7511. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive	0 810		

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0 810	Continued From page 3 training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide the required drills. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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: On October 27, 2025, at 12:45 p.m., licensed assisted living director in residency (LALD)-A and maintenance manager (MM)-C provided	0 810		

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0 810	Continued From page 4 documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log indicated evacuation drills were conducted on October 23, 2025, and April 7, 2025. Prior to that these were done on a regular basis in 2024. This facility has had a change in staff and is trying to get on track with all of the evacuation drill requirements. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored according to manufacturer's recommended temperature for one of one resident (R3). This practice resulted in a level two violation (a violation that did not harm a client'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	01880		

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01880	Continued From page 5 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 October 27, 2025, at 10:23 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. On October 27, 2025, at 4:36 p.m., the surveyor observed assisted living (AL) medication cart one with unlicensed personnel (ULP)-D and noted R3's unopened Semaglutide (injectable diabetic medication) 0.25 milligrams (mg)/ 0.375 milliliters (ml) to be stored in the cart, at room temperature. On October 27, 2025, at 4:46 p.m., ULP-D stated nursing staff completed medication cart audits weekly. On October 28, 2025, at 11:05 a.m., clinical nurse supervisor (CNS)-B stated all medication was supposed to be stored according to manufacturer's directions and R3's medication was stored incorrectly. CNS-B further stated nursing staff completed medication cart audits monthly at minimum. The manufacturer's instructions for Semaglutide dated October 2022, indicated to store unopened Semaglutide pens in the refrigerator at 36 degrees Fahrenheit (F) to 46 degrees F. Do not allow Semaglutide to freeze. The licensee's 7.01 Medication Management policy dated October 2025, did not address medication storage.	01880		

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01880	Continued From page 6 Surveyor requested licensee's policy which addressed medication storage on October 28, 2025, from CNS-B, which was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=F	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 ensure medications were maintained to include an opened date and expiration date for time sensitive medications stored and managed by the licensee in one of five medication carts (memory care (dementia care) medication cart two/MC2) and failed to monitor for expired medications for four of 56 residents (R5, R6, R7, and R10). 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	01890		

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01890	Continued From page 7 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on October 27, 2025, at 10:23 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to residents at the facility. Time Sensitive Medication On October 27, 2025, at 5:08 p.m., the surveyor observed MC2 with unlicensed personnel (ULP)-F and observed the following: - R2's Degludec insulin (long-acting insulin to treat high blood sugar) 100 units (U)/milliliter (ml) pen lacked open and expiration dates; and - R2's Novolog insulin (fast-acting insulin to treat high blood sugar) 100 U/ml pen lacked open and expiration dates. On October 27, 2025, at 5:10 p.m., ULP-F stated insulin pens were required to be labeled with the date opened and expiration date. Expired Medication On October 27, 2025, at 4:36 p.m., the surveyor observed assisted living (AL) medication cart one with ULP-D and observed the following: - R5's acetaminophen 500 milligrams (mg), partial bottle, which expired December 2023; - R6's acetaminophen 325 mg, partial bottle, which expired July 3, 2025; and - R10's vitamin C 1000 mg, partial bottle, which expired June 2025. On October 27, 2025, at 5:00 p.m., the surveyor observed MC1 with ULP-F and observed the following: - R7's acetaminophen extra strength 500 mg,	01890		

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01890	Continued From page 8 quantity 12 tablets remaining, which expired on July 25, 2025; and - R7's guaifenesin 200 mg, quantity 29 tablets remaining, which expired July 27, 2025. On October 28, 2025, at 11:05 a.m., clinical nurse supervisor (CNS)-B stated nursing staff completed medication cart audits monthly and expired medication was missed in error. The manufacturer's instructions for Degludec insulin pen dated July 2022, indicated to discard 56 days after opening the pen even if it still has insulin in it. The manufacturer's instructions for Novolog insulin pen dated October 2021, indicated to discard 28 days after opening even if it still has insulin in it. The licensee's 7.01 Medication Management policy dated October 2025, did not address medication storage. Surveyor requested licensee's policy which addressed medication storage on October 28, 2025, from CNS-B, which was not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a	01970		

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01970	Continued From page 9 description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of three residents (R4) who received treatments managed by the provider. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at 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 October 27, 2025, at 10:49 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment and therapy services to residents at the facility. R4's diagnoses included hypertensive heart disease (heart damage due to long-term high blood pressure), dementia, and chronic kidney disease. R4's Service Plan Agreement dated July 1, 2025, indicated R4's services included assistance with activities of daily living (ADLs), vital sign monitoring, apply and remove compression stockings daily, medication management, meals,	01970		

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01970	Continued From page 10 housekeeping, and laundry. R4's Service Checkoff List dated October 1, 2025, through October 31, 2025, indicated compression stocking application or refusal, and removal if applicable was documented every AM (morning) and PM (evening). On October 28, 2025, at 7:38 a.m., the surveyor observed unlicensed personnel (ULP)-F assist R4 with morning ADLs at which time R4 refused to have compression stockings applied. R4's prescriber order dated January 7, 2022, indicated compression stockings to be applied for 12 hours and removed for 12 hours, daily. R4's record lacked a annual prescriber order for compression stockings to be applied for 12 hours and removed for 12 hours, daily. On October 29, 2025, at 9:05 a.m., clinical nurse supervisor (CNS)-B stated R4's record lacked an annual compression stocking order. CNS-B further stated CNS-B was aware treatments required an annual signed prescriber order. The licensee's Treatment & Therapy Management Plan policy dated October 2025, indicated all treatments were administered as prescribed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

VISTA PRAIRIE AT COPPERLEAF LL
1550 1ST STREET NORTH
Willmar, MN 56201
Kandiyohi County
Parcel:

Phone:

License Info

License: HFID 26121

Risk:
License:
Expires on:
CFPM: Monica Rodriguez
CFPM #: 57155; Exp: 1/7/2028

Inspection Info

Report Number: F7930251144
Inspection Type: Full - Single
Date: 10/27/2025 Time: 11:18:14 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

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 Metro District Office inspection report number F7930251144 from 10/27/2025

Tina Remmele

Establishment Representative

Tina Remmele
Public Health Sanitarian 3
320-223-7302
tina.remmele@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

VISTA PRAIRIE AT COPPERLEAF LL
Willmar
County/Group: Kandiyohi County

Inspection Info

Report Number: F7930251144
Inspection Type: Full
Date: 10/27/2025
Time: 11:18:14 AM

New Record: Product/Item/Unit: MEATLOAF**; Temperature Process:** Hot-Holding
Location: Hot Holding Cabinet at 160 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: PEAS**; Temperature Process:** Hot-Holding
Location: Hot Holding Cabinet at 183 Degrees F.
Comment:
Violation Issued?: No

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

New Record: Product/Item/Unit: MEAT LOAF**; Temperature Process:** Hot-Holding
Location: Steam Table at 170 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: MASHED POTATOES**; Temperature Process:** Hot-Holding
Location: Steam Table at 158 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: PEAS**; Temperature Process:** Hot-Holding
Location: Steam Table at 194 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: CHILI**; Temperature Process:** Hot-Holding
Location: Warmer at 169 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: CHICKEN NOODLE SOUP**; Temperature Process:** Hot-Holding
Location: Warmer at 163 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: ROAST BEEF / HAM**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 40/41 Degrees F.
Comment:
Violation Issued?: No

<u>New Record</u>: Product/Item/Unit: VANILLA SOFT SERVE**; Temperature Process:** Cold-Holding
Location: Upright Cooler--SOFT SERVE MACHINE at 40 Degrees F.
Comment:
Violation Issued?: No

<u>New Record</u>: Product/Item/Unit: YOGURT**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

VISTA PRAIRIE AT COPPERLEAF LL
Willmar
County/Group: Kandiyohi County

Inspection Info

Report Number: F7930251144
Inspection Type: Full
Date: 10/27/2025
Time: 11:18:14 AM

New Record: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To**
Comment: 200PPM
Violation Issued?: No

New Record: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To**
Comment: 176.2 DEG F (FINAL RINSE CYCLE)
Violation Issued?: No