Electronically Delivered

October 21, 2025

Licensee
Cornerstone Care LLC
23766 570th Avenue
Litchfield, MN 55355

RE: Project Number(s) SL33450016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 17, 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:

St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - 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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33450	A. BUILDING: _____ B. WING _____	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CARE LLC	23766 570TH AVENUE LITCHFIELD, MN 55355

(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: SL33450016-0 On September 15, 2025, through September 17, 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 four (4) residents all of whom received 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 License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. 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.	
0 430 SS=C	144G.40 Subd. 2 Uniform checklist disclosure of services	0 430		

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0 430	Continued From page 1 (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a copy of the Uniform Checklist Disclosure of Assisted Living Services and Amenities (UDALSA) with the required content for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a 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 the potential to affect a large portion or all the residents).	0 430		

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0 430	Continued From page 2 The findings include: R1 was admitted to the licensee on February 23, 2018. R1's Service Plan dated June 3, 2024, indicated R1 received services for mobility, fall prevention, nutrition, specialized diet, personal cares, toileting, grooming, dressing, bathing, outing, socialization, shopping, care coordination, wellness, transportation, financial affairs, housekeeping, laundry, and medication management. R1's records lacked evidence the licensee's UDALSA had been provided to the resident or resident representative. On September 15, 2025, at 11:40 a.m., owner (O)-A stated they did not provide the client with UDALSA. O-A stated licensee provided the UDALSA to the resident's case managers. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 430		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (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	0 480		

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0 480	Continued From page 3 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 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	0 480		

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0 480	Continued From page 4 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 15, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control	0 660		

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0 660	Continued From page 5 program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), which included completion of a completed employee TB symptom and history screen for one of one employee (unlicensed personnel (ULP)-B) 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). The findings include:	0 660		

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0 660	Continued From page 6 During the entrance conference on September 15, 2025, at 9:00 a.m., owner (O)-A stated the licensee was familiar with current minimum assisted living requirements. O-A provided a completed risk assessment dated May 1, 2025, indicating low risk. ULP-B was hired September 18, 2023, to provide direct care for residents ULP-B's employee record included documentation of a negative two step Mantoux test dated September 26, 2023, but lacked documentation of a TB history and symptom screening form. On September 17, 2025, at 10:42 a.m. owner (O)-A and ULP-B stated they were aware of the symptom and history screen and was not aware the requirement to provide in the employee records. O-A stated the history and symptom screen would be provided at annual staff meetings moving forward. The licensee's undated Tuberculosis Screening policy, read each employee with direct contact with residents must have documentation of a baseline health symptom screen prior to providing care to resident. The MDH guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated August 28, 2025, and based on CDC guidelines, indicated a facility TB risk assessment should be completed initially and on an annual basis. The MDH Assisted Living Resources and Frequently Asked Questions (FAQs) last updated	0 660		

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0 660	Continued From page 7 August 28, 2025, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota. Baseline TB screening includes assessing for current symptoms of active TB disease and assessing TB history. The licensee's 8.16 Tuberculosis Screening policy dated December 8, 2024, read "the facility will maintain a current community TB risk assessment. Staff will be screened for TB using the baseline TB screening tool." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually	0 680		

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0 680	Continued From page 8 available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: Licensee's emergency disaster preparedness plan reviewed September 2, 2024, lacked evidence of the following required content: annual update and missing person reviewed quarterly. On September 17, 2025, at 10:44 a.m. owner (O)-A stated they were not aware the EPP required an annual review and were not aware of the missing person policy to be reviewed quarterly. O-A stated they would provide reviews at the staff meetings moving forward.	0 680		

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0 680	Continued From page 9 The licensee's 1.01 Organizational Approval and Review and Distribution Plan policy dated September 1, 2023, read the emergency preparedness plan would be reviewed and updated on an annual basis. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;	0 780		

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0 780	Continued From page 10 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms throughout the facility. 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, 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). Findings include: On September 15, 2025, from approximately 1:00 p.m. to 2:45 p.m., the surveyor toured the facility with owner (O)-A and unlicensed personnel (ULP)-B. During the survey, the surveyor observed the following: A hardwired smoke alarm mount was present outside resident room 1 without an attached hardwired smoke alarm. Hardwired smoke alarm mounts must be maintained with operable hardwired smoke alarm. Smoke alarms must maintain power supply and all smoke alarms in the facility must be interconnected such that the activation of any alarm causes all alarms to sound. The hardwired plate outside of resident	0 780		

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0 780	Continued From page 11 room 1 must be equipped with functional hardwired smoke alarm that interconnects with all other alarms in the facility. During the facility tour interview on September 15, 2025, O-A verified the above listed fire protection and physical environment observations while accompanying on the tour. and expressed that they would ensure interconnection and correct the deficiencies. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 790 SS=F	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 790		

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	33450	A. BUILDING: _____ B. WING _____	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CARE LLC	23766 570TH AVENUE LITCHFIELD, MN 55355

(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
0 790	Continued From page 12 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). Findings include: On September 15, 2025, from approximately 1:00 p.m. to 2:45 p.m., the surveyor toured the facility with owner (O)-A and unlicensed personnel (ULP)-B. During the survey, the surveyor observed the following: A fire extinguisher was mounted near the laundry room that did not have any annual service tags or monthly inspection logs. The provided extinguisher was manufactured in 2020 and according to O-A it was not regularly inspected because it was just an extra extinguisher that was not required. The property did have several other extinguishers with proper annual and monthly inspections, however all supplied fire extinguishers should be maintained with proper servicing and in working order. An extinguisher that is not properly serviced may not be usable in an emergency and staff or occupants may waste time attempting to operate the device instead of escaping to safety. During the tour and interview, O-A stated they understood requirements and would have the extinguisher in the laundry room serviced or removed to avoid confusion. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33450	A. BUILDING: _____ B. WING _____	09/19/2025

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CORNERSTONE CARE LLC	23766 570TH AVENUE LITCHFIELD, MN 55355

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01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas prior to providing services for one of one unlicensed personnel (ULP)-B). 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:	01380		

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	33450	A. BUILDING: _____ B. WING _____	09/19/2025

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CORNERSTONE CARE LLC	23766 570TH AVENUE LITCHFIELD, MN 55355

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01380	Continued From page 14 ULP-B was hired September 18, 2023, to provide direct care services. ULP-B's employee record lacked the following required content training for: -recognizing physical, emotional, cognitive, and developmental needs safe transfer techniques and ambulation; -safe transfer techniques and ambulation; -range of motioning and positioning; -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; -understanding appropriate boundaries between staff and residents and the resident's family; and -documentation requirements for all services provided. On September 17, 2025, at 10:46 a.m. owner (O)-A stated they were unaware the requirements were required prior to providing services upon orientation. The licensee's undated Qualification, Training and competency policy read all staff providing and supervising assist living services at the time of hire would need to meet state guidelines. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an	01440		

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	33450	A. BUILDING: _____ B. WING _____	09/19/2025

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CORNERSTONE CARE LLC	23766 570TH AVENUE LITCHFIELD, MN 55355

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01440	Continued From page 15 appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing delegated tasks within 30 days of providing services for one of two unlicensed personnel ((ULP)-B). 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	01440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33450	A. BUILDING: _____ B. WING _____	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CARE LLC	23766 570TH AVENUE LITCHFIELD, MN 55355

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01440	Continued From page 16 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-B was hired on September 18, 2023, and began providing assisted living services. On September 17, 2025, at 10:17 a.m. observed ULP-B assist R1 with his bilateral lower stockings. ULP-B's employee record lacked a direct supervision from the RN of a delegated task to be completed 30 days after hire or first performing the task for the licensee. On September 17, 2025, at 10:47 a.m., owner (O)-A and ULP-B stated they were unaware of the requirement. The licensee's undated Qualification, Training and Competency policy read ULP must demonstrate ability to completely follow the procedure and perform the task to the registered nurse. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
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	01650		

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	33450	A. BUILDING: _____ B. WING _____	09/19/2025

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01650	Continued From page 17 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 one of one resident (R1). 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	01650		

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	33450	A. BUILDING: _____ B. WING _____	09/19/2025

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01650	Continued From page 18 failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 was admitted on February 23, 2018, and began receiving assisted living services. R1's Service Plan dated June 3, 2024, indicated R1 received services for mobility, fall prevention, nutrition, specialized diet, personal cares, toileting, grooming, dressing, bathing, outing, socialization, shopping, care coordination, wellness, transportation, financial affairs, housekeeping, laundry, and medication management. R1's service plan lacked the following: - 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; - a contingency plan that includes: - the action to be taken if the scheduled service cannot be provided; - information and a method to contact the facility; - 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 - 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. On September 17, 2025, at 10:50 a.m., owner (O)-A acknowledged the service plans did not	01650		

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01650	Continued From page 19 have all the required content and would fix moving forward. The licensee's undated Service Plan policy indicated the service plan would be developed in accordance with accepted standard of practice. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
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 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	01940		

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	33450	A. BUILDING: _____ B. WING _____	09/19/2025

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CORNERSTONE CARE LLC	23766 570TH AVENUE LITCHFIELD, MN 55355

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01940	Continued From page 20 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 interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of one resident (R1). 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 admitted on February 23, 2018, and began receiving assisted living services. R1's Service Plan dated June 3, 2024, indicated R1 received services for mobility, fall prevention, nutrition, specialized diet, personal cares, toileting, grooming, dressing, bathing, outing, socialization, shopping, care coordination, wellness, transportation, financial affairs, housekeeping, laundry, and medication management. R1's Treatment Sheet dated September 1, 2025,	01940		

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01940	Continued From page 21 through September 31, 2025, included services of compression stockings and blood sugar checks daily provided by the unlicensed staff. R1's record lacked an individualized treatment and therapy plan for Ted stocking and blood sugar checks to contain the following required content: - a statement of the types of services provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy task that may be delegated to an unlicensed staff personnel; - procedures for notifying a registered nurse or appropriate licensed health professional in case of issues with treatments or therapy services; - any resident-specific requirements related to documentation of received treatment and therapy; - verification that all treatments and therapies are administered as prescribed; and - monitoring of treatment or therapy to prevent complications or adverse reactions. The licensee's undated Treatment and therapy Management Plan policy read the individual plan for each resident receiving treatment or therapy services would have a developed plan that consist with the current practice standards and guidelines under the Assisted Living license. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

CORNERSTONE CARE LLC
23766 570TH AVENUE
Litchfield, MN 55355
Meeker County
Parcel:

Phone:

License Info

License: HFID 33450

Risk:
License:
Expires on:
CFPM: Sandra Lahtinen
CFPM #: 122303; Exp: 4/8/2027

Inspection Info

Report Number: F7930251104
Inspection Type: Full - Single
Date: 9/15/2025 Time: 11:07:05 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 2
Total Priority 2 Orders: 1
Total Priority 3 Orders: 1
Delivery: Emailed

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: 1) READY TO EAT LUNCH MEATS WERE STORED IN THE SAME BIN AS PACKAGES OF RAW HAMBURGER IN THE KITCHEN UPRIGHT COOLER. SEPARATE LIKE STATED ABOVE.
2) RAW GROUND BEEF WAS STORED ON THE TOP SHELF ABOVE READY TO EAT FOODS IN THE UPRIGHT COOLER IN THE GARAGE. ENSURE ALL FOODS ARE STORED BY COOK TEMPERATURES (READY TO EAT FOODS ON TOP AND RAW ANIMAL MEATS ON THE BOTTOM).
Comply By: 9/15/2025 Originally Issued On: 9/15/2025

! New Order: 3-500D Microbial Control: disposition of food
3-501.18A *Priority Level: Priority 1 CFP#: 23*
MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.
COMMENT: CHICKEN LUNCHMEAT DATED 9/7 IN THE UPRIGHT COOLER IN THE KITCHEN.
Comply By: 9/15/2025 Originally Issued On: 9/15/2025

New Order: 5-200C Plumbing: Maintenance, fixture location
5-204.11 *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1095 Locate a handwashing sink to allow convenient use in food preparation, food dispensing, warewashing areas and in or adjacent to toilet rooms.
COMMENT: AT TIME OF INSPECTION KITCHEN STAFF WERE USING THE BATHROOM FOR HANDWASHING. SET UP HANDWASHING AT THE KITCHEN SINK. KITCHEN STAFF SHOULD ONLY BE WASHING HANDS DURING FOOD PREP IN THE KITCHEN SINK. SANITIZE THE KITCHEN SINK AFTER HANDWASHING BEFORE DISHWASHING EACH TIME.
Comply By: 9/15/2025 Originally Issued On: 9/15/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: FOR THE KITCHEN HANDWASHING SINK. A SAMPLE SIGN WAS EMAILED WITH THE REPORT.
Comply By: 9/15/2025 Originally Issued On: 9/15/2025

Food & Beverage General Comment

DISCUSSION ITEMS:
--PROPER SANITIZING OF DISHES IS EITHER IN THE DISHWASHER ON THE SANITIZING CYCLE OR USING A THIRD BIN THAT IS LARGE ENOUGH FOR THE LARGEST PIECE OF EQUIPMENT TO BE FULLY IMMERSED IN CHLORINE SANITIZING SOLUTION.
--HANDWASHING FOR KITCHEN EMPLOYEES MUST BE DONE IN THE KITCHEN AND NOT IN THE BATHROOM. SANITIZE THE KITCHEN SINK EACH TIME BEFORE DISHWASHING IS DONE.

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 St Cloud District Office inspection report number F7930251104 from 9/15/2025

Establishment Representative

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

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Establishment Info

CORNERSTONE CARE LLC
Litchfield
County/Group: Meeker County

Inspection Info

Report Number: F7930251104
Inspection Type: Full
Date: 9/15/2025
Time: 11:07:05 AM

New Record: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler--GARAGE at 41 Degrees F.
Comment: MILK
Violation Issued?: No

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Sanitizer Observations/Recordings

Establishment Info

CORNERSTONE CARE LLC
Litchfield
County/Group: Meeker County

Inspection Info

Report Number: F7930251104
Inspection Type: Full
Date: 9/15/2025
Time: 11:07:05 AM

New Record: **Product:** Chlorine**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To**
Comment: 50PPM
Violation Issued?: No