Electronically Delivered

April 21, 2026

Licensee
Northwoods Villa Inc
1212 Gunn Road
Grand Rapids, MN 55744

RE: Project Number(s) SL37388016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 7, 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.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

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

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37388	A. BUILDING: _____ B. WING _____	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS VILLA INC	1212 GUNN ROAD 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: SL37388016-0 On April 6, 2026, through April 7, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four residents; four receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the clinical nurse supervisor (CNS) developed and implemented a staffing plan to determine staffing levels to meet the needs of all residents. 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	0 470		

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0 470	Continued From page 2 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: The licensee held an assisted living facility license effective April 1, 2026, with an expiration date of March 31, 2027. The facility was licensed for a capacity of four and had a current census of four residents. During the entrance conference on April 6, 2026, at 10:37 a.m., licensed assisted living director/registered nurse (LALD/RN)-A stated the licensee was familiar with current minimum assisted living requirements. On April 6, 2026, at 10:52 a.m., clinical nurse supervisor (CNS)-B stated CNS-B and LALD/RN-A determined how many unlicensed personnel (ULPs) were scheduled to meet the needs of the residents and reviewed the staffing schedule quarterly or as needed. CNS-B further stated the licensee scheduled the following ULPs for each shift: -day shift 6:45 a.m. through 7:15 p.m., two ULPs were scheduled; and -night shift 6:45 p.m. through 7:15 a.m. one ULP was scheduled. On April 6, 2026, at 11:36 a.m., the surveyor observed a House 4 (four) Staff Posting at the main entrance of the facility. The staff posting indicated the following staff scheduled for April 6, 2026:	0 470		

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0 470	Continued From page 3 -house manager 8:00 a.m. to 5:30 p.m.; -two ULPs 6:45 a.m. to 7:15 p.m.; -one ULP 6:45 p.m. to 7:15 a.m.; -one CNS available 24 hours per day/seven days per week; -one director of nursing available 24 hours per day/seven days per week; and -one LALD available 24 hours per day/seven days per week; and On April 7, 2026, at 10:59 a.m., CNS-B stated CNS-B and LALD/RN-A have a monthly manager meeting to discuss staffing, however, the license did not document any official notes regarding staffing or develop a written staffing plan using metrics based on resident's services. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0180, Subp. 3, effective October 2022, the CNS must develop and implement a written staffing plan that provides an adequate number of qualified direct-care staff to meet the residents' needs 24 hours a day, seven days a week. When developing a direct-care staffing plan, the CNS must ensure that staffing levels are adequate to address the following: (A) each resident's needs, as identified in the resident's service plan and assisted living contract; (B) each resident's acuity level, as determined by the most recent assessment or individualized review; (C) the ability of staff to timely met the residents' scheduled and reasonably foreseeable unscheduled needs given the physical layout of the facility premises; (D) whether the facility has a secured dementia care unit; and (E) staff experience, training, and competency.	0 470		

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0 470	Continued From page 4 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 470		
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living contract. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety)	0 485		

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0 485	Continued From page 5 and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on April 6, 2026, at 10:37 a.m., licensed assisted living director/registered nurse (LALD/RN)-A stated the licensee was familiar with current minimum assisted living requirements. On April 6, 2025, at 10:41 a.m., clinical nurse supervisor (CNS)-B stated the licensee offered three meals per day and the resident was not required to include and pay for meals they did not want in the resident's assisted living contract. On page three of the Resident Agreement (assisted living contract) dated May 3, 2021, Section 4. Included Services indicated all the services listed below are included in your Monthly Base Fee ("Included Services") [sic] listed three meals daily with snacks available. On page 12, Attachment C Meal Plan Options offered residents three meals a day, which was included in the rent, or to opt out of the meal plan. Resident assisted living contracts with a meal addendum lacked an option for residents to opt out of payment for one, two, or three meals residents would not want. On April 7, 2026, at 10:54 a.m., LALD/RN-A stated the same contract was used for all residents and the licensee was not aware residents could not be charged for three meals per day as part of their assisted living contract or could opt out of one or two meals per day.	0 485		

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0 485	Continued From page 6 The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated March 9, 2026, indicated the provider cannot have a blanket "one size fits all" meal charge. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 650 SS=F	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057.	0 650		

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0 650	Continued From page 7 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records contained the required content for one of one employee (unlicensed personnel (ULP)-D). 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: During the entrance conference on April 6, 2026, at 10:49 a.m., clinical nurse supervisor (CNS)-B stated the licensee was aware of the required contents of the employee record. ULP-D was hired on November 17, 2025, to provide direct assisted living services to residents at the facility. On April 6, 2026, at 1:01 p.m., ULP-D stated ULP-D was trained and competency tested on medication administration by registered nurse (RN)-C upon hire. On April 7, 2026, at 9:42 a.m., the surveyor observed ULP-D administer R2's scheduled morning medication. ULP-D's employee record lacked training and competency evaluations for unplanned time away.	0 650		

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0 650	Continued From page 8 On April 7, 2026, at 11:51 a.m., CNS-B stated ULPs were trained and competency tested upon hire for medication administration including unplanned time away. On April 7, 2026, at 11:51 a.m., RN-C stated RN-C trained and competency tested ULPs upon hire for unplanned time away, however, RN-C did not document the unplanned time away training and competency testing in employee record. RN-C further stated all ULP's employee records lacked documentation of training and competency testing for unplanned time away. The licensee's Training Unlicensed [sic] Personnel for Medication, Treatment and Therapy Administration policy dated September 1, 2025, indicated the RN will document the training and competency of ULP to completely administer each type of service they are assigned in the staff person's personnel record. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0190, Subp. 6, effective October 2022, the licensee must maintain a record of staff training and competency required under this part and Minnesota Statutes, chapter 144G, that documents the following information for each competency evaluation, training, retraining, and orientation topic: (1) facility name, location, and license number; (2) name of the training topic or training program, and the training methodology, such as classroom style, web-based training, video, or one-to-one training; (3) date of the training and competency evaluation, and the total amount of time of the training and competency evaluation; (4) name and title of the instructor and the	0 650		

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0 650	Continued From page 9 instructor's signature, and the name and title of the competency evaluator, if different from the instructor, and the evaluator's signature with a statement attesting that the employee successfully completed the training and competency evaluation; and (5) name and title of the staff person completing the training, and the staff person's signature with statement attesting that the staff person successfully completed the training as described in the training documentation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		

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

Northwoods Villa Inc
1212 GUNN ROAD
Grand Rapids, MN 55744
Itasca County
Parcel:

Phone:

License Info

License: HFID 37388

Risk:
License:
Expires on:
CFPM: JILLIAN CLINE
CFPM #: CFPM7381; Exp: 8-26-2028

Inspection Info

Report Number: F7939261093
Inspection Type: Full - Single
Date: 4/7/2026 Time: 10:30AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

INSPECTED KITCHEN, SEPTIC, AND WELLHEAD. WATER SAMPLE WAS UP TO DATE AND WITHIN LIMITS
DISCUSSED TESTING DISH MACHINE WATER TEMPERATURES ON A MORE REGULAR BASIS

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 F7939261093 from 4/7/2026

JILLIAN CLINE
CFPM

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

Northwoods Villa Inc
Grand Rapids
County/Group: Itasca County

Inspection Info

Report Number: F7939261093
Inspection Type: Full
Date: 4/7/2026
Time: 10:30AM

Food Temperature: Product/Item/Unit: burger**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 37 Degrees F.
Comment:
Violation Issued?: No