



Protecting, Maintaining and Improving the Health of All Minnesotans

AMENDED

Electronically Delivered

September 2, 2025

Licensee
Havenwood of Buffalo
150 Division Street East
Buffalo, MN 55313

RE: Project Number(s) SL36609016

Dear Licensee:

Please Note: This letter amends the previous letter dated September 2, 2025. Specifically, a request for an Informal Conference has been added. No other changes have been made.

The Minnesota Department of Health (MDH) completed a survey on August 8, 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.

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.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(6), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose a fine of \$1,000 for

each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,500.00**. 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.
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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.

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INFORMAL CONFERENCE

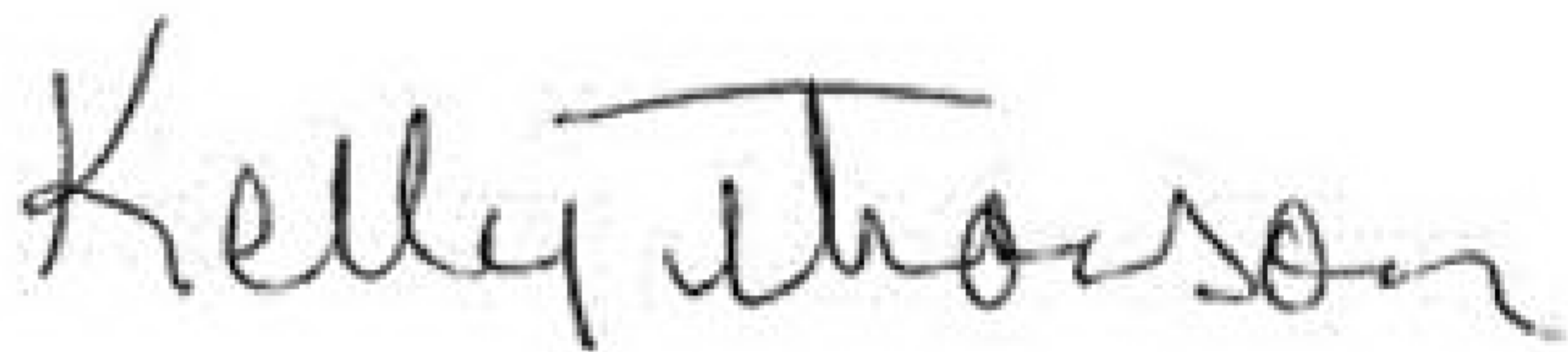
In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Havenwood of Buffalo. **Please contact Kelly Thorson at 320-223-7336 on or before Friday, September 5, 2025, to schedule the conference call.**

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,

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

Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER HAVENWOOD OF BUFFALO		STREET ADDRESS, CITY, STATE, ZIP CODE 150 DIVISION STREET EAST BUFFALO, MN 55313			
(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: SL36609016-0 On August 4, 2025, through August 6, 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 90 residents; 41 were receiving services under the Provisional Assisted Living Facility with Dementia Care license. On September 5, 2025, citation 0100 was rescinded as the Licensee manages, controls and operates the fitness center within the facility.	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.		
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services	0 485			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 485	Continued From page 1 (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 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 potential to affect a large portion or all of the residents). The findings include:	0 485			

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0 485	Continued From page 2 During the entrance conference on August 4, 2025, at 10:20 a.m., licensed assisted living director (LALD)-C stated the licensee was familiar with current minimum assisted living requirements. The licensee's Residency Agreement that is used by all residents indicated, "The Community includes all basic housing services or amenities identified below in the Monthly Fee. If Resident purchases or requires additional services after moving in, the Community will charge an additional fee based on the agreed upon services. Such services are described in Sections III-2 and IV below. Pricing for Extra Charges may be found on the attached pricing sheet. a. Apartment Unit b. Two (2) nutritious meals per day a. Community can accommodate the following diets: regular house, controlled carbohydrate, renal low sodium, mech soft, puree level one." The licensee's Exhibit D Meal Plan indicated, "The Meal Plan Fee is included in your Monthly Fee. The Meal Plan Fee includes two meals per day. If your Move-in Date or the date you move out is other than the first day of the month, the Meal Plan Fee will be prorated. Please select which meals you would like to be provided: -Two (2) Meals Provided Daily: Included in your Monthly Fee. -Three (3) Meals Provided Daily: Additional \$250 charged monthly. -No Meals Provided: You are not required to participate in a Meal Plan. If you choose not to	0 485			

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0 485	Continued From page 3 participate, your Monthly Fee will be credited \$150 each month." Resident assisted living contracts lacked an option for residents to opt out of payment for just one meal that residents would not want. On August 6, 2025, at 10:49 a.m., LALD-C stated, "That is the way we have it set up, they can always just opt into two meals but only chose to do one meal, but we don't have it broke down into one two and three meal options" The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated December 13, 2024, 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			
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment 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 Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents.	0 775			

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0 775	Continued From page 4 This practice resulted in a level two violation (is a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On August 4, 2025, at approximately 12:00 p.m., the surveyor toured the facility with director of plan operations (DPO)-A. The following was observed. The trash termination enclosure room doors are rated fire doors with tags on the door frame and hinge side of the door, smoke seal, and closers. The doors are equipped with kick down style door hold open devices. had door stops permanently attached to the doors. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. On August 4, 2025, DPO-A acknowledged the observation while accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775			
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to	01290			

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01290	Continued From page 5 the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and a clearance received in affiliation with the assisted living with dementia care licensee's current health facility identification (HFID) for one of 97 employees (unlicensed personnel (ULP)-F,). This had the potential to affect all residents living within the facility. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-F was hired on May 3, 2021, to perform direct care services to the licensee's residents.	01290			

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01290	Continued From page 6 The licensee's Employee Schedule - Weekly form dated August 1, 2025 through August 7, 2025, indicated ULP-F worked as a caregiver on August 1, 2025, and August 2, 2025, from 10:00 p.m., until 6:15 a.m. ULP-F's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 36609. On August 5, 2025, at 7:10 a.m., licensed assisted living director (LALD)-C indicated ULP-F had a background study clearance under a different last name previously and that they ran a new background study on August 4, 2025 after surveyor had identified ULP-F was not on the licensee's NETStudy 2.0 roster. LALD-C stated, "I am not sure how she would have been removed from our roster." The licensee's Background Checks policy dated May 1, 2025, indicated, "All employees, as well as contractors, and regularly scheduled volunteers of the facility with direct resident contact will undergo a background study through DHS (Department of Human Services). Only those with satisfactory results will continue to work with the facility and its residents." No further information was provided. TIME PERIOD OF CORRECTION: Immediate	01290			



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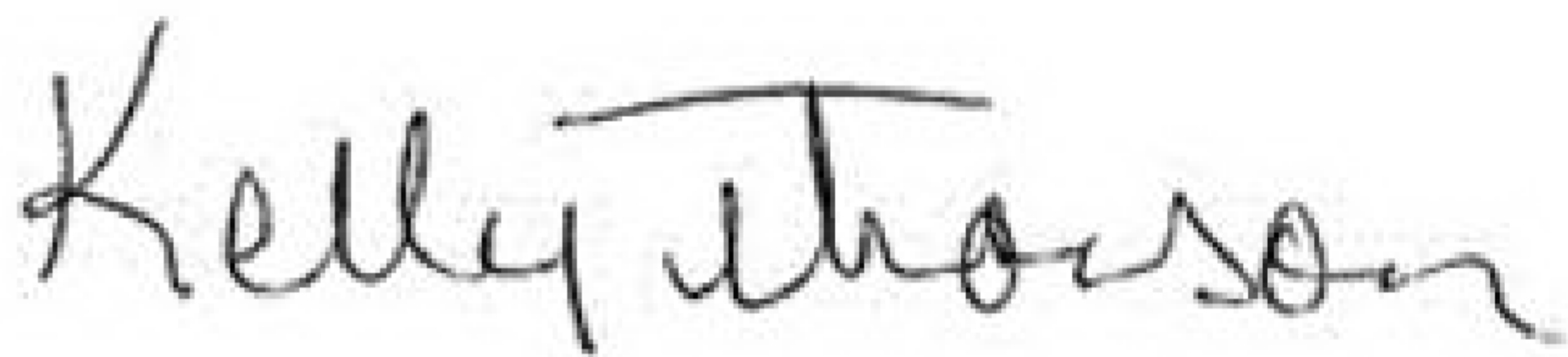
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If you have any questions, please contact me.

Sincerely,

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Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

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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: SL36609016-0 On August 4, 2025, through August 6, 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 90 residents; 41 were receiving services under the Provisional 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.		
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1) Beginning August 1, 2021, no assisted	0 100			

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER HAVENWOOD OF BUFFALO		STREET ADDRESS, CITY, STATE, ZIP CODE 150 DIVISION STREET EAST BUFFALO, MN 55313			
(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
0 100	Continued From page 1 living facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type. (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted	0 100			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2025
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0 100	Continued From page 2 living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to obtain accurate licensure when they applied for licensure for an assisted living facility, despite sharing one roof with adjoining therapy gym facility, without having evidence of an approved two-hour fire barrier wall. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On August 4, 2025, at approximately 1:30 p.m. engineering staff toured the facility with director of plant operations (DPO)-A. The facility had a licensed therapy gym that was open for public	0 100			

Minnesota Department of Health

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0 100	Continued From page 3 use with membership that was located in the middle of the assisted living building. The assisted living licensing requires the licensed assisted living facilities to have a minimum 2-hour fire separation of from another licensed facility or another occupancy in the same building. The licensee was unable to provide evidence that a 2-hour separation existed between the two occupancies. On August 7, 2025, at 12:34 p.m., DPO-A sent an email to engineering staff indicating "See attached floor plan of fitness center along with Legend key. Fitness center has 1 hour fire barrier." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 100			
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	0 485			

Minnesota Department of Health

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0 485	Continued From page 4 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 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on August 4, 2025, at 10:20 a.m., licensed assisted living director (LALD)-C stated the licensee was familiar with current minimum assisted living requirements. The licensee's Residency Agreement that is used by all residents indicated, "The Community includes all basic housing services or amenities identified below in the Monthly Fee. If Resident purchases or requires additional services after moving in, the Community will charge an additional fee based on the agreed upon services. Such services are described in Sections III-2 and IV below. Pricing for Extra Charges may be found on the attached pricing sheet.	0 485			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2025
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0 485	Continued From page 5 a. Apartment Unit b. Two (2) nutritious meals per day a. Community can accommodate the following diets: regular house, controlled carbohydrate, renal low sodium, mech soft, puree level one." The licensee's Exhibit D Meal Plan indicated, "The Meal Plan Fee is included in your Monthly Fee. The Meal Plan Fee includes two meals per day. If your Move-in Date or the date you move out is other than the first day of the month, the Meal Plan Fee will be prorated. Please select which meals you would like to be provided: -Two (2) Meals Provided Daily: Included in your Monthly Fee. -Three (3) Meals Provided Daily: Additional \$250 charged monthly. -No Meals Provided: You are not required to participate in a Meal Plan. If you choose not to participate, your Monthly Fee will be credited \$150 each month." Resident assisted living contracts lacked an option for residents to opt out of payment for just one meal that residents would not want. On August 6, 2025, at 10:49 a.m., LALD-C stated, "That is the way we have it set up, they can always just opt into two meals but only chose to do one meal, but we don't have it broke down into one two and three meal options" The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated December 13, 2024, indicated the provider cannot have a blanket "one size fits all" meal charge.	0 485			

Minnesota Department of Health

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0 485	Continued From page 6 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485			
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment 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 Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents. This practice resulted in a level two violation (is a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On August 4, 2025, at approximately 12:00 p.m., the surveyor toured the facility with director of plan operations (DPO)-A. The following was observed. The trash termination enclosure room doors are rated fire doors with tags on the door frame and	0 775			

Minnesota Department of Health

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0 775	Continued From page 7 hinge side of the door, smoke seal, and closers. The doors are equipped with kick down style door hold open devices. had door stops permanently attached to the doors. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. On August 4, 2025, DPO-A acknowledged the observation while accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775			
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and a clearance received in affiliation with the assisted living with dementia	01290			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2025
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01290	Continued From page 8 care licensee's current health facility identification (HFID) for one of 97 employees (unlicensed personnel (ULP)-F,). This had the potential to affect all residents living within the facility. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-F was hired on May 3, 2021, to perform direct care services to the licensee's residents. The licensee's Employee Schedule - Weekly form dated August 1, 2025 through August 7, 2025, indicated ULP-F worked as a caregiver on August 1, 2025, and August 2, 2025, from 10:00 p.m., until 6:15 a.m. ULP-F's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 36609. On August 5, 2025, at 7:10 a.m., licensed assisted living director (LALD)-C indicated ULP-F had a background study clearance under a different last name previously and that they ran a new background study on August 4, 2025 after surveyor had identified ULP-F was not on the licensee's NETStudy 2.0 roster. LALD-C stated, "I am not sure how she would have been removed from our roster."	01290			

Minnesota Department of Health

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01290	Continued From page 9 The licensee's Background Checks policy dated May 1, 2025, indicated, "All employees, as well as contractors, and regularly scheduled volunteers of the facility with direct resident contact will undergo a background study through DHS (Department of Human Services). Only those with satisfactory results will continue to work with the facility and its residents." No further information was provided. TIME PERIOD OF CORRECTION: Immediate	01290			



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

Page: 1

Establishment Info

HAVENWOOD OF BUFFALO
150 DIVISION STREET EAST
Buffalo, MN 55313
Wright County
Parcel:

Phone:

License Info

License: HFID 36609

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

Inspection Info

Report Number: F1046251072
Inspection Type: Full - Single
Date: 8/4/2025 Time: 11:00:28 AM
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

DISCUSSED EMPLOYEE ILLNESS AND RECORDING.

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 F1046251072 from 8/4/2025

Establishment Representative

Nicole Larrison,
Public Health Sanitarian 1
320-640-3534
nicole.larrison@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

HAVENWOOD OF BUFFALO
Buffalo
County/Group: Wright County

Inspection Info

Report Number: F1046251072
Inspection Type: Full
Date: 8/4/2025
Time: 11:00:28 AM

Food Temperature: **Product/Item/Unit:** SLICED HAM; **Temperature Process:** Cold-Holding

Location: Prep Cooler at 38 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** HAMBURGER PATTY; **Temperature Process:** Cold-Holding

Location: Prep Cooler at 31 Degrees F.

Comment: BOTTOM

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** HAM AND BEAN SOUP; **Temperature Process:** Hot-Holding

Location: Warmer at 183 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** SLICE TOMATOES; **Temperature Process:** Cold-Holding

Location: Prep Rail at 41 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** RAW BEEF; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** LIQUID EGG; **Temperature Process:** Cold-Holding

Location: Walk-in Cooler at 39 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** BURGER PATTY; **Temperature Process:** Cooking

Location: Flat Top at 189 Degrees F.

Comment:

Violation Issued?: No



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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

HAVENWOOD OF BUFFALO
Buffalo
County/Group: Wright County

Inspection Info

Report Number: F1046251072
Inspection Type: Full
Date: 8/4/2025
Time: 11:00:28 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

Location: Kitchen **Equal To** 400 PPM

Comment:

Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia; **Sanitizing Process:** 3-Compartment Sink

Location: 3-Comp Sink **Equal To** 400 PPM

Comment:

Violation Issued?: No

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

Location: Dishwashing Area **Equal To** 166.5 Degrees F.

Comment: DISH SURFACE TEMP

Violation Issued?: No

Minnesota (MDH) Version EH Manager; RPT: F1046251072		Food Establishment Inspection Report		Page 1 of 1	
 St Cloud District Office Minnesota Department of Health 4140 Thielman Lane, Suite 101 St Cloud, MN 56301		No. of Risk Factor/Intervention/Violations		0	Date: 8/4/2025
		No. of Repeat Risk Factor/Intervention/Violations			Time: 11:00:28 AM
		Score (optional)			Dur: min
Establishment: HAVENWOOD OF BUFFALO		Address: 150 DIVISION STREET EAST		City/State: Buffalo, MN	Zip: 55313
License/Permit #: HFID 36609		Permit Holder:		Purpose of Inspection: Full	Est. Type: Risk Category:
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
Designated compliance status (IN, OUT, N/O, N/A) for each numbered item					
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable					
Mark "X" in appropriate box for COS and/or R					
COS=corrected on-site during inspection R=repeat violation					
Compliance Status				COS	R
Supervision					
1	IN	Person in charge present, demonstrate knowledge and performs duties			
2	IN	Certified Food Protection Manager			
Employee Health					
3	IN	knowledge, responsibilities, and reporting			
4	IN	Proper use of restriction and exclusion			
5	IN	Response to vomiting, diarrheal events			
Good Hygienic Practices					
6	IN	Proper eating, tasting, drinking, tobacco use			
7	IN	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN	Hands clean and properly washed			
9	IN	No bare hand contact with RTE foods, alternatives			
10	IN	Adequate handwashing sinks supplied and access			
Approved Source					
11	IN	Food obtained from approved source			
12	N/O	Food Received at proper temperature			
13	IN	Food in good condition, safe & unadulterated			
14	N/A	Records available: shellstock tags, parasite dest.			
Protection From Contamination					
15	IN	Food separated and protected			
16	IN	Food-contact surfaces; cleaned & sanitized			
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food			
Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury					
GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark "X" or OUT in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
Compliance Status				COS	R
Safe Food and Water					
30	N/A	Pasteurized eggs used where required			
31		Water & ice from approved source			
32	N/A	Variance obtained for specialized processing methods			
Food Temperature Control					
33		Proper cooling methods used; adequate equipment for temperature control			
34	IN	Plant food properly cooked for hot holding			
35	IN	Approved thawing methods used			
36		Thermometers provided & accurate			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
38		Insects, rodents, & animals not present; no unauthorized person			
39		Contamination prevented during food prep, storage, & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruits & vegetables			
Person in Charge (signature)					
Inspector (signature)					
Follow-up: Follow-up Date:					