



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 25, 2026

Licensee

Timber Pines Assisted Living
650 Northridge Drive Northwest
Pine City, MN 55063

RE: Project Number(s) SL39712016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 26, 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 . . ."

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEpHVva>. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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 "Jessie Chenze". The signature is written in a cursive, flowing style.

Jessie Chenze, Supervisor

State Evaluation Team

Email: Jessie.Chenze@state.mn.us

Telephone: 218-332-5175 Fax: 1-866-890-9290

KKM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER TIMBER PINES ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTHRIDGE DRIVE NORTHWEST PINE CITY, MN 55063		
(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: SL39712016-0 On August 24, 2026, through August 26, 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 106 residents; 67 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.		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480			

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August, 25, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480			

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0 480	Continued From page 3	0 480			
	TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.				
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, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 25, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775			

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01760	Continued From page 4	01760			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to verify accuracy of prescriber orders when transcribing orders for one of three residents (R3). 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: R3 R3's diagnoses included Type II diabetes (high blood sugar caused from the body resisting	01760			

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01760	Continued From page 5 insulin or failing to produce enough insulin), chronic pain, hypertension (high blood pressure), and hypercholesterolemia (high cholesterol). R3's Service Plan dated August 4, 2026, indicated R3 received services including assistance with compression stockings, blood glucose checks, and medication administration. R3's prescriber orders dated July 30, 2026, included: - cranberry plus vitamin C 4200 milligrams (mg) take two capsules by mouth once daily. R3's prescriber order dated August 17, 2026, included: - cholestyramine 4 grams oral powder for suspension. Mix one packet (4 grams) in liquid then take by mouth once daily. It included a note "Administration of other medications should be at least 1 hour prior to dose or 4-6 hours after dose." R3's Medication Administration Record (MAR) for August 2026, included: - Cranberry vitamin C softgel capsules. Take two capsules by mouth once daily; and - Cholestyramine powder 4 grams. Mix one packet into liquid and take by mouth once daily at 6:00 a.m. On August 29, 2026, at 1:45 p.m., clinical nurse supervisor (CNS)-A stated they had recently changed pharmacies and the pharmacy transcribed the orders into the electronic medication administration record. CNS-A said the MAR did not have the mg dosage transcribed for the cranberry plus vitamin C. In addition, CNS-A stated the cholestyramine was transcribed to be administered at 6:00 a.m.	01760			

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01760	Continued From page 6 The licensee's Provider Order Management policy dated April 10, 2026, noted prescriber orders are to be verified for accuracy prior to implementation and entered into the medical record timely to ensure accurate transcription. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as	02170			

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02170	Continued From page 7 entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to conduct an evaluation for activities that addressed all provisions and failed to develop an individualized activity plan based on the evaluation for two of two residents (R1, R2) who resided in an assisted living with dementia care facility. 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). The findings include: The facility held an assisted living with dementia care license effective July 14, 2026, with a current census of 106 residents. R1 R1's diagnoses included dementia, Parkinson's	02170			

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02170	Continued From page 8 disease (a brain disorder that causes problems with movement and balance), anxiety, hypertension (high blood pressure), syncope (passing out), and collapse. On August 25, 2026, at 7:55 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R1. R1's Service Plan dated August 5, 2026, indicated R1 received services including assistance with dressing and grooming, bed transfers, safety checks, toileting, activity reminders, and medication administration. R1's untitled document dated September 8, 2025, identified as the interest inventory, noted leisure interests marked as past, current, or no interest. R1's record lacked an individualized activity plan based on the interest inventory. R2 R2's diagnoses included hypotension (low blood pressure), generalized weakness, suprapubic catheter (flexible tube placed directly through a small hole in the lower abdomen into the bladder to drain urine). On August 25, 2026, at 10:00 a.m., the surveyor observed ULP-G provide catheter cares to R2 in R2's room. R2's Service Plan dated August 3, 2026, indicated R2 received services including assistance with dressing and grooming, compression stockings, bed transfers, catheter cares, toileting, activity reminders, and medication administration.	02170			

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02170	Continued From page 9 R2's untitled document, undated, noted leisure interests marked as past, current, or no interest. R2's record lacked an individualized activity plan based on the interest inventory. On August 26, 2026, at 2:50 p.m., clinical nurse supervisor (CNS)-A and licensed assisted living director (LALD)-B stated the interest inventory was completed on all residents and available to staff to see. They stated residents had an activity reminder in their service plan, and activities were posted daily. LALD-B stated this was the activity plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02170			
02310 SS=E	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for two of two residents (R1, R2) with consumer bed rails. This practice resulted in a level two violation (a	02310			

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02310	Continued From page 10 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R1 R1's diagnoses included dementia, Parkinson's disease (a brain disorder that causes problems with movement and balance), anxiety, hypertension (high blood pressure), syncope (passing out), and collapse. On August 25, 2026, at 7:55 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R1. R1 was in bed facing towards the left, with head of bed elevated to approximately 30 degrees. R1 had their eyes closed and was unresponsive when spoken to. R1's bed was observed with bilateral white metal square rails with rounded corners with a horizontal bar through the middle, a U-shaped bar above the horizontal bar, and three vertical bars below the horizontal bar. R1's Service Plan dated August 5, 2026, indicated R1 received services including assistance with dressing and grooming, bed transfers, safety checks, toileting, and medication administration. R1's Level of Care Assessment dated August 24, 2026, indicated R1 required assistance of two for repositioning in bed.	02310			

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NAME OF PROVIDER OR SUPPLIER TIMBER PINES ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTHRIDGE DRIVE NORTHWEST PINE CITY, MN 55063		
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02310	Continued From page 11 R1's Uniform Nursing Assessment dated August 24, 2026, indicated R1 had urinary incontinence, recent pneumonia, weakness, required physical assistance of one for transfers, history of frequent urinary tract infections, three or more falls in the past three months, and disoriented to person, place and time. R1's Bed Rails and Bed Assistive Devices form dated August 10, 2026, noted bilateral Halo bars (specialized circular steel bed rails) with a risk versus benefits acknowledgement and R1's representative's signature of consent to use the device. R1's record lacked a comprehensive assessment of the consumer bed rail to include whether the consumer bed rail was securely attached to the bed frame per manufacturer guidelines. R2 R2's diagnoses included hypotension (low blood pressure), generalized weakness, suprapubic catheter (flexible tube placed directly through a small hole in the lower abdomen into the bladder to drain urine). On August 25, 2026, at 10:00 a.m., the surveyor observed ULP-G provide catheter cares to R2 in R2's room. R2's bed was observed with bilateral white circular rails with a horizontal bar through the middle, a Y-shaped bar above the horizontal bar, and three vertical bars below the horizontal bar. R2's Service Plan dated August 3, 2026, indicated R2 received services including assistance with dressing and grooming, compression stockings, bed transfers, catheter	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER TIMBER PINES ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTHRIDGE DRIVE NORTHWEST PINE CITY, MN 55063		
(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
02310	Continued From page 12 cares, toileting, and medication administration. R2's Level of Care Assessment dated July 29, 2026, indicated R2 was independent with bed repositioning, required physical assist of one with bed transfers, had a urinary catheter and required assist of one with toileting. R2's Uniform Nursing Assessment dated July 29, 2026, indicated R2 had mild cognitive impairment, constipation, weakness, bilateral Halo bars on bed, and high risk for falls. R2's Physical Devices Informed Choice Consent Form dated December 30, 2025, indicated R2 utilized bilateral Halo bars with a risk versus benefits acknowledgement and R2's representative's signature of consent to use the device. R2's record lacked a comprehensive assessment of the consumer bed rail to include whether the consumer bed rail was securely attached to the bed frame per manufacturer guidelines. On August 26, 2026, at 2:15 p.m., clinical nurse supervisor (CNS)-A stated environmental services director (ESD)-C obtained manufacturer instructions and ensured Halo bars are installed accordingly. In addition, CNS-A stated that with all assessments CNS-A assessed use of bed rails and ESD-C ensured they remained installed per manufacturer instructions. Also, CNS-A stated she assumed the device for R1 was a Halo device since when hospice had them delivered, they told her the Halo rails were delivered. On August 26, 2026, at 3:10 p.m., ESD-C stated ESD-C inspected the bed rails at least once a year, but not with each assessment completed	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER TIMBER PINES ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTHRIDGE DRIVE NORTHWEST PINE CITY, MN 55063		
(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
02310	Continued From page 13 with CNS-A. In addition, CNS-A stated they were checking the Consumer Product Safety Commission (CPSC) for recall on the Halo, but were not sure of the frequency. The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently-Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences; - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". Additionally, the MDH website indicated for hospital-style bed rails, the licensee must include	02310			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER TIMBER PINES ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTHRIDGE DRIVE NORTHWEST PINE CITY, MN 55063		
(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
02310	Continued From page 14 in their documentation, the bed rail measurements and that the bed rail has not shifted and is securely attached to the bed frame per manufacturer recommendations. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified, "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." No further information was provided. TIME PERIOD FOR CORRECTION: two (2) days	02310			



Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

TIMBER PINES ASSISTED LIVING
650 NORTHRIDGE DRIVE NW
Pine City, MN 55063
Pine County
Parcel:

Phone:

License Info

License: HFID 39712

Risk:
License:
Expires on:
CFPM: KRISTI PEDERSON
CFPM #: CFPM-45452; Exp:
10/27/2029

Inspection Info

Report Number: F1016261145
Inspection Type: Full - Single
Date: 8/25/2026 Time: 11:50 AM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery:

New Order: 3-500E Microbial Control: time as a control

3-501.19A *Priority Level: Priority 2 CFP#: 24*

MN Rule 4626.0408A Develop written procedures prior to using time as a public health control for time/temperature control for safety food and maintain the procedures in the food establishment.

COMMENT: STAFF DID NOT HAVE A WRITTEN PROCEDURE FOR TIME AS A CONTROL. DEVELOP WRITTEN PROCEDURE FOR TIME AS A CONTROL.

Comply By: 8/25/2026 Originally Issued On: 8/25/2026

! New Order: 3-500E Microbial Control: time as a control

3-501.19B *Priority Level: Priority 1 CFP#: 24*

MN Rule 4626.0408B When using time only as a public health control for up to 4 hours, discard all TCS food that has been out of temperature control for more than 4 hours; was not at 41 degrees F (5 degrees C) or less when removed from temperature control; or is in unmarked containers.

COMMENT: ITEMS UNDER TIME AS A CONTROL DID NOT HAVE TIME LABELS.

Comply By: Complied On Site Originally Issued On: 8/25/2026

Food & Beverage General Comment

COMMENTS:

DISCUSSED THE IMPORTANCE OF FREQUENT HAND WASHING BY ALL STAFF, AS WELL AS LIMITING BARE HAND CONTACT WITH ALL READY TO EAT FOODS. STAFF HAVE GLOVES AVAILABLE. USE GLOVES WITH ALL READY TO EAT FOODS AND CHANGE GLOVES FREQUENTLY AND ANY TIME TASKS ARE CHANGED.

DISCUSSED THE EMPLOYEE ILLNESS POLICY AND THE EXCLUSION OF EMPLOYEES SICK WITH SYMPTOMS OF VOMITING AND/OR DIARRHEA UNTIL 24 HOURS AFTER THEIR LAST SYMPTOM.

CONTACT THE DEPARTMENT OF HEALTH IF ANY EMPLOYEES ARE DIAGNOSED WITH SALMONELLA, SHIGELLA, SHIGA TOXIN-PRODUCING E. COLI, HEPATITIS A. VIRUS, NOROVIRUS, OR ANOTHER BACTERIAL, VIRAL OR PARASITIC PATHOGEN OR IF THERE ARE ANY CUSTOMER ILLNESS COMPLAINTS.

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.

Report Number: F1016261145

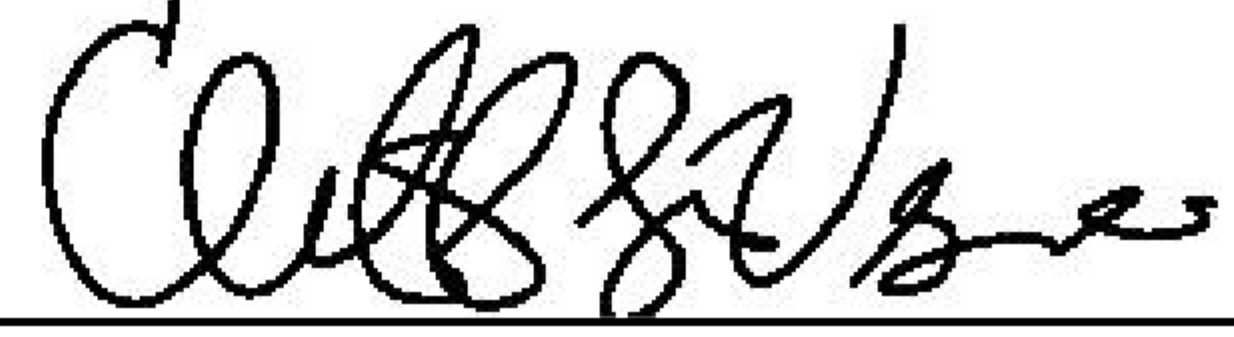
Inspection Type: Full

Date: 8/25/2026

Page: 2

I acknowledge receipt of the Duluth District Office inspection report number F1016261145 from 8/25/2026

KRISTI PEDERSON
KITCHEN MANAGER



Clifford LaVigne,
Public Health Sanitarian 2
218-302-6181
clifford.lavigne@state.mn.us

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Temperature Observations/Recordings

Page: 1

Establishment Info

TIMBER PINES ASSISTED LIVING
Pine City
County/Group: Pine County

Inspection Info

Report Number: F1016261145
Inspection Type: Full
Date: 8/25/2026
Time: 11:50 AM

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

Location: Steam Table at 175 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: ALL FOOD FROZEN; **Temperature Process:** Cold-Holding

Location: Upright Freezer at Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: ALL FOOD FROZEN; **Temperature Process:** Cold-Holding

Location: Walk-in Freezer at Degrees F.

Comment:

Violation Issued?: No

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

Location: Walk-in Cooler at 37 Degrees F.

Comment:

Violation Issued?: No

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

Location: Walk-in Cooler at 37 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: POTATO; **Temperature Process:** Heating

Location: Steam Table at 153 Degrees F.

Comment:

Violation Issued?: No

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

Location: Prep Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: BROCCOLI ; **Temperature Process:** Hot-Holding

Location: Steam Table at 160 Degrees F.

Comment:

Violation Issued?: No

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Inspection Info

TIMBER PINES ASSISTED LIVING
Pine City
County/Group: Pine County

Report Number: F1016261145
Inspection Type: Full
Date: 8/25/2026
Time: 11:50 AM

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

Location: Dishwashing Area **Equal To** 174 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Sink and Surface; **Sanitizing Process:** 3-Compartment Sink

Location: 3-Comp Sink **Greater Than** 300 PPM

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL39712016-0	Date: August 25, 2026
Facility Name: Timber Pines Assisted Living	
Facility Address: 650 Northridge Dr NW, Pine City, MN 55063	

☒ TAG IDENTIFICATION: 0775	
SCOPE/ SEVERITY: Level 2; Widespread	TIME PERIOD OF CORRECTION: Seven (7) days

1.

Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]
2.

Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]

Comments: The fire rated doors for units 205 and 211 leading from the units to the common hallway would not close and latch on their own.

3.

Egress doors shall be readily operable from the egress side without the use of a key or special knowledge. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9]
4.

Clearance between ignition sources, such as luminaires, heaters, flame-producing devices and combustible materials, shall be maintained in an approved manner. [Minn. Stat. 144G.45 subd. 2; MSFC 305.1]

Comments: There was combustible storage on top of the electric stove in resident room 324.