



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 24, 2026

Licensee

Brandon's Assisted Living  
305 Central Avenue South  
Brandon, MN 56315

RE: Project Number(s) SL30742016

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.

#### **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 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - \$500.00**

**St - 0 - 1350 - 144g.60 Subd. 5 - Temporary Staff - \$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.
- 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.

#### **INFORMAL CONFERENCE**

In accordance with 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 Brandon's Assisted Living. Please contact Jessie Chenze at 218-332-5175 on or before Tuesday, September 29, 2026 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.

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](mailto:Jessie.Chenze@state.mn.us)

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

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Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                     |
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| 0 000                                                                | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL30742016-0</p> <p>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 13 residents; 13 receiving services under the Assisted Living Facility license.</p> <p>An immediate correction order was identified on August 25, 2026, issued for SL30742016-0, tag identification 1350. The licensee took action on August 26, 2026, to mitigate the risk; however, the scope and level remains at level 3/Widespread (I).</p> | 0 000                                                                  | <p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p> |  |                                                     |
| 0 100<br>SS=F                                                        | <p>144G.10 Subdivision 1 License required</p> <p>(a)(1) Beginning August 1, 2021, no assisted</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 100                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                     |

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

TITLE

(X6) DATE



Minnesota Department of Health

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| 0 100                                                                | <p>Continued From page 1</p> <p>living facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(e) Upon approving an application for an assisted</p> | 0 100                                                                                          |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 100                                                                | <p>Continued From page 2</p> <p>living facility license, the commissioner may:<br/>(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<br/>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to demonstrate legal responsibility for the control and operation of the facility when the licensee allowed use of the facility space to operate a home care agency. This had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the</p> | 0 100                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 100                                                                | <p>Continued From page 3</p> <p>licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>The licensee's website dated 2017, indicated the home care office was the same address of the assisted living facility and to contact CNS-B for further information.</p> <p>On August 24, 2026, from 9:53 a.m., through 9:59 a.m., the surveyor toured the assisted living facility with ALDIR-A and observed signage posted outside of apartment door #107 "nursing office," which had written, "Welcome to the office of (home care name), Office Hours: Monday-Friday 8:00 a.m.- 4:30 p.m." The signage further indicated the after hours on call number along with the administrator, CNS-B, licensed practical nurse (LPN)-F, and intake manager's names, and the address of the home care office.</p> <p>On August 24, 2026, at 1:30 p.m., the surveyor observed the licensee's comprehensive home care provider license posted in ALDIR-A's office.</p> <p>On August 25, 2026, at 11:10 a.m., CNS-B stated the comprehensive home care license served clients out in the community and no clients came to the office. CNS-B further stated the licensee stored the home care supplies in the basement of the assisted living facility.</p> <p>On August 25, 2026, at 9:01 a.m., CNS-B stated the licensee also had a comprehensive home care provider license, and the office was located at the assisted living facility since CNS-B and LPN-F also worked under the comprehensive home care license.</p> | 0 100                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 100                                                                | Continued From page 4<br><br>On August 25, 2026, at 9:56 a.m., the Minnesota Department of Health engineer surveyor stated there was not a two-hour separation wall between the home care office and the rest of the assisted living facility.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 100                                                                                          |                                                                                                                          |  |                                                        |
| 0 115<br>SS=F                                                        | 144G.10 Subd. 2 Licensure categories<br><br>(a) The categories in this subdivision are established for assisted living facility licensure.<br>(1) The assisted living facility category is for assisted living facilities that only provide assisted living services.<br>(2) The assisted living facility with dementia care category is for assisted living facilities that provide assisted living services and dementia care services. An assisted living facility with dementia care may also provide dementia care services in a secured dementia care unit.<br>(b) An assisted living facility that has a secured dementia care unit must be licensed as an assisted living facility with dementia care.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to obtain an assisted living with dementia care license (ALFDC). The facility was secured with a Wander guard system (device worn by a resident, which locked the doors and alarms staff when a resident is near an exit), and four of 13 residents (R6, R7, R8, R9) were not able to leave the building without staff assistance. | 0 115                                                                                          |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 115                                                                | <p>Continued From page 5</p> <p>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).</p> <p>The findings include:</p> <p>The licensee held an assisted living facility license effective November 1, 2025, and expired October 31, 2026.</p> <p>The licensee's Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) dated April 3, 2026, indicated the licensee was licensed as an assisted living facility. The UDALSA included services offered by the licensee, which included the licensee offered a wander alert system at facility exits based on the assessment of the registered nurse (RN).</p> <p>On page one of licensee's undated (licensee name) Handbook indicated the licensee was licensed with the State of Minnesota as an Assisted Living with Dementia Care establishment. On page five of the Handbook had written, "(licensee name) is licensed as an Assisted Living with Dementia Care facility by the Minnesota Department of Health."</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance</p> | 0 115                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 115                                                                | <p>Continued From page 6</p> <p>Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>On August 24, 2026, from 9:53 a.m., through 9:59 a.m., the surveyor toured the assisted living facility with ALDIR-A and observed a sticker on the front door, which had written "This community is protected by Wander Guard."</p> <p>R6<br/>R6 was admitted to the assisted living facility on July 24, 2026, and began receiving assisted living services.</p> <p>R6's diagnosis included dementia, insomnia (difficult sleeping), and prediabetes.</p> <p>R6's Service Plan Report dated July 24, 2026, indicated R6's services included Wander Guard.</p> <p>R6's Elopement Risk Assessment Form dated July 24, 2026, indicated R6 was at risk for elopement and included the following potential and definitive risk factors:<br/>-R6 had a diagnosis of dementia, organic brain syndrome, Alzheimer's, intellectual/developmental disability, delusions, hallucinations, anxiety disorder, depression, bi-polar, and schizophrenia;<br/>-R6 was able to ambulate independently with or without the use of an assistive device;<br/>-R6 had hearing, vision, or communication problems;<br/>-R6's wandering behavior was tied to R6's past;<br/>-R6 was recently admitted or re-admitted to the community and is not accepting of the situation;<br/>-R6 took medications that increase restlessness and/or agitation;<br/>-R6 was ambulatory, yet cognitively impaired with</p> | 0 115                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 115                                                                | <p>Continued From page 7</p> <p>poor decision-making skills;<br/>-R6's family/responsible party voice concerns R6 had wandering tendencies or attempted to leave their home/community without supervision;<br/>-R6 had verbally expressed the desire to go home, packed belongings to go home, talked about going on a trip, or stayed near an exit door;<br/>-R6 had a history of wandering/eloping while at home;<br/>-R6 had a history of leaving the community without informing staff;<br/>-R6 wandered without a sense of purpose; and<br/>-the wandering behavior for R6 was new.</p> <p>On August 24, 2026, at 2:27 p.m., the surveyor observed R6 near the main front door, and the Wander Guard system began to alarm. Unlicensed personnel (ULP)-E stated when R6 gets close to the front door exit, the door locks and R6 is unable to exit the facility. The surveyor observed ULP-E redirect R6 from the front door and provide coffee and a snack for R6.</p> <p>On August 25, 2026, at 1:23 p.m., the surveyor heard the Wander Guard alarm go off and observed R6 at the front entrance of the facility. ALDIR-A redirected R6 from the front main entrance of the facility.</p> <p>R7<br/>R7 was admitted to the assisted living facility on January 20, 2026, and began receiving assisted living services.</p> <p>R7's diagnosis included dementia, major depressive disorder, and anxiety.</p> <p>R7's Service Plan Report dated February 4, 2026, indicated R7's services included Wander Guard.</p> | 0 115                                                                                          |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 115                                                                | <p>Continued From page 8</p> <p>R7's Elopement Risk Assessment Form dated March 29, 2026, indicated R7 was at risk for elopement and included the following potential and definitive risk factors:</p> <ul style="list-style-type: none"><li>-R7 had a diagnosis of dementia, organic brain syndrome, Alzheimer's, intellectual/developmental disability, delusions, hallucinations, anxiety disorder, depression, bi-polar, and schizophrenia;</li><li>-R7 was able to ambulate independently with or without the use of an assistive device;</li><li>-R7 had hearing, vision, or communication problems;</li><li>-R7's wandering behavior was tied to R7's past;</li><li>-R7 was recently admitted or re-admitted to the community and is not accepting of the situation;</li><li>-R7 took medications that increase restlessness and/or agitation;</li><li>-R7 was ambulatory, yet cognitively impaired with poor decision-making skills;</li><li>-R7's family/responsible party voice concerns R7 had wandering tendencies or attempted to leave their home/community without supervision;</li><li>-R7 had verbally expressed the desire to go home, packed belongings to go home, talked about going on a trip, or stayed near an exit door;</li><li>-R7 had a history of wandering/eloping while at home;</li><li>-R7 wandered without a sense of purpose;</li><li>-the wandering behavior for R7 was new; and</li><li>-interventions put into place for R7 included Wander Guard and every two-hour checks.</li></ul> <p>R8</p> <p>R8 was admitted to the assisted living facility on March 25, 2026, and began receiving assisted living services.</p> <p>R8's diagnosis included adjustment disorder with mixed anxiety and depressed mood, depression,</p> | 0 115                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 115                                                                | <p>Continued From page 9</p> <p>and hypertension (HTN- high blood pressure).</p> <p>R8's Service Plan Report dated July 1, 2026, indicated R8's services included Wander Guard.</p> <p>R8's Elopement Risk Assessment Form dated March 25, 2026, indicated R8 was at risk for elopement and included the following potential and definitive risk factors:</p> <ul style="list-style-type: none"><li>-R8 had a diagnosis of dementia, organic brain syndrome, Alzheimer's, intellectual/developmental disability, delusions, hallucinations, anxiety disorder, depression, bi-polar, and schizophrenia;</li><li>-R8 was able to ambulate independently with or without the use of an assistive device;</li><li>-R8 had hearing, vision, or communication problems;</li><li>-R8's wandering behavior was tied to R8's past;</li><li>-R8 was recently admitted or re-admitted to the community and is not accepting of the situation;</li><li>-R8 took medications that increase restlessness and/or agitation;</li><li>-R8 was ambulatory, yet cognitively impaired with poor decision-making skills;</li><li>-R8's family/responsible party voice concerns R8 had wandering tendencies or attempted to leave their home/community without supervision;</li><li>-R8 had a history of wandering/eloping while at home; and</li><li>-interventions put into place for R8 included Wander Guard and every two-hour checks.</li></ul> <p>R9</p> <p>R9 was admitted to the assisted living facility on June 27, 2025, and began receiving assisted living services.</p> <p>R9's diagnosis included dementia, HTN, and confusional arousals.</p> | 0 115                                                                  |                                                                                                                          |  |                                                     |



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| 0 115                                                         | <p>Continued From page 10</p> <p>R9's Service Plan Report dated April 1, 2026, indicated R9's services included Wander Guard.</p> <p>R9's Elopement Risk Assessment Form dated March 20, 2026, indicated R9 was at risk for elopement and included the following potential and definitive risk factors:</p> <ul style="list-style-type: none"><li>-R9 had a diagnosis of dementia, organic brain syndrome, Alzheimer's, intellectual/developmental disability, delusions, hallucinations, anxiety disorder, depression, bi-polar, and schizophrenia;</li><li>-R9 was able to ambulate independently with or without the use of an assistive device;</li><li>-R9 had hearing, vision, or communication problems;</li><li>-R9's wandering behavior was tied to R9's past;</li><li>-R9 took medications that increase restlessness and/or agitation;</li><li>-R9 was ambulatory, yet cognitively impaired with poor decision-making skills;</li><li>-R9's family/responsible party voice concerns R9 had wandering tendencies or attempted to leave their home/community without supervision;</li><li>-R9 wandered without a sense of purpose; and</li><li>- interventions put into place for R9 included Wander Guard and every two-hour checks.</li></ul> <p>On August 25, 2026, at 7:08 a.m., ULP-C stated four residents wore Wander Guards at the facility, and when a resident got close to an exit door the alarms would sound to notify staff.</p> <p>On August 25, 2026, at 9:07 a.m., CNS-B stated four residents at the facility wore Wander Guards. CNS-B further stated the purpose of the Wander Guard was to prevent the residents from getting outside of the facility, and when a resident approached the exit door, the door would be</p> | 0 115                                                           |                                                                                                                          |  |                                              |



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| 0 115                                                                | <p>Continued From page 11</p> <p>locked and an alarm sounded to notify staff. CNS-B stated the licensee was not licensed as an assisted living facility with dementia care. CNS-B stated residents could come and go from the facility, however, if the residents wore a Wander Guard, they could not leave the facility unsupervised.</p> <p>On August 25, 2026, at 9:51 a.m., ALDIR-A stated when a resident wearing a Wander Guard approaches an exit door, the door locks and an alarm sounded to notify staff. ALDIR-A further stated if the door lock is pushed on three times, the lock releases, and would allow the resident to open the door.</p> <p>On August 26, 2026, from 12:51 p.m., through 1:00 p.m., CNS-B stated R6's Wander Guard was placed on R6 at admission per family request, and R6 was at risk for elopement. CNS-B further stated R7 wore a Wander Guard and R7's family was afraid R7 would elope during the middle of the night. CNS-B stated R8's Wander Guard was placed on R8 at admission per family request, and R8 had tried to elope from the last facility R7 resided in. CNS-B stated R9 wore a Wander Guard as R9 liked to wander, however, R9 had never attempted to elope from the facility. CNS-B further stated R6, R7, R8, and R9 were able to come and go from the facility with family members. ALDIR-A stated the Wander Guard system alarms staff if a resident is near the outside front door, the lock on the door engages to not allow residents to leave, and if the resident pushed on the door lock three times, then the lock would disengage and allow the resident to leave the facility.</p> <p>No further information was provided.</p> | 0 115                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 115                                                                | Continued From page 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 115                                                                                          |                                                                                                                          |  |                                                        |
| 0 120<br>SS=C                                                        | <p><b>144G.11 APPLICABILITY OF OTHER LAWS</b></p> <p>Assisted living facilities:<br/>(1) are subject to and must comply with chapter 504B;<br/>(2) must comply with section 325F.72; and<br/>(3) are not required to obtain a lodging license under chapter 157 and related rules.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the assisted living facility's marketing information did not advertise that the facility provided dementia care. This had the potential to affect all current and prospective residents.</p> <p>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) 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).</p> <p>The findings include:</p> <p>The licensee held an assisted living facility license effective November 1, 2025, and expired October 31, 2026.</p> <p>The licensee's Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) dated April 3, 2026, indicated the licensee was licensed as an assisted living facility.</p> | 0 120                                                                                          |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 120                                                                | <p>Continued From page 13</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>On page one of licensee's undated (licensee name) Handbook indicated the licensee was licensed with the State of Minnesota as an Assisted Living with Dementia Care establishment. On page five of the Handbook had written, "(licensee name) is licensed as an Assisted Living with Dementia Care facility by the Minnesota Department of Health."</p> <p>On August 25, 2026, at 11:11 a.m., ALDIR-A and CNS-B stated the resident handbook did not reflect accurate information, and the licensee was not licensed as an assisted living with dementia care. ALDIR-A further stated the licensee did not advertise for providing dementia services, however, the resident handbook was given to all residents and resident's representatives. ALDIR-A stated the licensee was in the process of rewriting the resident handbook to reflect current services offered.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 0 120                                                                  |                                                                                                                          |  |                                                     |
| 0 485<br>SS=C                                                        | <p><b>144G.41 Subdivision 1.a (a) Minimum requirements; required food services</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 485                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 485                                                                | <p>Continued From page 14</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>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.</p> <p>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) 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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical</p> | 0 485                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 485                                                                | <p>Continued From page 15</p> <p>nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>On page two of the licensee's undated Residency Agreement (assisted living contract) indicated Section: Included in the Basic Package: all three meals per day and snacks are included. In addition, Section 5. Services and Supplies Not Included in the Monthly Rent: Please see the (licensee's name) Rates and Meal plus Food Plan for total charges of services and fees.</p> <p>The licensee's undated Meal/Food Plan Addendum indicated the residents had the option to choose from the following:<br/>-three (3) meals each day (price listed); or<br/>-no meal plan through (licensee name).</p> <p>Resident assisted living contracts with addendums lacked an option for residents to opt out of payment for one or two meals residents would not want.</p> <p>On August 25, 2026, at 11:15 a.m., ALDIR-A stated residents had the option to opt into all meals or opt out of all meals. ALDIR-A further stated a resident has never opted out of the meal plan option since each resident apartment did not have facilities available in the apartment to cook. ALDIR-A stated ALDIR-A was not aware the licensee could not have a one set price meal package with no other options available.</p> <p>The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated April 17,</p> | 0 485                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 485                                                                | Continued From page 16<br><br>2026, indicated the provider cannot have a blanket "one size fits all" meal charge.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 485                                                                  |                                                                                                                          |  |                                                     |
| 0 680<br>SS=F                                                        | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by: | 0 680                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                                | <p>Continued From page 17</p> <p>Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, staff, and visitors at the assisted living facility.</p> <p>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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>The licensee's EPP dated January 12, 2025, lacked the following required content:<br/>-annual review of the EPP; and<br/>-quarterly review of the missing resident plan.</p> <p>On August 25, 2026, at 11:31 a.m., ALDIR-A stated ALDIR-A and director of maintenance (DM)-D had reviewed the licensee's EPP not long ago, however, ALDIR-A and DM-D did not document the review of the EPP. CNS-B stated the licensee reviewed the missing resident plan yearly, and the licensee was not aware the</p> | 0 680                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                                | <p>Continued From page 18</p> <p>missing resident plan was supposed to be reviewed at least quarterly.</p> <p>The licensee's 9.01 EPP- Appendix Z Compliance policy dated January 12, 2025, indicated the EPP plan will be reviewed annually.</p> <p>The licensee's 2.28 Missing Resident policy dated August 1, 2021, indicated (licensee name) will review this policy (missing resident) and any individual resident plans that pertain to elopement at least quarterly, and all changes will be documented.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0100, sections A and B, effective October 2022, assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0110, Subp. 4, effective October 2022, the assisted living director and CNS must review the missing person plan at least quarterly and document any changes to the plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 680                                                                                          |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 730                                                                | Continued From page 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 730                                                                  |                                                                                                                          |  |                                                     |
| 0 730<br>SS=D                                                        | <b>144G.43 Subd. 3 Contents of resident record</b><br><br>Contents of a resident record include the following for each resident:<br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(11) documentation that services have been provided as identified in the service plan;<br>(12) documentation that the resident has received | 0 730                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 730                                                                | <p>Continued From page 20</p> <p>and reviewed the assisted living bill of rights;<br/>(13) documentation of complaints received and any resolution;<br/>(14) a discharge summary, including service termination notice and related documentation, when applicable; and<br/>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure resident records included documentation of services provided for one of two residents (R3). In addition, the licensee failed to ensure the resident record included a discharge summary for one of two residents (R1) upon discharge.</p> <p>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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 730                                                                | <p>Continued From page 21</p> <p><b>DOCUMENTATION OF SERVICES</b><br/>R3's diagnoses included diabetes, hypertension (HTN-high blood pressure), and chronic kidney disease.</p> <p>R3's Service Plan Report dated July 9, 2026, indicated R3's services included medication administration, blood glucose checks, TEDS (compression stockings used to reduce swelling in the legs and prevent blood clots), assistance with bathing, grooming, toileting, dressing, and housekeeping.</p> <p>On August 24, 2026, at 11:33 a.m., the surveyor observed unlicensed personnel (ULP)-C complete a blood glucose check and administer R3's scheduled medication.</p> <p>R3's Schedule for July 2026, indicated the following:<br/>-July 12, and 19, respectively, indicated R3 did not have bathroom assistance documented at 1200 (12:00 p.m.);<br/>-July 12, and 19, respectively, indicated R3 did not have bathroom assistance documented at 1400 (2:00 p.m.);<br/>-July 13, indicated R3 did not have bathroom assistance documented at 2200 (10:00 p.m.);<br/>-July 19, indicated R3 did not have bathroom assistance documented at 0600 (6:00 a.m.), 0800 (8:00 a.m.), or 1000 (10:00 a.m.);<br/>-July 22, indicated R3 did not have bathroom assistance documented at 1400 (2:00 p.m.);<br/>-July 26, indicated R3 did not have bathroom assistance documented at 1600 (4:00 p.m.), 1800 (6:00 p.m.), 2000 (8:00 p.m.), or 2200 (10:00 p.m.); and<br/>-July 26, indicated R3 did not have a safety check documented at 2100 (9:00 p.m.).</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



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| 0 730                                                         | Continued From page 22<br><br>R3's Schedule for August 2026, indicated the following:<br>-August 8, indicated R3 did not have bathroom assistance documented at 0600 (6:00 a.m.), 0800 (8:00 a.m.), or 1000 (10:00 a.m.);<br>-August 9, indicated R3 did not have bathroom assistance documented at 0800 (8:00 a.m.);<br>-August 10, indicated R3 did not have bathroom assistance documented at 0600 (6:00 a.m.), 0800 (8:00 a.m.), 1000 (10:00 a.m.), 1200 (12:00 p.m.), or 1400 (2:00 p.m.);<br>-August 12, indicated R3 did not have a safety check documented at 2100 (9:00 p.m.);<br>-August 13, indicated R3 did not have bathroom assistance documented at 1600 (4:00 p.m.), 1800 (6:00 p.m.), 2000 (8:00 p.m.), or 2200 (10:00 p.m.);<br>-August 14, indicated R3 did not have bathroom assistance documented at 0600 (6:00 a.m.), 0800 (8:00 a.m.), 1000 (10:00 a.m.), 1200 (12:00 p.m.), or 1400 (2:00 p.m.);<br>-August 19, indicated R3 did not have ambulation assistance in the hallway documented during the morning shift;<br>-August 19, indicated R3 did not have bathroom assistance documented at 1600 (4:00 p.m.), 1800 (6:00 p.m.), 2000 (8:00 p.m.), or 2200 (10:00 p.m.);<br>-August 19, indicated R3 did not have a safety check documented at 2100 (9:00 p.m.);<br>-August 22, indicated R3 did not have ambulation assistance in the hallway documented during the morning shift;<br>-August 22, indicated R3 did not have bathroom assistance documented at 1600 (4:00 p.m.), 1800 (6:00 p.m.), 2000 (8:00 p.m.), or 2200 (10:00 p.m.);<br>-August 22, indicated R3 did not have a safety check documented at 2100 (9:00 p.m.); | 0 730                                                           |                                                                                                                          |                          |                                              |



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| 0 730                                                                | <p>Continued From page 23</p> <p>-August 23, indicated R3 did not have ambulation assistance in the hallway documented during the morning shift;</p> <p>-August 23, indicated R3 did not have bathroom assistance documented at 1600 (4:00 p.m.), 1800 (6:00 p.m.), 2000 (8:00 p.m.), or 2200 (10:00 p.m.); and</p> <p>-August 23, indicated R3 did not have a safety check documented at 2100 (9:00 p.m.).</p> <p>R3's record lacked documentation of the services noted above, or the reason why the service was not provided to R3.</p> <p>On August 26, 2026, at 1:09 p.m., CNS-B stated ULPs were expected to document services after each task was completed or offered to R3. CNS-B further stated R3 received all services noted above, however, ULPs did not document each service for R3.</p> <p><b>DISCHARGE SUMMARY</b><br/>The licensee's undated Discharged or Deceased Resident Roster: State Evaluations indicated R1 was admitted to the facility on April 8, 2026, and discharged on July 18, 2026.</p> <p>R1's diagnoses included spinal stenosis (narrow spaces within the spine putting pressure on the spinal cord and nerves), essential tremors (involuntary shaking or trembling), and low back pain.</p> <p>R1's Service Plan Report dated April 14, 2026, indicated R1 received medication administration.</p> <p>R1's (licensee name)- (licensee's city), MN (Minnesota)- ALF (assisted living facility) Progress Notes *New* dated July 19, 2026, had written "Resident no longer at facility."</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 730                                                                | <p>Continued From page 24</p> <p>R1's record lacked a discharge summary upon discharge from the assisted living facility.</p> <p>On August 25, 2026, at 11:26 a.m., CNS-B stated a resident discharge summary was supposed to be completed upon discharge of the resident, however, CNS-B stated R1 was discharged over the weekend and CNS-B had "missed" completing a discharge summary for R1.</p> <p>The licensee's 2.38 Resident- Record Information and Content policy dated August 1, 2021, indicated resident records must include documentation that services have been provided as identified in the service plan, and a discharge summary, including service termination notice and related documentation, when applicable.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0120, Subp. 9, effective October 2022, at the time of discharge, the facility must provide the resident, and, with the resident's consent, the resident's representatives and case manager, with a written discharge summary that includes all content as applicable in sections A.-D.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 730                                                                                          |                                                                                                                          |  |                                                        |
| 0 810<br>SS=F                                                        | <p>144G.45 Subd. 2 (b-f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 810                                                                                          |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 810                                                                | <p>Continued From page 25</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) staff actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p><br/></p> <p>This MN Requirement is not met as evidenced by:<br/>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.</p> <p><br/></p> <p>This practice resulted in a level two violation (a</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 810                                                                | Continued From page 26<br><br>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).<br><br>The findings include:<br><br>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.<br><br>TIME PERIOD FOR CORRECTION: SEVEN (7) days | 0 810                                                                  |                                                                                                                          |  |                                                     |
| 0 910<br>SS=C                                                        | 144G.50 Subd. 2 (a-b) Contract information<br><br>(a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility.<br>(b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of:<br>(1) the facility and contracted service provider when applicable;<br>(2) the licensee of the facility;<br>(3) the managing agent of the facility, if applicable; and<br>(4) the authorized agent for the facility.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record                             | 0 910                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 910                                                                | <p>Continued From page 27</p> <p>review, the licensee failed to execute a written contract with the required content for one of one resident (R5). This had the potential to affect all residents at the assisted living facility.</p> <p>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) 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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>R5's Residency Agreement (assisted living contract) was signed by R5's daughter on January 21, 2026.</p> <p>On August 24, 2026, at 12:13 p.m., the surveyor observed unlicensed personnel (ULP)-C administer R5's scheduled noon medication.</p> <p>R5's assisted living contract lacked the provider's identification number (HFID) and license of the facility.</p> <p>On August 25, 2026, at 11:14 a.m., ALDIR-A stated the licensee was aware the assisted living contract lacked required content, and the licensee was in the process of rewriting the assisted living</p> | 0 910                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>30742</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>08/26/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 910                                                                | Continued From page 28<br><br>contract. ALDIR-A further stated the same resident contract was used for all admissions.<br><br>On August 25, 2026, at 11:22 a.m., CNS-B stated the previous director of the facility cleared out the licensee's computer drive with the licensee's previous contract used, and the licensee no longer had access to the previous assisted living contract.<br><br>No further information was provided.<br><br>TIME PERIOD OF CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 910                                                                  |                                                                                                                          |  |                                                     |
| 0 920<br>SS=C                                                        | 144G.50 Subd. 2 (c) Contract information<br><br>(c) The contract must include:<br>(1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license;<br>(2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount;<br>(3) a delineation of the cost and nature of any other services to be provided for an additional fee;<br>(4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract;<br>(5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; | 0 920                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>30742</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/26/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 0 920                                                                | <p>Continued From page 29</p> <p>(6) billing and payment procedures and requirements; and<br/>(7) disclosure of the facility's ability to provide specialized diets.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the assisted living contract included all required content for one of one resident (R5). This had the potential to affect all residents at the assisted living facility.</p> <p>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) 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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>R5's Residency Agreement (assisted living contract) was signed by R5's daughter on January 21, 2026.</p> <p>On August 24, 2026, at 12:13 p.m., the surveyor observed unlicensed personnel (ULP)-C administer R5's scheduled noon medication.</p> | 0 920                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b> |                                                                                                                          |  |                                                        |
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| 0 920                                                                | <p>Continued From page 30</p> <p>R5's Assisted Living Contract did not include the following information:</p> <ul style="list-style-type: none"><li>- a disclosure of the category of assisted living facility license held by the facility; and</li><li>- a disclosure of the facility's ability to provide specialized diets.</li></ul> <p>On August 25, 2026, at 11:14 a.m., ALDIR-A stated the licensee was aware the assisted living contract lacked required content, and the licensee was in the process of rewriting the assisted living contract. ALDIR-A further stated the same resident contract was used for all admissions.</p> <p>On August 25, 2026, at 11:22 a.m., CNS-B stated the previous director of the facility cleared out the licensee's computer drive with the licensee's previous contract used, and the licensee no longer had access to the previous assisted living contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 920                                                                                          |                                                                                                                          |  |                                                        |
| 0 930<br>SS=C                                                        | <p>144G.50 Subd. 2 (d-e; 1-4) Contract information</p> <p>(d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints.</p> <p>(e) The contract must include a clear and conspicuous notice of:</p> <ul style="list-style-type: none"><li>(1) the right under section 144G.54 to appeal the termination of an assisted living contract;</li><li>(2) the facility's policy regarding transfer of</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                | 0 930                                                                                          |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 930                                                                | <p>Continued From page 31</p> <p>residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints;</p> <p>(4) the resident's right to obtain services from an unaffiliated service provider;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to execute a written assisted living contract with all required content for one of one resident (R5).</p> <p>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) 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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>R5's Residency Agreement (assisted living contract) was signed by R5's daughter on</p> | 0 930                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 930                                                                | <p>Continued From page 32</p> <p>January 21, 2026.</p> <p>On August 24, 2026, at 12:13 p.m., the surveyor observed unlicensed personnel (ULP)-C administer R5's scheduled noon medication.</p> <p>R5's assisted living contract lacked the following required content:</p> <ul style="list-style-type: none"><li>- the right under section 144G.54 to appeal the termination of an assisted living contract;</li><li>-the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer;</li><li>-contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; and</li><li>-the resident's right to obtain services from an unaffiliated service provider.</li></ul> <p>On August 25, 2026, at 11:14 a.m., ALDIR-A stated the licensee was aware the assisted living contract lacked required content, and the licensee was in the process of rewriting the assisted living contract. ALDIR-A further stated the same resident contract was used for all admissions.</p> <p>On August 25, 2026, at 11:22 a.m., CNS-B stated the previous director of the facility cleared out the licensee's computer drive with the licensee's previous contract used, and the licensee no longer had access to the previous assisted living contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 930                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 940                                                                | Continued From page 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 940                                                                  |                                                                                                                          |  |                                                     |
| 0 940<br>SS=C                                                        | <b>144G.50 Subd. 2 (e; 5-7) Contract information</b><br><br>(5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including:<br>(i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;<br>(ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b);<br>(iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided;<br>(iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required;<br>(v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;<br>(vi) a statement that residents may be eligible for assistance with rent through the housing support program; and<br>(vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program;<br>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and<br>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. | 0 940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 940                                                                | <p>Continued From page 34</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one resident (R5). This had the potential to affect all residents at the assisted living facility.</p> <p>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) 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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>R5's Residency Agreement (assisted living contract) was signed by R5's daughter on January 21, 2026.</p> <p>On August 24, 2026, at 12:13 p.m., the surveyor observed unlicensed personnel (ULP)-C administer R5's scheduled noon medication.</p> <p>R5's assisted living contract lacked the following required content:<br/>-whether the facility is enrolled with the commissioner of human services to provide</p> | 0 940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 940                                                                | <p>Continued From page 35</p> <p>customized living services under medical assistance waivers;</p> <p>-whether the facility has an agreement to provide housing support under section 256I.04;</p> <p>-whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time;</p> <p>-whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required;</p> <p>-a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;</p> <p>-a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program;</p> <p>-the contact information to obtain long-term care consulting services; and</p> <p>-the toll-free phone number for the Minnesota Adult Abuse Reporting Center (MAARC).</p> <p>On August 25, 2026, at 11:14 a.m., ALDIR-A stated the licensee was aware the assisted living contract lacked required content, and the licensee was in the process of rewriting the assisted living contract. ALDIR-A further stated the same resident contract was used for all admissions.</p> <p>On August 25, 2026, at 11:22 a.m., CNS-B stated the previous director of the facility cleared out the licensee's computer drive with the licensee's previous contract used, and the licensee no longer had access to the previous assisted living contract.</p> <p>No further information was provided.</p> | 0 940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 940                                                                | Continued From page 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 940                                                                  |                                                                                                                          |  |                                                     |
| 0 970<br>SS=C                                                        | <p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident for one of one resident (R5). This had the potential to affect all residents at the assisted living facility.</p> <p>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) 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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the</p> | 0 970                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 0 970                                                                | <p>Continued From page 37</p> <p>entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>R5's Residency Agreement (assisted living contract) was signed by R5's daughter on January 21, 2026.</p> <p>On August 24, 2026, at 12:13 p.m., the surveyor observed unlicensed personnel (ULP)-C administer R5's scheduled noon medication.</p> <p>R5's Residency Agreement (assisted living contract) included the following information:<br/>-Page nine (9) k. Be responsible for the costs of:<br/>(1) any loss, property damage, or repair or service (including plumbing problems) or injury to any person, including but not limited to Management's employees, caused by the acts of Tenant (resident) ..., whether intentional or unintentional and whether or not under Tenant's (resident's) control or direction ...;<br/>-Page 10, Section eight (8). No Liability of (licensee name), a. management has no responsibility to Tenant (resident) ... for any personal property placed in the Apartment or in any other location within (licensee name) by Tenant (resident)... Management is not responsible to Tenant (resident)...for loss of any personal property by theft or any other cause. Tenant (resident) assumes all risk for harm to or loss of any of Tenant's (resident's) personal property;<br/>-Page 10, c. No Liability of (licensee name) for Certain Other Losses or Damages: Tenant (resident) acknowledges familiarity with the Apartment, the premises and services of (licensee name) and therefore willing to, and</p> | 0 970                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                  |  |                                                     |
| (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                                  |
| 0 970                                                                | <p>Continued From page 38</p> <p>does, assume all risk associated with occupancy. Tenant further acknowledges that Management is not an insurer of Tenant's (resident's) safety. (licensee name), it's employees, and its agents are not liable to Tenant (resident)... for any loss or inconvenience of any kind, including personal injuries sustained by Tenant (resident)..., or any loss or damage to property, which is not a direct result of intentional or negligent acts in violation of applicable standards of care.</p> <p>On August 25, 2026, at 11:14 a.m., ALDIR-A stated the licensee was aware the assisted living contract lacked required content, and the licensee was in the process of rewriting the assisted living contract. ALDIR-A further stated the same resident contract was used for all admissions.</p> <p>On August 25, 2026, at 11:22 a.m., CNS-B stated the previous director of the facility cleared out the licensee's computer drive with the licensee's previous contract used, and the licensee no longer had access to the previous assisted living contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 970                                                                  |                                                                                                                 |  |                                                     |
| 01290<br>SS=F                                                        | <p>144G.60 Subdivision 1 Background studies required</p> <p>(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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01290                                                                  |                                                                                                                 |  |                                                     |



Minnesota Department of Health

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| 01290                                                                | <p>Continued From page 39</p> <p>self-disclosure of criminal conviction information.<br/>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br/>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the employee's current background study clearance was affiliated with the correct health care facility identification number (HFID) for one of six employees (director of maintenance (DM)-D). This had the potential to affect all residents living within the facility.</p> <p>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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document</p> | 01290                                                                  |                                                                                                                          |  |                                                     |



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| 01290                                                                | <p>Continued From page 40</p> <p>indicated the licensee was aware of the required content in the employee records.</p> <p>DM-D was hired on October 27, 2014, and effective August 1, 2021, began to provide maintenance services at the assisted living facility.</p> <p>On August 25, 2026, at 9:30 a.m., the surveyor observed DM-D on a tour of the facility with the Minnesota Department of Health engineer surveyor.</p> <p>The licensee's NETStudy 2.0 Roster for HFID 30742 printed on August 24, 2026, did not have DM-D listed as an affiliated employee.</p> <p>DM-D's employee record included a cleared background study for the licensee's skilled nursing facility with HFID 110 dated October 8, 2014. In addition, DM-D's employee record included a cleared background study dated August 24, 2026, for the licensee's HFID 30742.</p> <p>On August 25, 2026, at 11:49 a.m., ALDIR-A stated the human resource department was responsible for completing background studies, and the human resource department had affiliated DM-D after the surveyor requested to review DM-D's individual background study. ALDIR-A further stated the human resource department had access to all NETStudy 2.0 Rosters and would be notified if DM-D were to become ineligible to work.</p> <p>The licensee's 4.02 Background Studies policy dated August 1, 2021, indicated (licensee name) will conduct a Minnesota Department of Human Services Background Study on all employees and volunteers and contractors at (licensee name)</p> | 01290                                                                                          |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01290                                                                | Continued From page 41<br><br>[sic]. The policy did not address background study affiliation.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01290                                                                  |                                                                                                                          |  |                                                     |
| 01350<br>SS=I                                                        | <b>144G.60 Subd. 5 Temporary staff</b><br><br>When a facility contracts with a temporary staffing agency, those individuals must meet the same requirements required by this section for personnel employed by the facility and shall be treated as if they are staff of the facility.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure prior to delegating medication administration, blood glucose checks, and TEDS (compression stockings used to promote circulation) to contracted unlicensed personnel (ULP), the ULP had demonstrated competency to perform the administration or procedure to the registered nurse (RN) for one of one employee (ULP-C). In addition, the licensee failed to ensure orientation to assisted living was completed for one of one contracted employee (ULP-C). This had the potential to affect all residents receiving medication and treatment services.<br><br>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that | 01350                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 01350                                                                | <p>Continued From page 42</p> <p>has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p><b>**REVISED for identifier change from LALD-A to ALDIR-A to reflect correct job title and add ULP-C lacked orientation to assisted living**</b></p> <p>This resulted in an immediate correction order on August 25, 2026.</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations indicated the licensee was familiar with current assisted living laws and regulations. In addition, the licensee did not utilize contracted staff.</p> <p>On August 24, 2026, at 9:59 a.m., ULP-C stated ULP-C had worked for the licensee for a "few weeks" and had completed online training courses when hired.</p> <p>ULP-C was hired on August 10, 2026, through a contracted agency to provide direct care services to residents at the assisted living facility.</p> <p>ULP-C's employee record contained a Certificate of Completion Medication Pass Training dated August 10, 2026. ULP-C's employee record lacked evidence ULP-C demonstrated competency by the RN for medication administration, blood glucose monitoring, and TEDS. In addition, ULP-C's employee record lacked evidence ULP-C completed orientation to assisted living prior to providing direct care</p> | 01350                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01350                                                                | <p>Continued From page 43</p> <p>services to residents at the facility.</p> <p>On August 24, 2026, at 11:33 a.m., the surveyor observed ULP-C complete a blood glucose check via a Dexcom (continuous monitor device measuring blood sugar levels in the blood) and medication administration for R3. ULP-C compared R3's Novolog insulin pen to R3's electronic medication administration record (EMAR), cleansed the hub of the insulin pen with an alcohol swab, dialed the Novolog insulin pen to 5 units, cleansed R3's left upper stomach with an alcohol swab, and administered R3's insulin. The surveyor did not observe ULP-C prime R3's insulin pen prior to administration of the insulin.</p> <p>On August 24, 2026, at 12:17 p.m., the surveyor observed ULP-C administered R3's scheduled oral medication.</p> <p>On August 25, 2026, at 6:40 a.m., ULP-C stated ULP-C had completed online training courses when hired at the contract agency.</p> <p>On August 25, 2026, at 7:32 a.m., the surveyor observed ULP-C put on R3's TEDS.</p> <p>On August 25, 2026, at 9:02 a.m., CNS-B stated when contracted ULPs started at the facility, the ULP would receive approximately a one-hour training by CNS-B or other staff prior to starting on the floor. CNS-B stated contracted ULPs received their training and competency testing through the contracted agency and the licensee did not complete any training or competency testing for contracted temporary staff.</p> <p>On August 25, 2026, at 9:49 a.m., ULP-C stated CNS-B had gone over the insulin and medication cart with ULP-C upon starting and provider a</p> | 01350                                                                  |                                                                                                                          |  |                                                     |



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| 01350                                                                | <p>Continued From page 44</p> <p>quick reminder course, since ULP-C had passed medications at other facilities. ULP-C further stated CNS-B did not observe ULP-C for any medications or treatments to determine if ULP-C was competent.</p> <p>On August 25, 2026, at 11:38 a.m., CNS-B stated competency testing was supposed to be completed by the contract agency. CNS-B further stated a contracted ULP would receive about a one-hour training from CNS-B, licensed practical nurse (LPN)-F, or the evening ULP to review the licensee's policies, review falls, emergency contact information, medication cart location and organization, and how to use the licensee's electronic medical record system. CNS-B stated if CNS-B was onsite and the contracted ULP arrived at a blood glucose or medication administration time, then CNS-B would observe the ULP complete the administration. CNS-B stated CNS-B observed ULP-C conduct a blood glucose check and administer oral medications upon hire, however, did not observe ULP-C administer insulin or apply TED hose. CNS-B further stated CNS-B was not aware of the competency testing requirements for assisted living facilities who contracted staff and assumed all training and competency testing was completed through the contracted agency staffing. CNS-B stated ULP-C's record lacked documentation of what CNS-B covered with ULP-C on August 10, 2026.</p> <p>On August 25, 2026, at 12:11 p.m., ULP-C stated CNS-B may have observed ULP-C from a distance administer oral medications in the dining room over the noon hour to residents, however, ULP-C stated ULP-C did not know for sure.</p> <p>The licensee's 4.07 Temporary and Contracted</p> | 01350                                                                  |                                                                                                                          |  |                                                     |



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| 01350                                                                | <p>Continued From page 45</p> <p>Staff policy dated August 1, 2021, indicated (licensee name) may arrange for temporary supplement staffing or contacted staff. Such staff will only be used if they meet the same requirements required as hired employees and will be treated as if they are staff of the facility. In addition, competency evaluation results must be obtained for ULP who will be assigned to perform delegated nursing services.</p> <p>The licensee's 5.01 Orientation of Staff and Supervisors and Content [sic] policy dated August 1, 2021, indicated orientation must be completed once for each staff person and is not transferable to another home care provider [sic].</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p>                                              | 01350                                                                                          |                                                                                                                          |  |                                                     |
| 01620<br>SS=E                                                        | <p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the</p> | 01620                                                                                          |                                                                                                                          |  |                                                     |



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| 01620                                                                | <p>Continued From page 46</p> <p>resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted assessments with the uniform assessment tool that included all required content for two of three residents (R7, R8).</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                         | <p>Continued From page 47</p> <p>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 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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the RN completed assessments on admission, 14 days, every 90 days, with a resident change in condition, and as needed.</p> <p>R7<br/>R7's diagnosis included dementia, major depressive disorder, and anxiety.</p> <p>R7's Service Plan Report dated February 4, 2026, indicated R7's services included Wander Guard.</p> <p>R7's Elopement Risk Assessment Form dated March 29, 2026, indicated R7 was at risk for elopement and included the following potential and definitive risk factors:<br/>-R7 had a diagnosis of dementia, organic brain syndrome, Alzheimer's, intellectual/developmental disability, delusions, hallucinations, anxiety disorder, depression, bi-polar, and schizophrenia;</p> | 01620                                                           |                                                                                                                          |  |                                              |



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| 01620                                                                | <p>Continued From page 48</p> <p>-R7 was able to ambulate independently with or without the use of an assistive device;<br/>-R7 had hearing, vision, or communication problems;<br/>-R7's wandering behavior was tied to R7's past;<br/>-R7 was recently admitted or re-admitted to the community and is not accepting of the situation;<br/>-R7 took medications that increase restlessness and/or agitation;<br/>-R7 was ambulatory, yet cognitively impaired with poor decision-making skills;<br/>-R7's family/responsible party voice concerns R7 had wandering tendencies or attempted to leave their home/community without supervision;<br/>-R7 had verbally expressed the desire to go home, packed belongings to go home, talked about going on a trip, or stayed near an exit door;<br/>-R7 had a history of wandering/eloping while at home;<br/>-R7 wandered without a sense of purpose;<br/>-the wandering behavior for R7 was new; and<br/>-interventions put into place for R7 included Wander Guard and every two-hour checks.</p> <p>R8<br/>R8's diagnosis included adjustment disorder with mixed anxiety and depressed mood, depression, and hypertension (HTN- high blood pressure).</p> <p>R8's Service Plan Report dated July 1, 2026, indicated R8's services included Wander Guard.</p> <p>R8's Elopement Risk Assessment Form dated March 25, 2026, indicated R8 was at risk for elopement and included the following potential and definitive risk factors:<br/>-R8 had a diagnosis of dementia, organic brain syndrome, Alzheimer's, intellectual/developmental disability, delusions, hallucinations, anxiety disorder, depression,</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 01620                                                                | <p>Continued From page 49</p> <p>bi-polar, and schizophrenia;<br/>-R8 was able to ambulate independently with or without the use of an assistive device;<br/>-R8 had hearing, vision, or communication problems;<br/>-R8's wandering behavior was tied to R8's past;<br/>-R8 was recently admitted or re-admitted to the community and is not accepting of the situation;<br/>-R8 took medications that increase restlessness and/or agitation;<br/>-R8 was ambulatory, yet cognitively impaired with poor decision-making skills;<br/>-R8's family/responsible party voice concerns R8 had wandering tendencies or attempted to leave their home/community without supervision;<br/>-R8 had a history of wandering/eloping while at home; and<br/>-interventions put into place for R8 included Wander Guard and every two-hour checks.</p> <p>R7 and R8's records lacked evidence R7 and R8 were assessed by the RN for the use of the resident Wander Guard at least every 90 days.</p> <p>On August 25, 2026, at 7:08 a.m., unlicensed personnel (ULP)-C stated four residents wore Wander Guards at the facility, and when a resident got close to an exit door the alarms would sound to notify staff.</p> <p>On August 25, 2026, at 9:07 a.m., CNS-B stated four residents at the facility wore Wander Guards. CNS-B further stated the purpose of the Wander Guard was to prevent the residents from getting outside of the facility, and when a resident approached the exit door, the door would be locked and an alarm sounded to notify staff. CNS-B stated the licensee was not licensed as an assisted living facility with dementia care. CNS-B stated residents could come and go from</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
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| 01620                                                                | <p>Continued From page 50</p> <p>the facility, however, if the residents wore a Wander Guard, they could not leave the facility unsupervised.</p> <p>On August 25, 2026, at 9:51 a.m., ALDIR-A stated when a resident wearing a Wander Guard approaches an exit door, the door locks and an alarm sounded to notify staff. ALDIR-A further stated if the door lock is pushed on three times, the lock releases, and would allow the resident to open the door.</p> <p>On August 26, 2026, at 12:53 p.m., CNS-B stated CNS-B had verified R7 and R8 still wore Wander Guards with the assessment every 90 days, however, CNS-B stated CNS-B had not completed an assessment of R7 and R8's Wander Guards with their 90-day assessments. CNS-B stated CNS-B assessed the use on Wander Guards upon application and CNS-B was not aware Wander Guards needed to be assessed at least every 90 days.</p> <p>The licensee's 6.01 Assessments, Reviews and Monitoring policy dated August 1, 2021, indicated the initial nursing assessment or reassessment must include all the elements of the uniform assessment tool as required.</p> <p>The licensee's 6.03 Uniform Assessment Tool policy dated August 1, 2021, indicated the uniform assessment tool included assessment of assistive devices.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0140, Subp. 2, effective October 2022, a nursing assessment or reassessment under Minnesota Statutes, section 144G.70, subdivision 2, paragraphs (b) and (c), must be conducted on a prospective resident or resident</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                                | Continued From page 51<br><br>receiving any of the assisted living services identified in Minnesota Statutes, section 144G.08, subdivision 9, clauses (6) to (12).<br>B. The nursing assessment or reassessment under item A must:<br>(1) address part 4659.0150, subpart 2, items A to N;<br>(2) be conducted in person unless an exception under Minnesota Statutes, section 144G.70, subdivision 2, paragraph (b), applies;<br>(3) be conducted using a uniform assessment tool that complies with part 4659.0150; and<br>(4) be in writing, dated, and signed by the registered nurse who conducted the assessment.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                          | 01620                                                                  |                                                                                                                          |                          |                                                     |
| 01910<br>SS=D                                                        | 144G.71 Subd. 22 Disposition of medications<br><br>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.<br>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.<br>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, | 01910                                                                  |                                                                                                                          |                          |                                                     |



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| 01910                                                                | <p>Continued From page 52</p> <p>strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to document in the resident's record all required content for disposition of the medications for one of two residents (R1) upon discharge.</p> <p>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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee provided medication management services to residents at the assisted living facility.</p> <p>The licensee's undated Discharged or Deceased Resident Roster: State Evaluations indicated R1 was admitted to the facility on April 8, 2026, and discharged on July 18, 2026.</p> | 01910                                                                  |                                                                                                                          |  |                                                     |



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| 01910                                                                | <p>Continued From page 53</p> <p>R1's diagnoses included spinal stenosis (narrow spaces within the spine putting pressure on the spinal cord and nerves), essential tremors (involuntary shaking or trembling), and low back pain.</p> <p>R1's Service Plan Report dated April 14, 2026, indicated R1 received medication administration.</p> <p>R1's Medication Administration Record (MAR) dated June 2026, and July 2026, respectively, indicated R1 received the following medications:<br/>-cyanocobalamin (supplement) 1000 micrograms (mcg) daily<br/>-folic acid (supplement) 1 milligram (mg) daily<br/>-melatonin (sleep aid) 10 mg daily<br/>-prednisone (for spinal stenosis) 5 mg daily<br/>-Propranolol HCl (for tremors) 20 mg daily<br/>-Rosuvastatin Calcium (for high cholesterol) 10 mg daily<br/>-Eliquis (for atrial fibrillation) 5 mg twice daily<br/>-Klor-Con (supplement) 20 milliequivalents (mEq) three times daily</p> <p>R1's prescriber orders dated April 15, 2026, and April 27, 2026, respectively, included the above noted medications.</p> <p>R1's undated Medication Disposal Record indicated on July 19, 2026 (one day after R1's discharge from the assisted living facility), all medications sent with resident (R1) to (assisted living facility name).</p> <p>R1's record lacked the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff and other individuals involved in the disposition for the medications noted above.</p> | 01910                                                                  |                                                                                                                          |  |                                                     |



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| 01910                                                                | <p>Continued From page 54</p> <p>On August 25, 2026, at 11:28 a.m., CNS-B stated licensed practical nurse (LPN)-F had completed R1's medication disposition form and did not fill out the medication disposition form correctly. CNS-B further stated medication disposition documentation was supposed to include medication's name, quantity of medication, and signatures of whom the medication was sent with, which were all areas listed on the medication disposition form.</p> <p>The licensee's 7.23 Medication Disposal policy dated March 24, 2025, indicated when (licensee name) was no longer managing medications for a resident, upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01910                                                                                          |                                                                                                                          |  |                                                        |
| 02310<br>SS=F                                                        | <p><b>144G.91 Subd. 4 (a) Appropriate care and services</b></p> <p>(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.</p> <p>This MN Requirement is not met as evidenced</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 02310                                                                                          |                                                                                                                          |  |                                                        |



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| 02310                                                                | <p>Continued From page 55</p> <p>by:<br/>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 one of one resident (R4) with hospital bed rails.</p> <p>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).</p> <p>The findings include:</p> <p>On August 24, 2026, at 9:02 a.m., assisted living director in residency (ALDIR)-A stated clinical nurse supervisor (CNS)-B had completed the entrance form and was current information for the licensee. The licensee's undated Entrance Conference: State Evaluations document indicated the licensee was familiar with current assisted living laws and regulations.</p> <p>R4's diagnoses included diabetes, hypertension (HTN-high blood pressure), and dementia.</p> <p>R4's Service Plan Report dated July 20, 2026, indicated R4's services included medication administration, blood glucose checks, and assistance with bathing, grooming, dressing, and housekeeping.</p> <p>On August 25, 2026, at 6:41 a.m., the surveyor observed unlicensed personnel (ULP)-C complete a blood glucose check for R4. During</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



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| 02310                                                                | <p>Continued From page 56</p> <p>the observation, the surveyor observed upper bilateral hospital bed rails on R4's bed.</p> <p>R4's Side Rail (bed rail) Use Assessment Form-V 3 dated July 30, 2026, indicated the bed rails were being considered per resident request, family request, and positioning/mobility. Based on the assessment, R4's bilateral upper bed rails were appropriate to promote independence, and the bed rails were not being used as a restraint. R4 and R4's representative were provided with a guide to bed safety, positive and negative aspects of bed rail use were discussed, education was provided, and R4 used the bed rails for positioning and support. R4 was also working with physical therapy and occupational therapy. In addition, Zones 1, 2, and 3 were less than 4 ¾ inches, Zone 4 was less than 2 3/8 inches, and the bed rails were installed per manufacturer's guidelines.</p> <p>R4's record lacked evidence of documentation of the accurate zone measurements for zones 1, 2, 3, and 4 on R4's upper bilateral hospital style bed rails.</p> <p>On August 26, 2026, at 12:48 p.m., CNS-B stated CNS-B completed a bed rail assessment every 90 days, which included checking the placement of the bed rail, ensuring the bed rail was still appropriate for the resident, ensuring the bed rail had not moved, and measuring the zones of the bed rail to ensure it met Food and Drug Administration (FDA) guidelines. CNS-B further stated CNS-B did not document the measurements of bed rail zones for any resident, and CNS-B was not aware it was required to document the actual measurement of the zone.</p> <p>The licensee's 6.28 Side Rails (bed rails) policy</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>30742</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>08/26/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 02310                                                                | <p>Continued From page 57</p> <p>dated August 1, 2021, indicated the registered nurse (RN) will perform a side rail (bed rail) assessment along with measuring the side rail (bed rail) to ensure they meet FDA's requirements. The policy did not address documentation of the actual measurement of each zone.</p> <p>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."</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources &amp; Frequently-Asked Questions (FAQs) dated April 17, 2026, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none"><li>- Purpose and intention of the bed rail;</li><li>- Measurements;</li><li>- The resident's bed rail use/need assessment;</li><li>- Risk vs. benefits discussion (individualized to each resident's risks);</li><li>- The resident's preferences;</li><li>- Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and</li><li>- Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements."</li></ul> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                          |  |                                                        |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>30742</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/26/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON'S ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>305 CENTRAL AVENUE SOUTH<br/>BRANDON, MN 56315</b>                           |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 02310                                                                | <p>Continued From page 58</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0140, Subp. 2, effective October 2022, a nursing assessment or reassessment under Minnesota Statutes, section 144G.70, subdivision 2, paragraphs (b) and (c), must be conducted on a prospective resident or resident receiving any of the assisted living services identified in Minnesota Statutes, section 144G.08, subdivision 9, clauses (6) to (12).</p> <p>B. The nursing assessment or reassessment under item A must:</p> <p>(1) address part 4659.0150, subpart 2, items A to N;</p> <p>(2) be conducted in person unless an exception under Minnesota Statutes, section 144G.70, subdivision 2, paragraph (b), applies;</p> <p>(3) be conducted using a uniform assessment tool that complies with part 4659.0150; and</p> <p>(4) be in writing, dated, and signed by the registered nurse who conducted the assessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 02310                                                                     |                                                                                                                          |  |                                                        |





Fergus Falls District Office  
Minnesota Department of Health  
2312 College Way  
Fergus Falls, MN 56537  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

BRANDON'S ASSISTED LIVING  
305 CENTRAL AVENUE SOUTH  
Brandon, MN 56315  
Douglas County  
Parcel:  
  
Phone:

### License Info

License: HFID 30742  
  
Risk:  
License:  
Expires on:  
CFPM: Sherri Ann Endreson  
CFPM #: 63040; Exp: 10/29/2028

### Inspection Info

Report Number: F1065261109  
Inspection Type: Full - Single  
Date: 8/25/2026 Time: 10:30:23 AM  
Duration: minutes  
Announced Inspection:  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery: Emailed

No orders were issued for this inspection report.

## Food & Beverage General Comment

1. The Certified Food Manager should be routinely conducting self-inspections to ensure that employees are following proper food handling practices.
2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up-to-date employee illness log.
3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.
4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

**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 Fergus Falls District Office inspection report number F1065261109 from 8/25/2026**

*Monique Erickson*

Establishment Representative

Monique Erickson,  
Public Health Sanitarian 2  
218-332-5146  
monique.erickson@state.mn.us





Fergus Falls District Office  
Minnesota Department of Health  
2312 College Way  
Fergus Falls, MN 56537

Temperature Observations/Recordings

Page: 1

| Establishment Info           | Inspection Info            |
|------------------------------|----------------------------|
| BRANDON'S ASSISTED LIVING    | Report Number: F1065261109 |
| Brandon                      | Inspection Type: Full      |
| County/Group: Douglas County | Date: 8/25/2026            |
|                              | Time: 10:30:23 AM          |

**Equipment Temperature:** Product/Item/Unit: "true" upright; **Temperature Process:** Ambient Air

**Location:** Upright Cooler at 36 Degrees F.

Comment:

Violation Issued?: No

**Equipment Temperature:** Product/Item/Unit: kitchen upright; **Temperature Process:** Ambient Air

**Location:** Upright Cooler at 36 Degrees F.

Comment:

Violation Issued?: No





Fergus Falls District Office  
Minnesota Department of Health  
2312 College Way  
Fergus Falls, MN 56537

## Sanitizer Observations/Recordings

Page: 1

### Establishment Info

BRANDON'S ASSISTED LIVING  
Brandon  
County/Group: Douglas County

### Inspection Info

Report Number: F1065261109  
Inspection Type: Full  
Date: 8/25/2026  
Time: 10:30:23 AM

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

**Location:** Dishwashing Area **Equal To** 172 Degrees F.

Comment:

*Violation Issued?: No*

**Sanitizing Chemical:** Product: Quaternary Ammonia; **Sanitizing Process:** Spray Bottle

**Location:** Kitchen **Equal To** 200 PPM

Comment:

*Violation Issued?: No*



# Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                         |                 |
|---------------------------------------------------------|-----------------|
| Project No: SL30742016                                  | Date: 8/25/2026 |
| Facility Name: Brandon’s Assisted Living                |                 |
| Facility Address: 305 Central Ave. S. Brandon, MN 56315 |                 |

☒ TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

*Comments: This fire safety and evacuation plan was directed to staff in general it did not call out specific actions according to how this facility is staffed and the building layout. The plan referenced fire doors and smoke compartments, that were not present inside the facility. The plan also had the sistering facility name on it instead of the name of this facility.*
2. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

*Comments: The licensee failed to develop the fire safety and evacuation plan (FSEP) with site specific resident actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. It did not include specific actions that residents should take in a fire or similar emergency.*
3. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. [Minn. Stat. 144G.45 subd.2]

*Comments: The plan included instructions to evacuate residents but did not include the identification of any residents that needed assistance nor any resident-specific procedures to staff for assisting those residents during evacuation.*