

STATE LICENSING COMPLIANCE REPORT

Report #: HL205343188C

Date Concluded: June 12, 2025

Name, Address, and County of Facility

Investigated:

The Oaks

2201 7th Avenue North

Anoka, MN 55303

Anoka County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Erin Johnson-Crosby, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/05/2026
NAME OF PROVIDER OR SUPPLIER OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 7TH AVENUE NORTH ANOKA, MN 55303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{0 000}	Initial Comments On March 5, 2026, the Minnesota Department of Health conducted a licensing order follow-up related to a correction order issued for complaint #HL205343188C. The following correction order is re-issued for #HL205343188C, tag identification 0590.	{0 000}			
{0 590} SS=D	144G.42 Subd. 3 Facility restrictions (a) This subdivision does not apply to licensees that are Minnesota counties or other units of government. (b) A facility or staff person may not: (1) accept a power-of-attorney from residents for any purpose, and may not accept appointments as guardians or conservators of residents; or (2) borrow a resident's funds or personal or real property, nor in any way convert a resident's property to the possession of the facility or staff person. (c) A facility may not serve as a resident's legal, designated, or other representative. (d) Nothing in this subdivision precludes a facility or staff person from accepting gifts of minimal value or precludes acceptance of donations or bequests made to a facility that are exempt from section 501(c)(3) of the Internal Revenue Code. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure staff did not serve as a resident's legal, designated, or other representative when the licensee allowed a staff member/administrative assistant (ADM)-C (former vice president) to serve as guardian (legal right and duty to care for another and make decisions related to medical, health and	{0 590}			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/05/2026
NAME OF PROVIDER OR SUPPLIER OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 7TH AVENUE NORTH ANOKA, MN 55303			
(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
{0 590}	Continued From page 1 residential) for one of six resident (R1) reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: Previous licensing orders were issued on April 30, 2025, July 8, 2025, September 19, 2025, and December 2, 2025, regarding ADM-C serving as a resident's legal guardian. R1 admitted to the facility on September 27, 2022, with diagnoses including altered dementia and post traumatic stress disorder. R1's current facility profile sheet indicated ADM-C was R1's guardian. R1's service plan dated April 2, 2024, indicated R1 received services for all activities of daily living, medication management, activities, meals, and housekeeping. The service plan was signed by ADM-C. Guardianship documents dated August 6, 2024, indicated ADM-C guardian services was appointed as R1's legal guardian. A Net study 2.0 Roster indicated ADM-C's background study was affiliated with the licensee in a managerial position. On December 30, 2025, at 1:41 p.m., ADM-C	{0 590}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/05/2026
NAME OF PROVIDER OR SUPPLIER OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 7TH AVENUE NORTH ANOKA, MN 55303			
(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
{0 590}	Continued From page 2 emailed and indicated guardianship would be changed as soon as possible. On March 5, 2026, at 10:29 a.m., an email was sent the licensee requesting documents for a follow up investigation related to licensing orders that were emailed January 27, 2026. The documents were requested to be emailed by March 11, 2026. On March 19, 2026, at 10:39 a.m., the licensee's lawyer emailed a resident list and face sheets for residents that currently had ADM-C as their guardian. The email included the draft petitions that were in process of being finalized and filed with the court to change guardianship. On March 19, 2026, at 11:35 a.m., the investigator emailed the lawyer requesting a proposed timeline for the initial filing. On March 19, 2026, at 11:55 a.m., the licensee's lawyer responded and indicated they were finalizing and preparing for initial filing. Upon review of the initial petition the court will set a timeframe or take other appropriate action. On April 3, 2026, at 11:08 a.m., the investigator emailed the lawyer for an update regarding the initial filings for guardianship. On April 6, 2026, at 10:35 a.m., the lawyer indicated the documents had not been filed. On April 21, 2026, at 10:25 a.m., the investigator emailed the lawyer requesting a follow up. On May 4, 2026, at 3:25 p.m., the lawyer responded indicating the documents should be filed by May 25, 2026, and would email proof of	{0 590}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/05/2026
NAME OF PROVIDER OR SUPPLIER OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 7TH AVENUE NORTH ANOKA, MN 55303			
(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
{0 590}	Continued From page 3 the filing. On May 26, 2026, at 9:18 a.m., the investigators emailed the lawyer requesting documents of the court filings. As of June 2, 2026, the licensee or the licensee's lawyer had not responded. The licensee's Facility Restrictions policy, dated June 6, 2022, indicated neither WPAL [Whispering Pines Assisted Living] or any of its staff may accept a power-of-attorney from residents for any purpose, accept appointments as guardians or conservators of residents, borrow funds from a resident, or borrow personal or real property from a resident. The licensee's updated policy, dated April 15, 2025, indicated neither WPAL[Whispering Pines Assisted Living] or any of its employees may accept a new appointment as a power-of-attorney from current residents of WPAL for any purpose, sign a new acceptance of appointment as guardian or conservators of a current resident of WPAL, borrow funds from a resident, or borrow personal or real property from a resident. WPAL may not serve as the resident's legal, designated or other representative. No further information was provided.	{0 590}			