

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL242533127C

**Date Concluded:** June 12, 2025

**Name, Address, and County of Facility**

**Investigated:**

The Cedars  
701 Polk Street  
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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>24253</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R-C<br/>07/08/2025</b> |
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|--------------------|--|---------------|---|--------------------|
| {0 000}            | <p>Initial Comments</p> <p>On July 8, 2025, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for complaint #HL242533127C.</p> <p>The following correction order is re-issued for #HL242533127C, tag identification 0110.</p> <p>The following correction order is issued for #HL242533127C, tag identification 0340.</p>   | {0 000}       |   |                    |
| {0 110}<br>SS=F    | <p>144G.10 Subdivision 1a Assisted living director license required</p> <p>Each assisted living facility must employ an assisted living director who is licensed or permitted by the Board of Executives for Long Term Services and Supports and affiliated as the director of record with the board.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure employment of a licensed assisted living director (LALD), licensed by the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all residents and staff.</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) 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 the residents).</p> | {0 110}       | <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."</p> |                    |

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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| {0 110}            | <p>Continued From page 1</p> <p>The findings include:</p> <p>The licensee held an assisted living facility (ALF) license with a capacity of eight residents issued on April 1, 2025, through March 31, 2026.</p> <p>The licensee's Uniform Disclosure of Assisted Living Services and Amenities dated November 14, 2023, indicated the licensee would have an assisted living director onsite part time.</p> <p>On July 8, 2025, at 12:19 p.m., the investigator emailed the licensee requesting the license for the assisted living director.</p> <p>On July 9, 2025, at 12:27 p.m., the licensee sent an email indicating they continued to search for a licensed assisted living director (LALD).</p> <p>On July 9, 2025, the BELTSS website indicated there was no current director of record listed and the last director of record ended on April 14, 2025.</p> <p>On July 10, 2025, at 1:10 p.m., registered nurse (RN)-D stated there was no current LALD for the facility. RN-D stated he thought the office was trying to find someone.</p> <p>On July 8, 2025, at 12:19 p.m., the licensee requested a phone interview regarding the licensing orders written on April 29, 2025. The admission coordinator responded indicating administrative assistant (ADM)-C, would be the contact person for the interview and would be available in the afternoon on July 11, 2025.</p> <p>On July 11, 2025, at 11:17 a.m., the investigator emailed administrative assistant (ADM)-C,</p> | {0 110}       | <p>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> |                    |

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| {0 110}            | <p>Continued From page 2</p> <p>requesting a phone interview at 1:00 p.m. At 6:52 p.m., ADM-C responded, "I just saw this."</p> <p>On July 15, 2025, at 9:46 a.m., the investigator emailed ADM-C requesting an interview for July 16, 2025, at 9:00 a.m. ADM-C did not respond to multiple emails.</p> <p>The licensee's Assisted Living Director policy dated June 7, 2023, indicated the licensee was required to have an assisted living director licensed or permitted by the board of directors. The licensed or permitted assisted living director will maintain a current and active license or permit with BELTSS. The assisted living director on record is responsible for the assisted living and all operations within the setting. The license or permit of the assisted living director will be hung in the facility.</p> <p>No further information was provided.</p> | {0 110}       |   |                    |
| 0 340<br>SS=F      | <p><b>144G.30 Subd. 5 Correction orders</b></p> <p>(a) A correction order may be issued whenever the commissioner finds upon survey or during a complaint investigation that a facility, a managerial official, an agent of the facility, or staff of the facility is not in compliance with this chapter. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction.</p> <p>(b) The commissioner shall mail or email copies of any correction order to the facility within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the facility and public</p>  | 0 340         |   |                    |

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| 0 340              | <p>Continued From page 3</p> <p>documents shall be made available for viewing by any person upon request. Copies may be kept electronically.</p> <p>(c) By the correction order date, the facility must:</p> <p>(1) document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed; and</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to provide sufficient documentation with actions taken to comply with the correction orders from a survey completed April 30, 2025. The lack of action to ensure compliance with regulations had the potential to affect all residents receiving services from the licensee.</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) 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 the residents).</p> <p>The findings include:</p> <p>On June 16, 2025, the licensee received an enforcement letter, with the results of the survey completed April 30, 2025. The longest time period for correction was two days from April 30, 2025.</p> <p>On July 8, 2025, at 12:19 p.m. the investigator emailed the licensee requesting documents</p> | 0 340         |   |                    |

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| 0 340 | <p>Continued From page 4</p> <p>including the plan of correction (POC) for the citations issued during the licensee's survey completed on April 30, 2025. The investigator requested the documents be emailed by July 9, 2025, at 12:00 p.m. Another email was sent on July 9, 2025, at 12:45 p.m., again requesting the licensee's plan of correction. As of July 16, 2025, a plan of correction was not provided.</p> <p>On July 9, 2025, at 12:27 p.m., the admission's coordinator sent an email indicating they continued to search for a licensed assisted living director (LALD).</p> <p>On July 10, 2025, at 1:10 p.m., registered nurse (RN)-D stated he was not responsible for the plan of correction but was aware of the licensing order that was written.</p> <p>Emails were sent to administrative assistant (ADM)-C, (former vice president) on July 8, 2025, at 12:19 p.m., July 11, 2025, at 11:17 a.m., and July 15, 2025, at 9:46 a.m., requesting a phone interview. ADM-C did not respond with availability for an interview.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 340 |  |  |
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