

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL246682702C

**Date Concluded:** October 26, 2023

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

**Investigated:**

Whispering Pines Assisted Living  
2918 7<sup>th</sup> Avenue North  
Anoka, MN 55303  
Anoka County

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Barbara Axness, 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:  <b>24668</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/05/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WILLOWS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2918 7TH AVENUE NORTH ANOKA, MN 55303</b>
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(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	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>AMENDED ASSISTED LIVING PROVIDER CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a 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><b>#HL246682702C</b></p> <p>On October 5, 2023, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were eight residents receiving services under the provider's Assisted Living license.</p> <p>The following correction order is issued for <b>#HL246682702C</b>, tag identification 0590.</p> <p>On November 17, 2023, these initial comments were amended to correct an error in the case number. There was no change to the correction order and thus the time period of correction still runs from the initial issuance of the order.</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 License Providers. 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 surveyors' 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 subd. 1, 2, and 3.</p>	
0 590 SS=D	<b>144G.42 Subd. 3 Facility restrictions</b>	0 590		

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

Minnesota Department of Health

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0 590	<p>Continued From page 1</p> <p>(a) This subdivision does not apply to licensees that are Minnesota counties or other units of government.</p> <p>(b) A facility or staff person may not:</p> <p>(1) accept a power-of-attorney from residents for any purpose, and may not accept appointments as guardians or conservators of residents; or</p> <p>(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.</p> <p>(c) A facility may not serve as a resident's legal, designated, or other representative.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee allowed a staff member, vice president (VP)-B, to serve as guardian for one of one residents (R1).</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>R1 admitted to the facility on November 30, 2021.</p>	0 590		
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0 590	<p>Continued From page 2</p> <p>R1's diagnoses included schizophrenia and moderate intellectual disabilities.</p> <p>R1's service plan dated , indicated the resident received assistance with medication administration, assistance with bathing, dressing, and mobility. The service plan was signed by R1 and facility staff on April 20, 2023.</p> <p>R1's record did not contain an assisted living contract. R1's record included a signed Client Agreement, dated November 30, 2021. The contract was signed by owner (O)-C as the facility representative and signed by VP-B acting as the resident's guardian.</p> <p>On October 5, 2023, at 11:25 a.m., licensed assisted living director in residence (LALDIR)-A stated she thought if the guardian who worked at the facility was in place prior to the resident moving into the facility, the facility staff could continue to serve as a guardian after they moved in.</p> <p>On October 11, 2023, at 12:05 p.m., VP-B stated the guidance they received from their lawyer was that since she didn't own the company or profit from it, there was not an issue for her serving as a guardian.</p> <p>The licensee's Facility Restrictions policy, dated June 6, 2022 and revised on August 28, 2023, and September 27, 2023, indicated" neither WPAL [Whispering Pines Assisted Living] or any of it 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. "</p>	0 590		

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0 590	Continued From page 3  No further information provided.  TIME PERIOD FOR CORRECTION: Seven (7) Days	0 590		