

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL286861221C

**Date Concluded:** April 30, 2026

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

**Investigated:**

Covered Bridge Holdingford  
231 Washington Street  
Holdingford, MN, 56340  
Sterns County

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

**Evaluator's Name:** Kris Detsch, RN  
Special Investigator  
Ryan Tessman  
Engineer Specialist

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>28686</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COVERED BRIDGE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 WASHINGTON STREET HOLDINGFORD, MN 56340</b>
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>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>HL286861221C</p> <p>On March 12, 2026, 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 14 residents receiving services under the provider's Assisted Living license.</p> <p>The following correction order orders are issued for HL286861221C, tag identification 100, 775, 780, 790, 800, 820 and 2040.</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 SS=F	<p><b>144G.10 Subdivision 1 License required</b></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
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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		

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0 100	<p>Continued From page 2</p> <p>living facility license, the commissioner may: (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 (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: Based on observation, interview, and record review, the licensee failed to ensure there was a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between the licensed assisted living facility areas and an area the licensee attested was not licensed. The deficient practice 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 March 12, 2026, from approximately 12:00 p.m. to 1:40 p.m. the surveyor toured the facility</p>	0 100		
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0 100	<p>Continued From page 3</p> <p>with registered nurse/director of nursing (RN/DON)-B and maintenance director (MD)-A. During the tour, the surveyor observed the licensed building consisted of two portions, the original school building on the North side of the property and the "addition" on the South side of the property. RN/DON-B stated the licensed portion of the facility only included the building addition on the South side of the property and the North portion of the property was vacant and had been condemned. RN/DON-B stated the facility license extended only to the water heater room which was located just behind the laundry room. There was a 3-hour rated fire door installed between the laundry room and the water heater room and a 1.5-hour rated fire door installed between the water heater room and the unoccupied/unlicensed North portion of the building.</p> <p>The surveyor requested MD-A remove a tile in the ceiling of the laundry room and observed there were large penetrations through the wall between the laundry room and water heater room that were not patched or sealed to maintain the fire resistance rating of the wall assembly. The 3-hour rated fire door was installed in a concrete block wall that had been cut in such a way that there were open areas through the wall and also exposed the hollow structure of the concrete block wall. The surveyor could not see any patching or sealant that would resist the passage of fire or smoke around the door frame and could not verify the fire rating of the wall assembly between the laundry room and the water heater room.</p> <p>The surveyor was unable to verify the fire rating of the wall assembly between the water heater room and the unoccupied/unlicensed portion of</p>	0 100		

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0 100	<p>Continued From page 4</p> <p>the building to the North. The door frame assembly housing the "1.5-hour rated fire door" did not have a placard indicating fire rating and no further evidence of fire rating was provided by facility staff for these components.</p> <p>The surveyor requested documentation of facility plans and evidence of required separation between the licensed and unlicensed areas of the building. MD-A provided architectural documents related to the construction of the building addition which was currently used as the occupied/licensed portion of the assisted living facility on the South side of the building. The documents failed to indicate evidence of the required fire separation between the licensed and unlicensed portions of the building. The surveyor requested further information and documentation on the building separation, but facility staff was unable to provide further documentation.</p> <p>The surveyor asked MD-A how the sprinkler lines, heating ducts and other utilities were run between the two sections of the building and MD-A stated they were unsure and indicated there may be penetrations through the walls. The heating equipment and sprinkler risers were located in the unoccupied/unlicensed portion of the building. MD-A and RN/DON-B both stated the North portion of the building had been condemned and stated placards had been placed on the doors by some governmental entity but could not remember specifics. RN/DON-B stated the unoccupied/unlicensed portion of the building was unsafe and hazardous.</p> <p>On March 12, 2026, at approximately 2:00 p.m., the surveyor went into Holdingford City Center and spoke with administrative staff to request any documents on file regarding the licensed facility.</p>	0 100		

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0 100	<p>Continued From page 5</p> <p>Holdingford City staff indicated such records were not retained by the city. No further information was obtained during this visit.</p> <p>On March 17, 2026, at 12:52 p.m., the surveyor emailed building owner (BO)-C at the suggestion of RN/DON-B requesting documentation of building separations and fire rated construction as well as information on which entity may have condemned the North portion of the building.</p> <p>On March 17, 2026, at 3:56 p.m, the surveyor emailed RN/DON-B to request engineering or architectural documents showing a rated separation between the licensed and unlicensed areas of the building.</p> <p>On March 17, 2026, the surveyor left voice messages for the City of Holdingford requesting any information they may have regarding the building construction and separation, or condemnation of the licensed facility.</p> <p>On March 18, 2026, at 9:59 a.m., the surveyor emailed the clerk at the City of Holdingford to request information on building construction and separation, or condemnation of the licensed facility.</p> <p>On March 18, 2026, the surveyor reached out to a representative of the Minnesota State Fire Marshals office as well as the Fire Marshal School team to request previous survey information and any records of building construction and separation, or condemnation of the licensed facility. Records were obtained and showed issues with the fire protection system, but did not include information about the building separation or condemnation. The Fire Marshals Office stated that they did not condemn any</p>	0 100		
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0 100	<p>Continued From page 6</p> <p>portion of the building.</p> <p>On March 20, 2026, at 10:48 a.m., the surveyor received an email from owner (O)-D. O-D provided photos of the fire rating placard that the surveyor had observed on the door in the facility. O-D indicated the condemnation may have occurred during previous management of the facility. O-D provided information for an architect who had done design for the property and directed the surveyor to contact him and request documentation. The surveyor called and left voice messages for architect (A)-E.</p> <p>On March 20, 2026, the surveyor was directed to contact former city engineer (CE)-F to request documentation. The surveyor left voice messages and an email for CE-F.</p> <p>In an email correspondence dated March 20, 2026, at 12:13 p.m., CE-F responded and indicated that they did not have any documentation relating to the property.</p> <p>On March 20, 2026, at 12:46 p.m, the surveyor emailed RN/DON-B to again request engineering or architectural documents showing a rated separation between the licensed and unlicensed areas of the building.</p> <p>On March 20, 2026, the surveyor spoke with A-E on the phone and requested any documents relating to building construction and separation, or condemnation of the licensed facility. A-E stated they would try to locate the records. A-E stated Stearns County was the entity that condemned the North portion of the building.</p> <p>On March 23, 2026, at 8:32 a.m., the surveyor emailed A-E further requesting any</p>	0 100		
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0 100	<p>Continued From page 7</p> <p>documentation relating to building construction and separation, or condemnation of the licensee property be provided to the surveyor.</p> <p>No further documentation or communication was received from A-E by the surveyor.</p> <p>On March 23, 2026, the surveyor contacted Stearns County and they confirmed they did not have any documents relating to building construction and separation, or condemnation of the licensed facility and they had not condemned any portion of the property.</p> <p>On March 23, 2026, the surveyor again contacted the City of Holdingford and spoke with city clerk (CC)-G who stated they would look for any records relating to building construction and separation, or condemnation of the licensed facility and provide them to the surveyor.</p> <p>On March 24, 2026, at 2:40 p.m, RN/DON-B emailed the surveyor. The email indicated the city was looking into locating the requested engineering or architectural documents showing a rated separation between the licensed and unlicensed areas of the building.</p> <p>An email correspondence dated March 27, 2026, at 12:08 p.m., CC-G contacted the surveyor and the facility to indicate that no records were located with relevant information to the licensed property. CC-G also indicated they did not believe the City of Holdingford had condemned the property.</p> <p>On March 27, 2026, at 12:40 p.m., BO-C indicated they had contacted the previous building owner and facility staff. The previous building owner and staff were unaware the</p>	0 100		
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0 100	Continued From page 8  building had ever been condemned by any entity.  No further information was provided to the surveyor regarding building construction and separation, or condemnation of the licensee property. The surveyor was unable to verify proper building separation between the licensed and "unlicensed" areas of the building.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 100		
0 775 SS=L	144G.45 Subd. 2. (a) Fire protection and physical environment  Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.  This practice resulted in a level four violation (a violation harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury or death), 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).  The findings include:  Please refer to the document titled, Physical	0 775		

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0 775	Continued From page 9  Environment Inspection Report (PEIR) dated March 12, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.  TIME PERIOD FOR CORRECTION: Two (2) days	0 775		
0 780 SS=I	144G.45 Subd. 2 (a) (1) Fire protection and physical environment  (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;	0 780		

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0 780	<p>Continued From page 10</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>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 has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 12, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 780		
0 790 SS=F	<p>144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment</p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and</p>	0 790		

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0 790	<p>Continued From page 11</p> <p>maintained in accordance with the State Fire Code; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</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>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 12, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 790		
0 800 SS=L	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including</p>	0 800		

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NAME OF PROVIDER OR SUPPLIER  <b>COVERED BRIDGE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 WASHINGTON STREET HOLDINGFORD, MN 56340</b>
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0 800	<p>Continued From page 12</p> <p>walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide an environment that was safe and in good repair and working order, free from water damage, mold, and mildew. This had the likelihood to affect 3 of 14 residents (R1, R2, R3) who had diagnoses of respiratory illness, with records reviewed, and the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level four violation (a violation that harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury or death), 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 Centers for Disease Control webpage titled, Mold, updated February 7, 2024, located at website address <a href="https://www.cdc.gov/mold-health/about/index.html">https://www.cdc.gov/mold-health/about/index.html</a>, indicated that mold will grow where there is moisture, such as around leaks in roofs, windows, or pipes. Mold grows on drywall, paint, dust, insulation, carpet, and wood. Mold can</p>	0 800		

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0 800	<p>Continued From page 13</p> <p>cause health effects, such as respiratory infections.</p> <p>The Occupational Safety and Health Administration webpage titled, A Brief Guide to Mold in the Workplace, updated November 8, 2013, located at website address <a href="https://www.osha.gov/publications/shib101003">https://www.osha.gov/publications/shib101003</a>, indicated that mold gradually damages building materials and furnishings. If unresolved, mold can cause structural damage to a wood framed building, weakening floors and walls.</p> <p><b>WATER DAMAGE/RISK OF MOLD</b></p> <p>R1 admitted to the licensee for diagnoses including moderate persistent asthma and chronic obstructive pulmonary disease.</p> <p>R1's medication list dated March 20, 2026, indicated she required the following respiratory medications:</p> <ul style="list-style-type: none"> <li>-Dulera 200-5 micrograms per actuation (mcg/act) inhaler: Inhale two puffs by mouth two times daily at 8:00 a.m., and 8:00 p.m. for chronic obstructive pulmonary disease.</li> <li>-Combivent Respimat 20-100 mcg/act (Ipratropium-Albuterol): Inhale one puff by mouth four times a day as needed for shortness of breath.</li> <li>-Ipratropium-Albuterol 0.5-2.5 3 milligram (mg)/3 milliliter (ml): Inhale one vial via nebulizer every four hours as needed for shortness of breath</li> <li>-Levalbuterol Tartrate 45 mcg/act (Xopenex HFA): One puff every six hours as needed for shortness of breath</li> <li>-Oxygen three liters with directive to make sure</li> </ul>	0 800		
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0 800	<p>Continued From page 14</p> <p>oxygen concentrator was at three liters and R1 had it on. The only time she should not have it on was when she was smoking.</p> <p>R2 admitted to the licensee for diagnoses including chronic respiratory failure.</p> <p>R2's medication list dated March 20, 2026, indicated he required no respiratory medications.</p> <p>R3 admitted to the licensee for diagnoses including chronic obstructive pulmonary disease.</p> <p>R3's medication list dated March 20, 2026, indicated she had environmental allergies to dust, cat dander, and pollen which caused shortness of breath. R3's medication list contained the following respiratory medications:</p> <ul style="list-style-type: none"> <li>-Budesonide -Formoterol Fumarate 160-4.5 mcg/act: take two puffs by inhalation rout in the morning and two puffs in the evening for chronic obstructive pulmonary disease.</li> <li>-Albuterol Sulfate HFA 108 (90- Base) mcg/act: take two puffs by inhalation rout four times daily as needed for shortness of breath.</li> </ul> <p>On March 12, 2026, from approximately 12:00 p.m. to 1:40 p.m. the surveyor toured the facility with registered nurse/director of nursing (RN/DON)-B and maintenance director (MD)-A. During the tour, the surveyor observed that the licensed building consisted of two portions: the original school building on the North side of the property and the "addition" on the South side of the property. RN/DON-B stated the licensed portion of the facility only included the building addition on the South side of the property, and the North portion of the property was unlicensed</p>	0 800		
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0 800	<p>Continued From page 15</p> <p>and unoccupied. The unoccupied portion of the building had significant water damage and structural damage that could be seen from the outside of the building. To access the unoccupied area of the building, the surveyors had to pass through the facility's laundry room (accessible to residents) and water heater room. There was significant water damage to the ceilings in the laundry room/water heater room, and throughout unoccupied portions of the building. There was visible discoloration around moist water-damaged areas, and the surveyor observed a musty, damp smell. The occupied portion of the building was separated from the unoccupied portion of the building by a blue door. RN/DON-B stated they padlocked the blue door so residents could not enter the unoccupied portion of the building. The ceiling above the blue door also had water damage. The ceiling material had crumbled away from the substrate, and water-damaged boards were visible. Water damage and moisture may contribute to the accumulation of mold or further damage if not corrected.</p> <p>On March 12, 2026, at 1:15 p.m., maintenance director (MD)-A stated the occupied portion of the licensee's building was connected to an unlicensed/unoccupied portion of the building, but stated the city "condemned" the structure. MD-A stated the city put "condemned" signs up around the outside doors. When MD-A took the surveyors outside to show them where these signs were located, no signs were present at the time of the survey. MD-A stated the licensee had to open the blue door into the unoccupied/"condemned" portion of the building to access the boiler system, which supplied heat to the occupied portion of the building. MD-A said no residents go into the area. MD-A acknowledged that the licensee's occupied</p>	0 800		
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0 800	<p>Continued From page 16</p> <p>portion of the building contained water-damaged ceilings.</p> <p><b>DISREPAIR</b> The push-button control to operate the front door of the facility was not properly functional when tested during the survey. The door control should be repaired and maintained in proper working condition.</p> <p>The ceiling in the bathroom of resident room 3 was not maintained. There were multiple holes that would allow for moisture to penetrate the ceiling and get trapped in the structure above. The vent fan in this bathroom was also not operational, further increasing the risk of moisture buildup. The ceiling should be repaired, and the ceiling fan restored to proper working order.</p> <p><b>TIME PERIOD OF CORRECTION: Twenty-One (21) days</b></p>	0 800		
0 820 SS=L	<p><b>144G.45 Subd. 2 (g) Fire protection and physical environment</b></p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p>	0 820		

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0 820	<p>Continued From page 17</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical facility elements did not constitute a distinct hazard to life. The rear portion of the building was structurally unsound, lacked utilities, and was unsafe for access by residents, staff, or visitors, yet housed the facility's boiler system. This impacted all residents, staff, and visitors and posed a risk of serious injury in that area.</p> <p>This practice resulted in a level four violation (a violation that harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury or death), 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 March 12, 2026, from approximately 12:00 p.m. to 1:40 p.m. the surveyor toured the facility with registered nurse/director of nursing (RN/DON)-B and maintenance director (MD)-A. During the tour, the surveyor observed that the licensed building consisted of two portions: the original school building on the North side of the property and the "addition" on the South side of the property. RN/DON-B stated the licensed portion of the facility only included the building addition on the South side of the property, and the North portion of the property was vacant and had been condemned.</p> <p>The surveyors requested documentation from</p>	0 820		
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0 820	<p>Continued From page 18</p> <p>MD-A of a building separation between the occupied portion of the building and the unoccupied portion of the building. MD-A provided architectural drawings of the building; these documents did not indicate a building separation or a vertical two-hour fire barrier between the occupied and unoccupied areas of the building. MD-A failed to provide additional documents demonstrating any separation between the two areas of the building. No evidence of required separation was provided, and the condemnation of a portion of the building could not be verified.</p> <p>On March 12, 2026, at 1:15 p.m., MD-A stated the licensee's building was connected to an additional structure, but stated the city "condemned" the structure. MD-A said the city even put "condemned" signs up around the outside doors. MD-A took the surveyors outside to show where these signs were located, however no signs were present. MD-A said the licensee opened the blue door into the "condemned" portion of the building because they needed to access the boiler system. MD-A said no residents go into the area.</p> <p>The unoccupied portion of the building had significant water damage and structural damage that could be seen from the outside of the building. To access the unoccupied area of the building, the surveyors had to pass through the facility's laundry room (accessible to residents) and water heater room. There was significant water damage to the ceilings in the laundry room/water heater room, and throughout unoccupied portions of the building. There was visible discoloration around moist water-damaged areas, and the surveyor observed a musty, damp smell. The occupied portion of the building was separated from the unoccupied portion of the</p>	0 820		
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0 820	<p>Continued From page 19</p> <p>building by a blue door. RN/DON-B stated they padlocked the blue door so residents could not enter the unoccupied portion of the building because it was hazardous. The ceiling above the blue door also had water damage. The ceiling material had crumbled away from the substrate, and water-damaged boards were visible.</p> <p>The unoccupied portion of the building was not safe for occupancy and posed a distinct hazard to life. There was significant disrepair throughout the inside of the unoccupied portion of the building. The surveyor was told by RN/DON-B not to go up to the second floor because it was not structurally sound. Other items of disrepair included, but were not limited to the following:</p> <ul style="list-style-type: none"> <li>- Multiple wood columns had water pooled at the bottom where the concrete floor met the column. The paint was missing, dark staining; parts of the wood had fallen away from the structure.</li> <li>- In other rooms, the wall plaster was damaged, stained, and had fallen off the substrate.</li> <li>- Under the green stairway, a portion of the wall was missing, and the structural elements of the stair landing could be seen partially collapsed behind it.</li> <li>- There were entire portions of the unoccupied part of the building that had ceiling material fallen from the ceiling structure, and areas of the floor structure missing where the floor below could be seen from above.</li> <li>- The paint was bubbled, cracked, and damaged throughout the unoccupied portion of the building.</li> <li>- Hazardous debris and broken glass were present throughout this portion of the facility.</li> <li>- Large quantities of cigarette butts and general debris were present, contributing to unsafe and unsanitary conditions.</li> </ul> <p>The unoccupied portion of the building lacked</p>	0 820		
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0 820	<p>Continued From page 20</p> <p>functional fire protection systems, including alarms, sprinklers, or extinguishers. The designated exits were blocked and boarded up, preventing safe evacuation in the event of an emergency. The unoccupied portion of the building did not have active public utility service available and working, with no active water or electrical service, rendering it uninhabitable and noncompliant with basic health, safety, and welfare standards. RN/DON-B and MD-A stated to the surveyor that they believed the unoccupied portion of the building was not structurally sound and did not have active utility service. RN/DON-B confirmed that building exits were blocked. RN/DON-B and MD-A declined to enter the second floor of the facility and stated that water damage and structural deterioration made it unsafe to access floors above ground level and advised the surveyor against attempting access to these floors.</p> <p>No adequate safety features were present to ensure the protection of occupants or emergency responders. The physical condition of this portion of the facility presented an immediate threat to life, health, and safety.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 820		
02040 SS=I	<p>144G.81 Subdivision 1 Fire protection and physical environment</p> <p>An assisted living facility with dementia care must meet the requirements of section 144G.45 and the following additional requirements: (1) an assessment of safety risks must be performed on and around the property. The safety risks identified by the facility on the</p>	02040		

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02040	<p>Continued From page 21</p> <p>assessment must be mitigated to protect the residents from harm. The mitigation efforts must be documented in the facility's records; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>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 has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 12, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	02040		
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