

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL304849360C

**Date Concluded:** May 11, 2026

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

**Investigated:**

**Autum Hills Assisted Living**

**2528 Park Ave NW**

**Bemidji MN 56601**

**Beltrami County**

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

**Evaluator's Name:** Maggie Regnier, RN

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 there are any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>

Or call 651-201-4201 to be provided with 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>30484</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/18/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIDWEST CARE FACILITIES DBA AUTUMN HIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2528 PARK AVENUE NW BEMIDJI, MN 56601</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>On March 16-18, 2026 the Minnesota Department of Health initiated an investigation of complaint HL304849360C.</p> <p>During the course of the visit, a Food and Beverage Report was provided to the facility on March 16, 2026.</p> <p>A second Food and Beverage Report was provided to the facility on March 18, 2026 demonstrating the issue identified on March 16, 2026 had been corrected. (See the respective Food and Beverage Reports).</p> <p>No further correction orders are issued.</p>	0 000		

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