STATE LICENSING COMPLIANCE REPORT

Report: HL306131666C

Date Concluded: August 18, 2026

Name, Address, and County of Facility Investigated:
Milestone Senior Living Faribault
2500 14th Street NE,
Faribault, MN 55021
Rice County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name: Christine Bluhm, 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30613	A. BUILDING: _____ B. WING _____	C 07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING FARIBAULT	2500 14TH ST NE FARIBAULT, MN 55021

(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 ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. 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. INITIAL COMMENTS: #HL306132737C and HL306131666C On July 15, 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 39 residents receiving services under the provider ' s Assisted Living with Dementia Care license. The following correction orders are issued for #HL306132737C and HL306131666C ,tag identification 0530, 0540 and 2480.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL	

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0 000	Continued From page 1	0 000	ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 530 SS=C	144G.41 Subd. 5 Resident councils The facility must provide a resident council with space and privacy for meetings, where doing so is reasonably achievable. Staff, visitors, and other guests may attend a resident council meeting only at the council's invitation. The facility must designate a staff person who is approved by the resident council to be responsible for providing assistance and responding to written requests that result from meetings. The facility must consider the views of the resident council and must respond promptly to the grievances and recommendations of the council, but a facility is not required to implement as recommended every request of the council. The facility shall, with the approval of the resident council, take reasonably achievable steps to make residents aware of upcoming meetings in a timely manner. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide requirements for resident council. The licensee failed to make it known to all residents in the building when the council meetings were being held. Also, resident council meeting notes were not documented and saved in order to consider resident council recommendations and grievance follow up. This had the potential to affect all residents receiving assisted living services. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not	0 530		

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0 530	Continued From page 2 affect health or safety) 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: On July 15, 2026, at 10:00 a.m., July activity calendars on the first and second floor were observed for resident council meetings dates. Nothing was identified as a resident council meeting. On July 15, 2026, at 10:44 a.m., all resident council meeting notes from December 19, 2025, to current were requested. January, February and March of 2026 meeting notes were provided. On July 15, 2026, at 1:00 p.m., the interim director (ID)-A was asked when the next resident council meeting would be held. ID-A stated it was tomorrow (July 16). When asked how residents are to know this, ID-A stated it was on the activity calendar. ID-A then reviewed the activity calendar and confirmed that it was not listed at all on the second-floor calendar and on first floor, it was listed as "Community Updates." ID-A did not know why it was titled this way. On July 23, 2026, at 3:34 p.m., activities director (AD)-C stated that she was invited to the meetings to take notes. The previous director did not attend the meetings but was to follow up on any concerns discussed at the meeting. AD-C stated that facility files lacked meeting notes for April, May and June 2026, because the original copies and/or any follow-up on the concerns were not filed by the former director.	0 530		

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0 530	Continued From page 3 The licensee's Resident Councils policy dated August 1, 2021, indicated that the licensee will provide residents and families the opportunity, space and privacy for meetings, as reasonably achievable. The facility will take reasonable steps to ensure that residents and/or families are aware of upcoming meetings. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 530		
0 540 SS=C	144G.41 Subd. 6 Family councils The facility must provide a family council with space and privacy for meetings, where doing so is reasonably achievable. The facility must designate a staff person who is approved by the family council to be responsible for providing assistance and responding to written requests that result from meetings. The facility must consider the views of the family council and must respond promptly to the grievances and recommendations of the council, but a facility is not required to implement as recommended every request of the council. The facility shall, with the approval of the family council, take reasonably achievable steps to make residents and family members aware of upcoming meetings in a timely manner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide requirements for family council. The licensee failed to make it known to families, they were allowed to form a council if desired.	0 540		

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0 540	Continued From page 4 This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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: On July 15, 2026, at approximately 10:45 a.m., this surveyor was greeted by a visitor and asked if she could share some concerns. The visitor stated the facility has had a high turnover in directors and they are not given any updates as to the status of memory care unit repair. The visitor stated grievances were brought to the past director but nothing was done. The facility no longer has Town Hall meetings and the visitor did not have knowledge of any family council meeting opportunity. On July 15, 2026, at approximately 1:00 p.m., the interim director (ID)-A was asked if there was a family council in place at the facility. ID-A stated she was not aware of one and that she didn't think there had been one since she started working at the facility. ID-A was not sure how families and residents were informed that this was an option. The licensee's Resident Councils policy dated August 1, 2021, indicated that the licensee will provide residents and families the opportunity, space and privacy for meetings, as reasonably achievable. The facility will take reasonable steps to ensure that residents and/or families are aware of upcoming meetings.	0 540		

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0 540	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 540		
02480 SS=F	144G.91 Subd. 20 Grievances and inquiries Residents have the right to make and receive a timely response to a complaint or inquiry, without limitation. Residents have the right to know, and every facility must provide the name and contact information of the person representing the facility who is designated to handle and resolve complaints and inquiries. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to document, follow-up and provide resolution for all grievances. 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). The findings include: On July 15, 2026, at 8:30 a.m., a bulletin board was observed in the main lobby which included information for contacting the regional ombudsman and instructions for the MN Adult Abuse Reporting center. The internal facility	02480		

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02480	Continued From page 6 grievance/complaint process and representative information with complaint forms were not visibly seen. Residents and families were asked if they knew how to file a complaint/grievance, and responses were that if they had brought concerns to the previous director, nothing was done. One resident responded that it was "in one ear and out the other." None of the residents knew how to access a facility grievance form. On July 15, 2026, at 10:44 a.m., grievances received since December 19, 2025, were requested from the licensee. Three grievances were received. 1) A resident did not receive toileting services during the night. 2) A resident had concerns with long call light wait times 3) An incident with agency staff. Resident council minutes for January, February and March of 2026, with listed concerns were reviewed. Among concerns were long call light wait times, services not provided per the service plan, resident assistants sitting around on their phones and not answering call buttons, staff sleeping by the elevators, food menus, laundry, housekeeping, staff did not knock and announce before entering apartments, and agency staff not wearing name tags and were not identified as employed. The facility had no meeting documentation for months April, May and June 2026. On July 15, 2026, at approximately 1:00 p.m., some of the concerns that were shared by residents and family members were discussed with the interim director (ID)-A . - Services are not completed per the signed service agreement. - Families of displaced memory care residents	02480		

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02480	Continued From page 7 were not given updates as to the status of the memory care unit repair. - There had been a resident admission on the first floor without regard to moving a resident from one of the second-floor overcrowded rooms first. - The facility no longer provides Town Hall meetings and no knowledge of family council meeting opportunity, especially during the time of the memory care reconstruction. ID-A acknowledged complaints were followed up with the residents in person but not all had been documented and were available for review. ID-A stated that there was no working grievance list in the facility files from the previous director's employment. ID-A went over other recent grievances that were investigated and resolved during her time as director but not listed under a specified grievance list. - An employee that was interacting with a resident in a rude manner. - An employee that did not follow the resident's care plan and told the resident's family member that she was not in charge but rather the staff member was and did not need to follow the resident's care plan during toileting care. - An employee who left the unit and the building during her shift for long periods of time without other staff knowledge or permission. - The only elevator with access to second floor had not worked properly. Families and residents were concerned about this safety concern. ID-A pointed out that grievance forms were located in the grievance binder located under the bulletin board. Upon review, a white binder along with other binders needed to be removed from the set to see that it was the grievance binder. On July 23, 2026, at 3:34 p.m. activities director (AD)-B stated during the resident council	02480		

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02480	Continued From page 8 meetings she was invited to take notes and the notes that also contained complaints and concerns was given to the director at the time. The director did not attend but was to handle all the follow-up concerns. The licensee's Complaint/Grievance policy dated August 1, 2021, indicated complaints are resolved in a timely manner for employees or residents that have concerns or complaints. Grievances forms will be made available to all residents, resident representatives and employees in a public and conspicuous place. Information about the community's grievance procedure and the name, telephone number and email contact information for the individuals who are responsible for handling grievances will be posted in a conspicuous place as well as the ombudsman and reporting for suspected maltreatment to the Minnesota Adult Abuse Reporting Center. Further the policy indicated that finalized resident complaints will be kept by the director into an electronic complaint log. Finalized employee complaints will be kept for three years then disposed of. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	02480		