STATE LICENSING COMPLIANCE REPORT

Report #: HL339266164C

Date Concluded: March 6, 2025

Name, Address, and County of Facility Investigated:
Whispering Pines Assisted Living / The Lake Cottage
18660 Simonet Drive
Elk River, MN 55330
Sherburne County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Lori Pokela R.N.
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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33926	A. BUILDING: _____ B. WING _____	R-C 12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAKE COTTAGE	18660 SIMONET DRIVE ELK RIVER, MN 55330

(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 On December 2, 2025, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for complaint # HL339266164C. The following correction order is re-issued for #HL339266164C, tag identification 0590.	{0 000}		
{0 590} SS=D	144G.42 Subd. 3 Facility restrictions (a) This subdivision does not apply to licensees that are Minnesota counties or other units of government. (b) A facility or staff person may not: (1) accept a power-of-attorney from residents for any purpose, and may not accept appointments as guardians or conservators of residents; or (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. (c) A facility may not serve as a resident's legal, designated, or other representative. (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. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure licensure requirements were followed when the licensee allowed a staff member, administrative assistant (ADM)-C (former vice president) to serve as guardian (legal right and duty to care for another and make decisions related to medical, health and	{0 590}	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	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33926	A. BUILDING: _____ B. WING _____	R-C 12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAKE COTTAGE	18660 SIMONET DRIVE ELK RIVER, MN 55330

(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
{0 590}	Continued From page 1 residential) for one of four residents (R2) reviewed. 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). The findings include: A previous licensing order was issued on March 6, 2025, April 30, 2025, and July 8, 2025, regarding ADM-C's guardianship of R2. R2 was admitted on January 10, 2024, with diagnoses including vascular dementia and chronic kidney disease. R2's facility profile sheet indicated ADM-C was listed as R2's guardian. R2's service plan dated April 30, 2024, indicated R2 received services for activities of daily living, medication management, activities, meals and housekeeping. The service plan was signed by ADM-C, as R2's responsible person. R2's assisted living facility agreement dated February 13, 2025, was signed by ADM-C, as R2's legal representative. On July 9, 2025, a Net study 2.0 Roster indicated ADM-C's background study was affiliated with the licensee in a managerial position.	{0 590}	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 ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33926	A. BUILDING: _____ B. WING _____	R-C 12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAKE COTTAGE	18660 SIMONET DRIVE ELK RIVER, MN 55330

(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
{0 590}	Continued From page 2 On December 1, 2025, at 8:40 a.m., and December 29, 2025, emails were sent to ADM-C, requesting a phone interview. ADM-C did not respond with availability for an interview. On December 30, 2025, at 1:41 p.m., ADM-C emailed and indicated guardianship would be changed as soon as possible. On January 7, 2026, at 12:00 p.m., registered nurse (RN)-B stated ADM-C was R2's guardian. The licensee's Facility Restrictions policy, dated June 6, 2022, indicated neither WPAL [Whispering Pines Assisted Living] or any of its 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. The licensee's updated policy, dated April 15, 2025, indicated neither WPAL[Whispering Pines Assisted Living] or any of its employees may accept a new appointment as a power-of-attorney from current residents of WPAL for any purpose, sign a new acceptance of appointment as guardian or conservators of a current resident of WPAL, borrow funds from a resident, or borrow personal or real property from a resident. WPAL may not serve as the resident's legal, designated or other representative. No further information was provided.	{0 590}		