STATE LICENSING COMPLIANCE REPORT

Report #: HL379016662C

Date Concluded: February 13, 2026

Name, Address, and County of Facility Investigated:
Aspen Grove Alternative Senior Living
511 Iron Drive
Chisholm, MN 55719
St. Louis County

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

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37901	A. BUILDING: _____ B. WING _____	C 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN GROVE ALTERNATIVE SENIOR	511 IRON DRIVE CHISHOLM, MN 55719

(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: #HL379016662C #HL379017042M/#HL379016564C On December 4, 2025, 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 27 residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction orders are issued for #HL379016662C, tag identification 0630, 1290. The following correction order is issued for #HL379017042M/#HL379016564C, tag identification 2360.	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 ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630		

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0 630	Continued From page 1 (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to update an individual abuse prevention plan which included statements of specific measures to be taken to minimize the risk of abuse to a resident who was a paid employee of the facility (R2). 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: R2 was hired on June 24, 2025, to work as an unlicensed personnel to do light housekeeping related work. R2's assessment dated September 12, 2025,	0 630		

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0 630	Continued From page 2 indicated the resident had self care deficit and history of mental illness. R2's assessment and individual abuse prevention plan (IAPP) lacked information on the resident being a paid employee of the facility and what steps would be taken to minimize risk of abuse to R2. On December 4, 2025, at 11:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated R2 had worked as a paid employee for about six months and the resident would help with things like vacuuming. LALD/RN-B stated R2 wasn't on the schedule but she would just pick up shifts as she was able and willing to work. LALD/RN-B stated R2 was paid for her work and it gave her a sense of purpose and something to focus on. On December 4, 2025, at 12:20 p.m., R2 stated she worked as a paid employee for the facility as a kitchen helper and she would do dishes, pass juices, pour coffee, help pick up, and vacuum. On December 15, 2025, at 12:26 p.m., clinical nurse supervisor (CNS)-A confirmed R2's IAPP lacked an assessment of R2 being a paid employee of the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 630		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section	01290		

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01290	Continued From page 3 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was current, affiliated, and eligible on NETStudy 2.0 (web-based system for submitting background study requests to the Department of Human Services (DHS)) with the assisted living license for one of one employees reviewed (R2). This had the potential to affect all residents residing in the facility. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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 potential to affect a large portion or all of the residents). The findings include: The licensee failed to ensure R2 had a current and eligible background study.	01290		

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01290	Continued From page 4 R2 was hired on June 24, 2025, to work as an unlicensed personnel to do light housekeeping related work. An employee record for R2 was requested on December 4, 2025, but was not immediately available. NETStudy Roster indicated R2's background study was initiated on December 4, 2025. On December 12, 2025, a background study was provided for R2. The clearance letter was dated December 10, 2025, and indicated more time was needed to complete R2's background study. As of December 22, 2025, R2's background study was still in process. On December 4, 2025, at 11:30 a.m., licensed assisted living director/registered nurse (LALD/RN)-B stated R2 had worked as a paid employee for about six months and the resident would help with things like vacuuming. LALD/RN-B stated R2 wasn't on the schedule but she would just pick up shifts as she was able and willing to work. LALD/RN-B stated R2 was paid for her work and it gave her a sense of purpose and something to focus on. LALD/RN-B stated R2 might have an employee record in the kitchen. On December 4, 2025, at 12:20 p.m., R2 stated she worked as a paid employee for the facility as a kitchen helper and she would do dishes, pass juices, pour coffee, help pick up, and vacuum. R2 stated she enjoyed the job and was paid hourly for her work. R2 stated she had some training and was comfortable doing the work. The licensee's Background Studies policy dated	01290		

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01290	Continued From page 5 March 5, 2025, indicated the facility would conduct a background study on all employees, volunteers, and contractors. No employee would provide direct services and have independent direct contact with any residents until acceptable results of the background study had been received. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days.	01290		
02360	144G.91 Subd. 8 Freedom from maltreatment Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act. This MN Requirement is not met as evidenced by: The facility failed to ensure one of one resident reviewed (R1) was free from maltreatment. Findings include: The Minnesota Department of Health (MDH) issued a determination maltreatment occurred, an individual person was responsible for the maltreatment, in connection with incidents which occurred at the facility. Please refer to the public maltreatment report for details.	02360	No plan of correction required for this tag.	