

STATE LICENSING COMPLIANCE REPORT

Report #: # HL392113110C

Date Concluded: June 12, 2025

Name, Address, and County of Facility

Investigated:

12778 183rd Court NW LLC

12778 183rd Court NW

Elk River, MN 55330

Sherburne County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Erin Johnson-Crosby, 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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2025
NAME OF PROVIDER OR SUPPLIER LAKEVIEW ESTATE		STREET ADDRESS, CITY, STATE, ZIP CODE 12778 183RD COURT NW 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 *****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: #HL392113110C On April 29, 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 three residents receiving services under the provider's Assisted Living license. The following correction orders are issued for HL392113110C tag identification_ 0590.	0 000			
0 590 SS=F	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	0 590			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2025
NAME OF PROVIDER OR SUPPLIER LAKEVIEW ESTATE		STREET ADDRESS, CITY, STATE, ZIP CODE 12778 183RD COURT NW 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 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 staff did not serve as a resident's legal, designated, or other representative when the licensee allowed 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 residential) for one of three residents (R1) 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 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: R1 admitted to the facility on April 17, 2020 with diagnoses including a stroke with right sided	0 590			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2025
NAME OF PROVIDER OR SUPPLIER LAKEVIEW ESTATE		STREET ADDRESS, CITY, STATE, ZIP CODE 12778 183RD COURT NW 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 weakness, aphasia (disorder affecting communication) and schizophrenia. R1's facility profile sheet indicated ADM-C was listed as R1's guardian. R1's service plan dated April 1, 2025, indicated R1 received services for activities of daily living, medication management, behavior management, transfers, activities, meals, and housekeeping. The service plan was signed by ADM-C, as R1's legal guardian. On April 29, 2025, at 12:41 p.m., registered nurse (RN)-B stated ADM-C was R1's guardian. On April 29, 2025, 12:35 p.m., R1 could not be interviewed due to cognition. On April 29, 2025, at 7:00 p.m., a Net study 2.0 Roster indicated ADM-C background study was affiliated with the licensee in a managerial position. On April 30, 2025, at 1:45 p.m., ADM-C stated she was R1's guardian prior to R1 moving to the facility. ADM-C stated since she was R1's guardian prior to R1's admission there should not be any concern. ADM-C stated she had not recently reviewed the assisted living language regarding a staff member being a guardian of a resident. ADM-C stated the only way to fix this would be for her to quit working with the licensee. The licensee's Facility Restrictions policy, dated June 6, 2022, indicated neither WPAL [Whispering Pines Assisted Living] or any of it staff may accept a power-of-attorney from residents for any purpose, accept appointments as guardians or conservators of residents, borrow	0 590			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2025
NAME OF PROVIDER OR SUPPLIER LAKEVIEW ESTATE			STREET ADDRESS, CITY, STATE, ZIP CODE 12778 183RD COURT NW 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 3 funds from a resident, or borrow personal or real property from a resident. The licensee's updated policy, dated April 15, 2025, 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 other representative. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7)	0 590			