



# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL305822040C

**Date Concluded:** February 10, 2023

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

**Investigated:**

Whispering Pines Ranch  
1916 4<sup>th</sup> Street SE  
Austin, MN 55912  
Mower County

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

**Evaluator's Name:** Angela Vatalaro, 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:  <b>30582</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHISPERING PINES RANCH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1916 4TH STREET SE AUSTIN, MN 55912</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>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p><b>#HL305822040C</b></p> <p>On February 10, 2023, 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 0 (zero) residents receiving services under the provider's Assisted Living license.</p> <p>The following correction order is issued for <b>#HL305822040C</b>, tag identification 1240.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. 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 surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
01240 SS=F	<p><b>144G.57 Subd. 3 Commissioner's approval required prior to imp</b></p> <p>(a) The plan shall be subject to the</p>	01240		

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

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>WHISPERING PINES RANCH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1916 4TH STREET SE AUSTIN, MN 55912</b>
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01240	<p>Continued From page 1</p> <p>commissioner's approval and subdivision 6. The facility shall take no action to close the residence prior to the commissioner's approval of the plan. The commissioner shall approve or otherwise respond to the plan as soon as practicable.</p> <p>(b) The commissioner may require the facility to work with a transitional team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities, and other professionals the commissioner deems necessary to assist in the proper relocation of residents.</p> <p>This MN Requirement is not met as evidenced by: Based on record review, the licensee closed the assisted living facility prior to the Minnesota Department of Health's (MDH's) approval of the licensee's closure plan.</p> <p>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) 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).</p> <p>The findings include:</p> <p>The Minnesota Department of Health (MDH) received the licensee's document titled, Closure Form, signed by owner (OW)-A and dated May 27, 2022. The closure form indicated the proposed effective date of closure was May 31, 2022. The number of residents the facility was currently providing housing and/or services for</p>	01240		

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01240	<p>Continued From page 2</p> <p>was "5." The closure form indicated the reason the facility could not remain open for at least 60 days was due to "no staff." The reason for closure indicated "staffing issues." The closure form lacked an attached closure plan.</p> <p>An email correspondence from MDH to the licensee dated June 2, 2022, indicated MDH received the Assisted Living Closure Form and Proposed Notice to Residents, but MDH had not yet received the licensee's closure plan and provided instructions to submit a copy ASAP. The email indicated to the licensee: "You are not allowed to take any action to close the residence until the commissioner's approval of the plan: -you should not notify residents of the proposed closure or take any action to carry out the closure until the plan is approved -you may not accept any new residents or enter into any additional assisted living contracts -no residents may be relocated until approval of the closure plan</p> <p>The proposed Notice to Residents attached to the closure form indicated "Unfortunately, due to staffing issues it has been decided with a heavy heart to close Whispering Pines Assisted Living. Because there are no staff to work, we have to do an emergency closure and all residents must be moved out by Friday June 3, 2022."</p> <p>On February 10, 2023, at 3:10 p.m., the evaluator called licensed assisted living director (LALD)-B, which was the same number as the facility's phone number. The phone number was not in service.</p>	01240		