

07/30/2026

Ashley Kjos, Authorized Agent
Crisis Stabilization-Adult
1125 6th St SE
Willmar, MN 56201

License Number: 802473 (IRTS/RCS)
Program Location: 1125 SE 6th St PO Box 787, Willmar, MN 56201

CORRECTION ORDER

Dear Ashley Kjos:

On 05/11/2026, 05/12/2026, 05/13/2026 and 05/14/2026, the Department of Human Services (DHS) conducted a licensing review at Crisis Stabilization-Adult. DHS requires you to take the corrective action described below. Details of our findings, next steps, and your options are explained below.

Standards reviewed

The licensing review determined compliance with the provisions governing intensive residential treatment services and residential crisis stabilization services under Minnesota Statutes, chapter 245I.

Licensing violations

DHS determined that your program failed to follow the standard(s) described below.

Policies and Procedures

1. Violation: The license holder's quality assurance and improvement plan did not meet requirements. A plan to address the following required components was not included:
 - a. Methods to obtain and evaluate feedback about services from the following:
 1. Referral sources.
 - b. Examining the quality of clinical services in the program.

Citation: Minnesota Statutes, section 245I.23, subdivision 23, paragraph (a)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised quality assurance and improvement plan that demonstrates compliance.

2. Violation: The license holder's policy on client rights did not include the following required components:
 - a. The rights listed in the health care bill of rights, in section 144.651;

- b. Information about the restriction of client rights, including that a mental health professional must approve and document the reason for the restriction in the client file; and
- c. The rights of the client to have funds and property returned.

Citation: Minnesota Statutes, section 245I.12, subdivision 1, clause (1), subdivision 2 and subdivision 4, paragraph (a)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised client rights policy that demonstrates compliance.

3. Violation: The license holder's grievance procedure did not meet requirements in the following ways:
- a. The procedure did not describe how staff will explain the grievance procedure to clients on the day of admission; and
 - b. The procedure did not allow clients, former clients, and their authorized representatives to submit a grievance to the license holder.

Citation: Minnesota Statutes, section 245I.12, subdivision 5, paragraphs (b) and (c)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised grievance procedure that demonstrates compliance.

4. Violation: The license holder's procedure for storing and accounting for medication did not include the following requirements:
- a. Medications must be stored in original containers;
 - b. Refrigerated medications must be in special trays or containers that are separate from food; and
 - c. Medications marked "for external use only" must be in a compartment that is separate from other client medications.

Citation: Minnesota Statutes, section 245I.11, subdivision 3, paragraph (a)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised procedure for storing and accounting for medication that demonstrates compliance.

5. Violation: The license holder's medication administration procedures did not include the following required components:
- a. Assessing the client's ability to self-administer medication including an evaluation of the client's ability to:
 - 1. Comply with prescribed medication regimens; and
 - 2. Store medications safely and in a manner that protects other individuals in the facility.
 - b. Assisting the client to develop the skills necessary to safely self-administer medication; and
 - c. Addressing and documenting client concerns about medications.

Citation: Minnesota Statutes, section 245I.11, subdivision 5, clauses (1) and (2)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised medication administration procedure that demonstrates compliance.

6. Violation: The license holder's procedure for medication orders did not include the following:

- a. Non-written medication orders are accepted to administer client medications and it was not an emergency circumstance;
- b. Obtaining a written order with the licensed prescriber's signature when the license holder accepts a non-written order to administer client medications;
- c. How the program will maintain the client's right to privacy and dignity; and
- d. Informing the client of potential medication side effects and obtaining their informed consent when the license holder employed a licensed prescriber.

Citation: Minnesota Statutes, section 245I.11, subdivision 4, paragraphs (a) and (b)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised procedure for medication orders that demonstrates compliance.

7. Violation: The license holder's personnel policies did not include the following required components:
- a. Position descriptions of each staff person, including:
 1. The staff person's responsibilities; and
 2. The staff person's authority to execute the responsibilities.

Citation: Minnesota Statutes, section 245I.03, subdivision 8, clause (8)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised personnel policy that demonstrates compliance.

Program Practices

8. Violation: The license holder's weekly team meetings did not meet requirements in the following ways:
- a. Documentation did not demonstrate that each treatment team member participated in a team meeting or ancillary meeting for the following week(s):
 - o 01/04/2026 and 05/03/2026
 - b. Documentation was not maintained for meetings held in the following weeks:
 - o 01/04/2026 and 05/03/2026
 - c. Documentation was not maintained for ancillary meetings held in the following weeks:
 - o 01/04/2026 and 05/03/2026

Citation: Minnesota Statutes, section 245I.23, subdivision 14, paragraphs (b) and (c)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit documentation of a weekly team meeting that demonstrates compliance.

9. Violation: The license holder did not meet the following internal review requirements for vulnerable adult maltreatment reports:
- a. The internal review did not include an evaluation of whether:
 1. Policies and procedures were adequate;
 2. Related policies and procedures were followed;
 3. There is a need for additional staff training;
 4. The reported event is similar to past events with the vulnerable adults or the services involved;and

5. There is a need for any corrective action to be taken by the license holder to protect the health and safety of vulnerable adults.

The internal review noted was completed following a report of alleged maltreatment made on 01/20/2026.

Citation: Minnesota Statutes, section 245A.65, subdivision 1, paragraph (b)

Corrective Action Required Correct immediately and maintain compliance.

Client Records

10. Violation: 3 of 3 client files reviewed for the immediate needs assessment did not meet requirements in the following ways:

- a. The assessment did not include an evaluation of the client's immediate needs in the following areas:
 1. Responsibilities for family and other natural supports (C1, C2 and C3).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit an immediate needs assessment that demonstrates compliance.

11. Violation: 3 of 3 client files reviewed for requirements governing crisis treatment plans did not meet requirements in the following ways:

- a. The crisis treatment plan was not completed within 24 hours of admission (C2);
- b. The plan, completed by a behavioral health practitioner, was not approved by a treatment supervisor within 5 business days of completion (C2 and C3);
- c. The plan did not consider crisis assistance strategies that have been effective for the recipient in the past (C1, C2 and C3);
- d. The client's family and other natural supports were not allowed to observe and participate in the client's treatment planning (C1 and C2); and
- e. The crisis treatment plan did not include the following required components:
 1. Measurable treatment objectives (C1, C2 and C3).

Citation: Minnesota Statutes, section 245I.23, subdivision 8, paragraph (b); and section 245I.08, subdivision 3

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit a crisis treatment plan that demonstrates compliance.

12. Violation: 3 of 4 client files reviewed did not meet discharge requirements in the following ways:

- a. The discharge summary was not completed prior to a program-initiated discharge (C1);
- b. For a successful discharge, the summary did not contain:
 1. A brief review of the client's problems during their stay (C2);
 2. The client's response to their treatment plan (C2); and
 3. The goals and objectives that the license holder recommends that the client addresses during the first three months after discharge (C2).
- c. For a program-initiated discharge, the license holder failed to:
 1. Consult with the client prior to a program-initiated discharge (C1);
 2. Consult with the client's family and other natural supports prior to a program-initiated discharge (C1);
 3. Review the issues involved in the program's decision to discharge the client from the program

- (C1);
- 4. Determine whether the license holder, treatment team and any interested party can develop additional strategies to resolve the issues leading to the client's discharge (C1 and C4); and
- 5. Allow the client to have the opportunity to continue receiving services from the license holder (C1).
- d. For a program-initiated discharge, the summary did not contain:
 - 1. Alternatives to discharge that the license holder considered or attempted (C1 and C4); and
 - 2. A description of each individual's involvement in the decision to discharge the client (C1 and C4).

Citation: Minnesota Statutes, section 245I.23, subdivision 18, paragraphs (c), (g) and (h)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit a program-initiated discharge summary and successful discharge summary that demonstrate compliance.

13. Violation: 2 of 2 client files reviewed for discharge review documentation required for program-initiated discharges did not meet requirements in the following ways:
- a. There was no documentation of the client's discharge review (C1 and C4).

Citation: Minnesota Statutes, section 245I.23, subdivision 18, paragraph (g)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit a discharge review that demonstrates compliance.

14. Violation: 3 of 3 client files reviewed did not meet requirements for assessing the client's ability to self-administer medication in the following ways:
- a. The file did not contain an assessment of the client's ability to self-administer medication (C1, C2 and C3).

Citation: Minnesota Statutes, section 245I.11, subdivision 5, clause (1)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit an assessment of the client's ability to self-administer medication that demonstrates compliance.

15. Violation: 3 of 3 client files reviewed for medication administration did not meet requirements in the following ways:
- a. There was no documentation to demonstrate the license holder assisted the client in developing the skills necessary to safely self-administer medication (C1, C2 and C3); and
 - b. There was no documentation to demonstrate the license holder monitored the following:
 - 1. Symptoms and signs of tardive dyskinesia (C1, C2 and C3).

Citation: Minnesota Statutes, section 245I.11, subdivision 5, clauses (1) and (2)

Corrective Action Required Correct immediately and maintain compliance.

16. Violation: 3 of 3 client files reviewed did not meet progress note requirements. The progress note did not include

the following required components:

- a. Documentation of the scope of the service, including the following required components:
 1. The targeted goal and objective (C1, C2 and C3)
 - For all progress notes reviewed from 2/26/2026-3/2/2026. (C1)
 - For all progress notes reviewed from 3/3/2026-3/12/2026. (C2)
 - For all progress notes reviewed from 4/24/2026-4/30/2026. (C3)

Citation: Minnesota Statutes, section 245I.08, subdivision 4

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit a progress note that demonstrates compliance.

17. Violation: 3 of 3 client files reviewed did not meet requirements for orienting clients to vulnerable adult maltreatment reporting policies and procedures in the following ways:

- a. The client was not oriented to the program abuse prevention plan (PAPP) (C1, C2 and C3).

Citation: Minnesota Statutes, section 245A.65, subdivision 3

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation of orientation that demonstrates compliance.

Staff Records

18. Violation: 5 of 5 personnel files reviewed for training documentation did not meet requirements. Documentation of training did not include the following required components:

- a. The name and credentials of the trainer (SP1, SP2, SP3, SP4 and SP5); and
- b. The license holder's method of evaluating the trainee's competency upon completion of training (SP1, SP2, SP3, SP4 and SP5).

Citation: Minnesota Statutes, section 245I.05, subdivision 2, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation of training documentation that demonstrates compliance.

19. Violation: 1 of 5 personnel files reviewed for treatment supervision plans did not meet requirements in the following ways:

- a. The treatment supervision plan was not updated at least annually (SP1)
 - For calendar year(s) 2025 (SP1)

Citation: Minnesota Statutes, section 245I.06, subdivision 2, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

20. Violation: 4 of 4 personnel files reviewed for requirements governing initial training did not meet requirements in the following ways:

- a. Documentation did not demonstrate the staff person was oriented to the following required topics, prior to

providing direct contact services:

1. The Minnesota Health Records Act, including:
 - i. Client confidentiality (SP5);
 - ii. Family engagement under section 144.294 (SP5); and
 - iii. Client privacy (SP5).
 2. The license holder's program policies and procedures applicable to the staff person's position (SP1, SP2, SP3 and SP5); and
 3. Specific needs of each client to whom the staff person will be providing direct contact services (SP1 and SP2).
- b. For staff identified as needing additional trainings before providing direct contact services, documentation did not demonstrate the staff person received 30 hours of training about:
1. Mental illnesses (SP3);
 2. Client recovery and resiliency (SP3);
 3. Mental health de-escalation techniques (SP3);
 4. Co-occurring mental illness and substance use disorders (SP5); and
 5. Psychotropic medications and medication side effects, including tardive dyskinesia (SP5).
- c. Documentation did not demonstrate the staff person received training to the following required topics within 90 days of first providing direct contact services to an adult client:
1. Trauma-informed care and secondary trauma (SP3);
 2. Person-centered individual treatment plans, including seeking partnerships with family and other natural supports (SP2); and
 3. Culturally responsive treatment practices (SP1).

Citation: Minnesota Statutes, section 245I.05, subdivision 3, paragraphs (b)-(d)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit training documentation for SP1, SP2, SP3, and SP5 that demonstrate compliance.

21. Violation: 3 of 3 personnel files reviewed for requirements governing ongoing training did not meet requirements in the following ways:

- a. Documentation did not demonstrate the staff person received annual training on the following required topics:
1. Vulnerable adult maltreatment reporting requirements (SP4)
 - For calendar year(s) 2025 (SP4)
 2. The maltreatment of minor reporting requirements and definitions in chapter 260E (SP4)
 - For calendar year(s) 2025 (SP4)
 3. Client rights and protections under section 245I.12 (SP4)
 - For calendar year(s) 2026 (SP4)
 4. Minnesota Health Records Act training including:
 1. Client confidentiality (SP1, SP2 and SP4)
 - For calendar year(s) 2025 (SP1 and SP4)
 - For calendar year(s) 2026 (SP2)
 2. Family engagement under section Minnesota Statutes 144.294 (SP1, SP2 and SP4)
 - For calendar year(s) 2025 (SP1 and SP4)
 - For calendar year(s) 2026 (SP2)
 3. Client privacy (SP1, SP2 and SP4)
 - For calendar year(s) 2025 (SP1 and SP4)
 - For calendar year(s) 2026 (SP2)
 5. Emergency procedures, including fire and inclement weather (SP4)

- For calendar year(s) 2025 (SP4)
- 6. Emergency procedures, including responding to a report of a missing person (SP4)
 - For calendar year(s) 2025 (SP4)
- 7. Emergency procedures, including behavioral emergencies (SP4)
 - For calendar year(s) 2025 (SP4)
- 8. Emergency procedures, including medical emergencies (SP4)
 - For calendar year(s) 2025 (SP4)

Citation: Minnesota Statutes, section 245I.05, subdivision 4, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit training documentation for SP1, SP2, and SP4 that demonstrate compliance.

How to respond

If you fail to correct the violation(s) within the time limits identified above, DHS may impose a fine or take an action on your license. If requested above, Send your written response and any supporting documentation to your licenser at:

Commissioner, Department of Human Services
ATTN: Michael Cihla
Licensing Division
PO Box 64242
St. Paul, MN 55164-0242

Your right to request reconsideration

You have the right to request reconsideration of this order and the cited violations. Your request must:

- Be in writing
- List each violation you are challenging
- Identify what is inaccurate or incomplete about the information in this order
- Supply information that is accurate or more complete
- Be made before the deadlines provided below

If you are mailing your request, it must be received by DHS within 20 calendar days from when you received this order. If you do not meet this deadline, you lose your right to request reconsideration. The timeline to appeal began when you received this order. Please send it to:

Office of Inspector General
Legal Counsel's Office
Attention: Licensing Legal Unit
P.O. Box 64953
Saint Paul, MN 55164-0953

If your request is being personally delivered, it must be received by DHS within 20 calendar days from when you received this order. If you do not meet this deadline, you lose your right to request reconsideration. The timeline to

appeal began when you received this order. Please bring it to:

Commissioner, Department of Human Services
Office of Inspector General, Legal Counsel's Office - Licensing
444 Lafayette Road North
St. Paul, MN 55155

Legal authority

This action is taken under Minnesota Statutes, section 245A.06, subdivision 1. The timeline to request reconsideration of the order is provided in Minnesota Statutes, section 245A.06, subdivision 2.

Questions

If you have any further questions regarding this matter, you may contact me at 651-431-5909 or at Michael.S.Cihla@state.mn.us.

Sincerely,

Michael Cihla, Licenser
Office of Inspector General
Licensing Division