Electronically Delivered

September 3, 2025

Licensee
The Country Villa
520 1st Street Northeast
Sartell, MN 56377

RE: Project Number(s) SL20559016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 17, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20559	A. BUILDING: _____ B. WING _____	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COUNTRY VILLA	520 1ST STREET NE SARTELL, MN 56377

(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 LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL20559016-0 On July 14, 2025, through July 17, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 240 residents; 76 receiving services under the Assisted Living Facility license.	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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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 is 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated, July 14, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the Minnesota State Fire Code in Minnesota Rules, chapter 7511. This had the potential to directly affect all residents, staff, and visitors. 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 the potential to affect a large portion or all of the residents) The findings include: On July 15, 2025, from 10:00 a.m. to 1:30 p.m., the surveyor toured the facility with maintenance staff (M)-I, the surveyor made the following observations of non-compliance with current Minnesota Fire Code provisions: FIRE RESISTANT RATED DOORS The fire-resistant rated doors in the following locations did not close and latch.	0 775		

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0 775	Continued From page 4 Admin Building: - The cross-corridor door by apartment 206. - The cross-corridor door by aparmtnet 219. - The exit door adjacent to apartment 42. - The exit door adjacent to apartment 61 The Waterford: - The cross-corridor door leading into The Waterford. The Villa Apartments: - The elevator equipment room door. - The mechanical room door to the sprinkler room. - The electrical room door to the fire panel. - The stairwell exit door near the generator. - The mechanical room door on the second floor near apartment 254 - The mechanical room door on the second floor near apartment 260 Fire resistant rated doors are required to automatically close and latch to prevent the spread of flame and smoke in the event of a fire or similar emergency. These deficient conditions were visually verified at the time of discovery by M-I accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
01290 SS=F	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 5 144.057 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 submitted and received in affiliation with the assisted living license for one of 43 employees (licensed practical nurse (LPN)-E). This had the potential to affect all residents residing in the assisted living facility. 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). The findings include: LPN-E was hired on May 25, 2015, and began providing assisted living services on August 1, 2021. On July 16, 2025, at 12:10 p.m., human	01290		

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01290	Continued From page 6 resources (HR)-F provided a NETStudy 2.0 screenshot which indicated LPN-E had a cleared background study dated December 29, 2022 that was affiliated with HFID 33423 and HFID 30448 (sister facilities to licensee). The licensee's NETStudy 2.0 roster lacked a cleared background study for LPN-E under HFID 20559. On July 16, 2025, at 12:11 p.m., HR-F stated HR-F was unaware LPN-E worked under HFID 20559 location and a request for affiliation to HFID 20559 was requested. On July 16, 2025, at 12:47 p.m., licensed assisted living director (LALD)-A stated the standard process for all new hires is to have a background study completed and affiliated with the HFID for all sister-sites within the company. LALD-A further stated LPN-E was not affiliated with HFID 20559 due to human error. The licensee's 4.02 Background Studies policy dated January 1, 2025, indicated, "[licensee] will conduct a Minnesota Department of Human Services Background Study on all employees and volunteers and contractors at [licensee]. No employee may provide direct services and have independent direct contact with any residents until acceptable result of the background study have been received." No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

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01890	Continued From page 7	01890		
01890 SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure time sensitive medications were dated when opened for one of two residents (R7). In addition, the licensee failed to discard expired medication from one out of two medication storage rooms observed. 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: EXPIRED MEDICATIONS On July 15, 2025, at 10:53 a.m., the surveyor along with registered nurse (RN)-G, observed the secured medication room labeled Villa's and observed R8's Therapeutic-M supplement with an unknown number of tablets. The instructions read take one tablet by mouth every morning. The	01890		

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01890	Continued From page 8 medication expired in May 2025. On July 15, 2025, at 11:04 a.m., RN-G stated RN-G completed medication set-up for R8 for the current and upcoming weeks using the expired medication. In addition, RN-G stated that all nurses are responsible for checking medications' expiration dates and have removed them from use if needed. RN-G further stated, "I missed that one when doing checks." TIME SENSITIVE MEDICATION On July 15, 2025, at 12:06 p.m., the surveyor along with unlicensed personnel (ULP)-H, observed R7's medication supply stored in a secure cabinet inside of R7's apartment. R7's Insulin Glargine 100 units (U)/ pen was observed to be lacking an open date and expiration date. On July 15, 2025, at 11:34 a.m., clinical nurse supervisor (CNS)-B stated each medication room is audited monthly, for expired medications by an RN. CNS-B further stated, during the medication set-up process, the nurse is to check the expiration date on each medication as part of the rights of medication administration and the expired vitamin was missed. On July 16, 2025, at 10:12 a.m., CNS-B stated insulin pens are required to be dated with the date they are removed from the medication refrigerator. Insulin pens have been issued to R7 by R7's dialysis provider and checking for date open was missed. The licensee's 7.23 Medication Disposal policy dated January 21, 2025, indicated expired medications managed by [licensee] will be disposed of according to the accepted practices of the Minnesota board of Pharmacy and the	01890		

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01890	Continued From page 9 labels from the containers will be destroyed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for one of one resident (R5) who utilized oxygen. 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: R5 was admitted to the licensee and began receiving services on November 5, 2024.	02310		

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02310	Continued From page 10 R5's Service Plan Agreement signed on June 20, 2025, indicated R5 received assistance with dressing, grooming, showering, laundry, housekeeping, medication management, and oxygen safety checks. R5's Physician Order Sheet signed July 3, 2025, indicated R5 received oxygen management services. On July 15, 2025, at 8:07 a.m., the surveyor, accompanied by unlicensed personnel (ULP)-D, observed in R5's apartment an oxygen concentrator located inside the doorway of R5's bedroom, four portable oxygen tanks. Three of the portable tanks were stored in an oxygen tank rack and one was free standing on the floor. On July 15, 2025, at 8:13 a.m., ULP-D stated portable oxygen tanks are stored in holders and staff notify a nurse if there is any concern with oxygen equipment storage. On July 16, 2025, at 2:32 p.m., clinical nurse supervisor (CNS)-B stated all staff are trained to monitor for safe oxygen use and storage of oxygen equipment. CNS-B further stated, portable oxygen tanks are to be stored upright in an appropriate holder and staff are to notify nursing if oxygen is not stored properly. The licensee's 7.40 Oxygen policy dated January 21, 2025, indicated oxygen cylinders and vessels must always remain upright. The policy did not address storage in an appropriate storage rack or container. Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, recommended cylinders be secured with	02310		

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02310	Continued From page 11 chains or racks to prevent cylinders from falling over. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

The Country Villa
520 1st Street NE
Sartell, MN 56377
Benton County
Parcel:

Phone:

License Info

License: HFID 20559

Risk:
License:
Expires on:
CFPM: Kasey Benjamin Davis
CFPM #: 29519; Exp: 11/04/2027

Inspection Info

Report Number: F1046251043
Inspection Type: Full - Single
Date: 7/14/2025 Time: 10:45:30 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery:

New Order: 4-200 Equipment Design and Construction
4-204.112A *Priority Level: Priority 3 CFP#: 36*
MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.
COMMENT: PROVIDE THERMOMETERS IN ALL COOLING UNITS, DIGITAL DISPLAY ON THE OUTSIDE OF THE COOLER IS NOT ACCEPTED.
Comply By: 7/21/2025 Originally Issued On: 7/14/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.16 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1540 Hang mops to dry after each use and do not store mops in a manner that will soil walls, equipment or supplies.
COMMENT: A WET MOP WAS HUNG IN THE SERVING KITCHEN AGAINST THE WALL DRIPPING ONTO THE FLOOR. DISCONTINUE STORING WET MOPS AGAINST THE WALL, ALLOW TO DRAIN IN A MOP SINK.
Comply By: 7/14/2025 Originally Issued On: 7/14/2025

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the St Cloud District Office inspection report number F1046251043 from 7/14/2025

Establishment Representative

Nicole Larrison,
Public Health Sanitarian 1
320-640-3534
nicole.larrison@state.mn.us

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Establishment Info

The Country Villa
Sartell
County/Group: Benton County

Inspection Info

Report Number: F1046251043
Inspection Type: Full
Date: 7/14/2025
Time: 10:45:30 AM

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 41 Degrees F.
Comment: SERVING KITCHEN
Violation Issued?: No

Food Temperature: Product/Item/Unit: SLICED TOMATO**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 40 Degrees F.
Comment: DRAKES
Violation Issued?: No

Food Temperature: Product/Item/Unit: POTATO SALAD**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 39 Degrees F.
Comment: DRAKES
Violation Issued?: No

Food Temperature: Product/Item/Unit: PORTIONED HAM**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 41 Degrees F.
Comment: DRAKES
Violation Issued?: No

Food Temperature: Product/Item/Unit: MAC N CHEESE**; Temperature Process:** Hot-Holding
Location: Steam Table at 161 Degrees F.
Comment: DRAKES
Violation Issued?: No

Food Temperature: Product/Item/Unit: SLICED CHERRY TOMATO**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 41 Degrees F.
Comment: DRAKES
Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT LETTUCE**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 40 Degrees F.
Comment: DRAKES
Violation Issued?: No

Food Temperature: Product/Item/Unit: PASTA SALAD**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 41 Degrees F.
Comment: DRAKES
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHICKEN**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment: DRAKES
Violation Issued?: No

<u>Food Temperature</u>: Product/Item/Unit: CHEESE CURDS**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 39 Degrees F.
Comment: DRAKES
Violation Issued?: No

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Sanitizer Observations/Recordings

Establishment Info

The Country Villa
Sartell
County/Group: Benton County

Inspection Info

Report Number: F1046251043
Inspection Type: Full
Date: 7/14/2025
Time: 10:45:30 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 166.0 Degrees F.
Comment: SERVING KITCHEN
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 163.1 Degrees F.
Comment: DRAKES
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Front **Equal To** 200 PPM
Comment: SERVING KITCHEN
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F1046251043

Food Establishment Inspection Report

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

No. of Risk Factor/Intervention/Violations	0	Date: 7/14/2025
No. of Repeat Risk Factor/Intervention/Violations		Time: 10:45:30 AM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
The Country Villa	520 1st Street NE	Sartell, MN	56377	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 20559		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
	Employee Health			
3	IN	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	IN	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	IN	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	IN	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	IN	Food separated and protected		
16	IN	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	N/O	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	IN	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	IN	Proper date marking & disposition		
24	N/A	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	N/A	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	N/A	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
30	N/A	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	IN	Approved thawing methods used		
36	X	Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present; no unauthorized person		
39		Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
43		In-use utensils; Properly stored		
44		Utensils, equipment & linens; properly stored, dried, handled		
45		Single-use & single-service articles, properly stored and used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, used; test strips		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities; properly constructed, supplied & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55	X	Physical facilities installed, maintained & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing and plan review		

Person in Charge (signature)

Inspector (signature)

Follow-up: Follow-up Date: