Electronically Delivered

April 25, 2025

Licensee
Westview Estates
703 West Yellowstone Trail
Buffalo Lake, MN 55314

RE: Project Number(s) SL30311016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 9, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no 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.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30311	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW ESTATES	703 WEST YELLOWSTONE TRAIL BUFFALO LAKE, MN 55314

(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 SL#30311016-0 On April 7, 2025, through April 9, 2025, the Minnesota Department of Health conducted a survey at the above provider. At the time of the survey, there were 15 residents; 15 receiving services under the Assisted Living license. As a result of the survey, the licensee was found to be in significant compliance with the assisted living statutes 144G.08 through 144G.95.	0 000		

Minnesota Department of Health
Food, Pools, and Lodging Services
12 Civic Center Plaza
Mankato, MN 56001
507-344-2700

Type: Full
Date: *04/09/25*
Time: 11:07:46
Report: 7990251009

Food and Beverage Establishment Inspection Report

Location:

Westview Estates
703 West Yellowstone Trail
Buffalo Lake, MN55314
Renville County, 65

Establishment Info:

ID #: 0038576
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 3208335364
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	0

This Establishment has resident meals prepared in the attached Buffalo Lake Healthcare Center Main Kitchen. Residents eat the meals in their rooms or in a common sitting area. All dishes go back to the main kitchen to be washed, rinsed, and sanitized. There is no food prep or storage at Westview Estates. This was verified onsite.

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 7990251009 of 04/09/25.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Signed: EMail
Establishment Representative

Signed: Beyn D. Dorhi
7990

651-201-4500
health.foodlodging@state.mn.us