Electronically Delivered

July 14, 2026

Licensee
Prairie Pines Community
903 Prairie Pines Drive
Fosston, MN 56542

RE: Project Number(s) SL30394016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 10, 2026, 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
St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - 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 $1,000.00**. 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.

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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 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
	30394	A. BUILDING: _____ B. WING _____	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE PINES COMMUNITY	903 PRAIRIE PINES DRIVE FOSSTON, MN 56542

(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: SL30394016-0 On June 8, 2026, through June 10, 2026, 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 20 residents; 20 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.	
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control	0 660		

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0 660	Continued From page 1 (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH), including completion of a TB screening and a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for one of three employees (unlicensed personnel (ULP)-E). 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).	0 660		

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0 660	Continued From page 2 The findings include: During the entrance conference on June 8, 2026, at 10:04 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living requirements. The licensee's Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by MDH was completed on July 23, 2025, and the facility was determined to be a low risk level. ULP-E was hired on April 20, 2026, to provide direct care services to residents at the assisted living facility. Throughout the morning on June 10, 2026, the surveyor observed ULP-E assisting residents in the dining room and hallways. ULP-E's employee record contained a negative Health Screening for New Hires dated April 14, 2026. In addition, ULP-E's record contained a negative QuantiFERON TB1 (Green) blood test read on November 14, 2025 (157 days prior to ULP-E's employment start date). ULP-E's employee record lacked evidence of a two-step TST or other evidence of a TB screening, such as a blood draw, within 90 days of employment or upon hire. On June 10, 2026, at 8:57 a.m., LALD-A and clinical nurse supervisor (CNS)-B stated new employees completed TB screening and blood draws off campus prior to employment start date, and the licensee accepted an employee's previous two-step TST or blood draw if completed within 90 days of employment start date.	0 660		

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0 660	Continued From page 3 On June 10, 2026, at 10:33 a.m., LALD-A stated ULP-E's TB blood draw was completed over 90 days prior to ULP-E's employment start date, and ULP-E should have been required to complete a new blood draw or two-step TST. The licensee's Employee TB Screening policy dated June 14, 2023, indicated employees TB results done within 90 days prior to hire for LTC (long term care) and home health can be accepted. The Minnesota Department of Health Assisted Living Resources and Frequently Asked Questions (FAQs) website, last updated June 5, 2026, indicated a licensee could accept a TST or IGRA blood test dated within 90 days of hire for a new employee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
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, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.	0 775		

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0 775	Continued From page 4 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated June 8, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.	0 810		

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0 810	Continued From page 5 (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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:	0 810		

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0 810	Continued From page 6 Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated June 8, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of three residents (R8) who received treatments managed by the provider. 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).	01970		

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01970	Continued From page 7 The findings include: During the entrance conference on June 8, 2026, at 10:16 a.m., licensed assisted living director (LALD)-A stated the licensee provided treatment and therapy services to residents at the facility. R8's diagnoses included diabetes, hypertension (HTN- high blood pressure), and Parkinsonism (slowed motion, rigid muscles, tremors, and balance issues). R8's Service Plan with Schedule dated May 4, 2026, indicated R8's services included assistance with tactile medical pumping (device used to increase decrease swelling in the arms and legs) of bilateral arms and bilateral legs daily, along with application and removal of compression sleeves and TEDS (used to improve circulation) for lymphedema (swelling in the arms and legs). R8's prescriber orders dated February 23, 2024, included orders for application and removal for compression sleeves, TEDS, and tactile medical pump. R8's Medication Administration Record dated May 1, 2026, through May 31, 2026, indicated staff assisted with application and removal of R8's compression sleeves, TEDS, and tactile medical pump. On June 9, 2026, at 7:48 a.m., the surveyor observed unlicensed personnel (ULP)-G remove R8's tactile medical pump and applied R8's compression sleeves and TEDS. R8's record lacked annual prescriber orders for application and removal for compression sleeves, TEDS, and tactile medical pump.	01970		

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01970	Continued From page 8 On June 10, 2026, at 9:05 a.m., clinical nurse supervisor (CNS)-B stated the licensee was aware annual orders were required and CNS-B completed treatment orders with annual medication orders. CNS-B further stated R8's record lacked annual treatment orders since R8 did not receive medication management services from the licensee and therefore annual treatment orders were not obtained from the prescriber. The licensee's AL (assisted living) Treatment and Therapy Management policy dated March 3, 2025, indicated the treatment or therapy management record must be current and updated when there are any changes. The licensee's AL (assisted living) Medication and Treatment Management policy dated March 3, 2025, indicated written or electronically transmitted prescription for prescription medication, renewals of prescriptions will be updated at least every 12 months or sooner if needed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Fergus Falls District Office
Minnesota Department of Health
2314 College Way
Fergus Falls , MN 56537
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Prairie Pines Community
903 PRAIRIE PINES DRIVE
Fosston, MN 56542
Polk County
Parcel:

Phone:

License Info

License: HFID 30394

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1049261094
Inspection Type: Full - Single
Date: 6/9/2026 Time: 11:15 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

INSPECTOR MET WITH ESTABLISHMENT REPRESENTATIVE AND MDH NURSE EVALUATOR, SARA UMLAUF.

DISCUSSED:
-VOMIT CLEAN UP PROCEDURE
-EMPLOYEE ILLNESS LOG
-PASTEURIZED EGGS AND JUICE

ALL FOOD IS PREPPED AND COOKED IN THE HOSPITAL/NURSING HOME COMMERCIAL KITCHEN AND BROUGHT OVER TO THE ASSISTED LIVING SERVING KITCHEN. THE ASSISTED LIVING SERVING KITCHEN HAS LAMINATE FLOORING, PAINTED CEILING, PAINTED WALLS, LAMINATE CUPBOARDS, ANSI UPRIGHT COOLER/FREEZER COMBO, AND ANSI STEAM TABLE.

THE DISH MACHINE UTENSIL SURFACE TEMPERATURE WAS 176.2 DEGREES F WHICH INDICATES THAT UTENSILS AND DISHES ARE PROPERLY SANITIZED.

Things to Remember:

1. The Certified Food Manager should be routinely conducting self inspections to ensure that employees are following proper food handling practices.

2. Educate employees on the importance of reporting to management any illness they have or have had recently. Management should exclude any workers ill with vomiting or diarrhea from handling food, and they should keep an up to date employee illness log.

3. There should be a Person in Charge at the establishment during all hours of operation. This person should ensure that employees are practicing good hand washing procedures, including being knowledgeable about when hand washing should be done and how to properly wash hands.

4. Employees should use spatula, tongs, deli tissue, gloves, or some other approved means to prevent any direct bare hand contact with ready to eat foods.

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 Fergus Falls District Office inspection report number F1049261094 from 6/9/2026

Stephanie Reynolds

Establishment Representative

Stephanie Reynolds,
Public Health Sanitarian 2
218-332-5179
stephanie.reynolds@state.mn.us

Fergus Falls District Office
Minnesota Department of Health
2314 College Way
Fergus Falls , MN 56537

Temperature Observations/Recordings

Establishment Info

Prairie Pines Community
Fosston
County/Group: Polk County

Inspection Info

Report Number: F1049261094
Inspection Type: Full
Date: 6/9/2026
Time: 11:15 AM

Food Temperature: Product/Item/Unit: Apple Juice**; Temperature Process:** Cold-Holding
Location: Reach-in Cooler at 39.5 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Turkey Meat**; Temperature Process:** Time as Public Health Control
Location: Pan on top of the steam table (not on) at 49.5 Degrees F.
Comment: *ALL SANDWICHES WILL BE SERVED TO RESIDENTS WITHIN A FOUR HOUR PERIOD.
Violation Issued?: No

Food Temperature: Product/Item/Unit: Coleslaw **; Temperature Process:** Cold-Holding
Location: Upright Cooler at 37.5 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Prepped Lettuce **; Temperature Process:** Cooling
Location: Reach-in Cooler at 67.5 Degrees F.
Comment: *Lettuce was prepped around 11:00 AM. Will be served at lunch or cooled within 4 hours.
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Tomatoes**; Temperature Process:** Cooling
Location: Reach-in Cooler at 45.5 Degrees F.
Comment: *Tomatoes were prepped around 10:00 AM. Will be served at lunch or cooled within 4 hours.
Violation Issued?: No

Fergus Falls District Office
Minnesota Department of Health
2314 College Way
Fergus Falls , MN 56537

Sanitizer Observations/Recordings

Establishment Info

Prairie Pines Community
Fosston
County/Group: Polk County

Inspection Info

Report Number: F1049261094
Inspection Type: Full
Date: 6/9/2026
Time: 11:15 AM

Sanitizing Chemical: **Product:** Sink and Surface**; Sanitizing Process:** Dispenser
Location: 2-Compartment Sink **Equal To** 272 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 176.2 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL30394016-0	**Date:** 6/8/2026
Facility Name: Prairie Pines Community	
Facility Address: 903 Prairie Pines Dr. Fosston, Mn 56542	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]

   Comments: Fire-resistant rated doors throughout the facility including the kitchen and laundry room were provided with wall mounted magnetic holders that are not tied into the alarm system. 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.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

   Comments: The licensee failed to maintain their FSEP as readily available. The licensee provided multiple policies for the surveyor to review. LALD-C identified which policy staff are trained on and use during a fire or similar emergency. The policy should be cleaned up and organized so that only relevant policies and procedures are included to avoid confusion for staff and residents.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including

the identification of unique or unusual resident needs for movement or evacuation. [Minn. Stat. 144G.45 subd.2]

Comments: The FSEP failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include the identification of any residents that needed assistance, any resident-specific procedures to staff for assisting residents during evacuation, nor did it include instructions for staff to follow in case of relocation.