Electronically Delivered

June 8, 2026

Licensee
Eventide The Linden
1500 7th Street South
Moorhead, MN 56560

RE: Project Number(s) SL21014016

Dear Licensee:

On June 1, 2026, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on March 26, 2026. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Electronically Delivered

April 15, 2026

Licensee
Eventide The Linden
1500 7th Street South
Moorhead, MN 56560

RE: Project Number(s) SL21014016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 26, 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.

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 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,500.00**. 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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 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
	21014	A. BUILDING: _____ B. WING _____	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE THE LINDEN	1500 7TH STREET SOUTH MOORHEAD, MN 56560

(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: SL21014016-0 On March 23, 2026, through March 26, 2027, 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 191 residents; 82 receiving services the Assisted Living Facility with Dementia Care license. On March 25, 2026, an immediate correction order was issued for tag identification 1290. During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.	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,	0 480		

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are 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 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, Food and Beverage Establishment Inspection Report (FBEIR) dated March 24, 2026, 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		
0 690 SS=F	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure entries in resident records were current, permanently recorded, and authenticated with the name and title of the person making the entry for three of three residents (R2, R4, R5). 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: R2 R2 was admitted to the licensee on December 31, 2025. R2's record included the following assessments that were not current and permanently recorded	0 690		

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0 690	Continued From page 4 by authentication at the time the assessment was completed: - assessment dated September 27, 2025, was authenticated on September 30, 2025; - assessment dated October 31, 2025, was authenticated on November 3, 2025; and - assessment dated January 29, 2026, was authenticated on February 4, 2026. R4 R4 was admitted to the licensee on February 26, 2026. R4's record included the following assessments that were not current and permanently recorded by authentication at the time the assessment was completed: - assessment dated September 30, 2025, was authenticated on October 8, 2025; - assessment dated October 14, 2025, was authenticated on October 21, 2025; and - assessment dated December 31, 2025, was authenticated on January 2, 2026. R5 R5 was admitted to the licensee on May 11, 2017. On March 25, 2026, at 11:01 a.m., the surveyor observed ULP-B assist R5 with medication administration and monitoring of blood sugar. R5's record included the following assessments that were not current and permanently recorded by authentication at the time the assessment was completed: - assessment dated August 17, 2025, was authenticated on August 20, 2025; - assessment dated November 11, 2025, was authenticated on November 14, 2025; and - assessment dated February 14, 2026, was	0 690		

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0 690	Continued From page 5 authenticated on March 25, 2026, (which was authenticated after the initiation of survey). On March 26, 2026, at 9:28 a.m., director of clinical services (DOCS)-G confirmed the effective date on the assessments indicated the date of when an assessment was opened and initiated in the licensee's electronic medical record. Clinical nurse supervisor (CNS)-D stated when they complete an assessment on a resident, then they would lock (authenticate) the assessment within a week later. CNS-D stated there was no reason why an assessment was not locked on the day the assessment was completed but would keep the assessment open in the electronic system to make sure everything was there; and they were able to complete any follow up with family. The licensee's Resident Records, Content Of policy dated May 2021, indicated resident records would be maintained as required by state regulations. The policy referenced home care and not assisted living. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 690		
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:	0 775		

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0 775	Continued From page 6 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 23, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.	0 800		

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0 800	Continued From page 7 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 23, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
01290 SS=I	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 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be	01290		

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01290	Continued From page 8 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 observation, interview, and record review, the licensee failed to ensure one of one employee (director of facilities (DOF)-E) had a cleared Department of Human Services (DHS) NETStudy 2.0 background study prior to staff providing services. This had the potential to affect all residents, staff, and visitors. This resulted in an immediate correction order on March 25, 2026. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: DOF-E was hired by the licensee on December 13, 2022. On March 23, 2026, at 1:26 p.m., the engineering surveyor toured the facility with DOF-E until	01290	During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.	

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01290	Continued From page 9 approximately 4:30 p.m. DOF-E was not directly supervised during this time by the licensee. On March 24, 2026, at 1:52 p.m., licensed assisted living director (LALD)-C and clinical nurse supervisor (CNS)-D confirmed DOF-E was hired on December 13, 2022; and DOF-E had access to the licensee's residents as they would be required to enter residents' apartments for maintenance needs. LALD-C stated DOF-E technically was employed through the care center (skilled nursing facility/SNF) that is connected to the building, which is owned by the same company; but they would come to the assisted living side as well. LALD-C stated they were not aware all staff who had access to residents needed to be affiliated to the licensee's health facility identification number (HFID). On March 24, 2026, at 2:26 p.m., LALD-C confirmed DOF-E's background was not affiliated with the licensee's HFID through DHS; but moving forward the licensee would make sure all staff that crossed over from the SNF would have an eligible background completed through DHS for the licensee's HFID. The surveyor further requested evidence of an eligible DHS NETStudy 2.0 background study from the licensee's corporate office for the other license since the corporate office over saw both licenses. On March 24, 2026, at 2:32 p.m., LALD-C stated the licensee's corporate office could not find evidence DOF-E was current and eligible on DHS NETStudy 2.0 background study for DOF-E for either license, which was owned by the same company. The licensee's undated, Employee Handbook, page four, under Criminal Background Checks,	01290		

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01290	Continued From page 10 indicated all employees in Minnesota were subject to national criminal background check and Minnesota DHS (Department of Human Services) background study. The employee handbook indicated the results of all required background studies would need to be received before an employee begun employment. The licensee did not provide a policy and procedure for conducting and handling background studies on employees. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE The licensee took action to mitigate immediate risk; however, the scope and level remain at I.	01290		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced	01760		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE THE LINDEN	1500 7TH STREET SOUTH MOORHEAD, MN 56560

(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
01760	Continued From page 11 by: Based on interview and record review, the licensee failed to ensure accurate transcription for a prescription for one of one resident (R4) who had medication management services. 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: R4 was admitted to the licensee on February 26, 2026. R4's Assisted Living Service Agreement dated January 1, 2026, indicated R4 received assistance with medication administration. R4's provider order dated December 12, 2025, indicated R4 was to receive metoprolol succinate (extended release used for chronic management) 50 milligrams (mg) one tablet by mouth one time per day for chronic atrial fibrillation. R4's medication administration record (MAR) dated March 1, 2026, through March 31, 2026, indicated metoprolol tartrate (immediate release used for rapid adjustments) 50 mg by mouth one time a day for hypertension. On March 26, 2026, at 10:43 a.m., vice president of clinical operations (VPC)-F confirmed the licensee did not have an order for R4's metoprolol	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21014	A. BUILDING: _____ B. WING _____	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE THE LINDEN	1500 7TH STREET SOUTH MOORHEAD, MN 56560

(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
01760	Continued From page 12 tartrate as documented administered on R4's MAR. VPC-F stated a transcription error occurred for R4's metoprolol succinate; and stated they would correct it. The licensee's Medication Prescriptions and Treatment or Therapy Orders policy dated October 2014, indicated the registered nurse (RN) would be responsible to assure current, authorized prescriber prescriptions for medications would be kept in the resident's record. The policy did not indicate any information on the transcription of a medication order. Also, the policy referenced home care and not assisted living. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

Fergus Falls District Office
Minnesota Department of Health
2313 College Way
Fergus Falls , MN 56537
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

EVENTIDE THE LINDEN
1500 7TH STREET SOUTH
Moorhead, MN 56560
Clay County
Parcel:

Phone:

License Info

License: HFID 21014

Risk:
License:
Expires on:
CFPM: Suzanne Marquardt
CFPM #: FM63428; Exp: 6/20/2027

Inspection Info

Report Number: F1064261037
Inspection Type: Full - Single
Date: 3/24/2026 Time: 10:00:14 AM
Duration: 60 minutes
Announced Inspection: No
Total Priority 1 Orders: 2
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery:

New Order: 2-100 Supervision
2-102.12DMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033D Post the certified food protection manager certificate.
COMMENT: CFPM CERTIFICATE WAS POSTED IN THE OFFICE. INSTRUCTED TO POST IN CONSPICUOUS LOCATION WHILE ON SITE.
Comply By: Comply On Condition Originally Issued On: 3/24/2026

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: RAW EGGS WERE BEING STORED ABOVE RTE LETTUCE IN PREP AREA. ITEM WAS CORRECTED WHILE ON SITE.
Comply By: Complied On Site Originally Issued On: 3/24/2026

! **New Order: 4-500 Equipment Maintenance and Operation**
4-501.114C3 *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.
COMMENT: ONE SANITIZER BUCKET WAS FOUND TO HAVE 0PPM OF QUATERNARY AMMONIUM. CONSULTED WITH PIC IN CHARGE AND DISCUSSED HOW TO USE THERE CHEMICAL DISPENSER BY LETTING IT RUN FOR A FEW SECONDS BEFORE FILLING CONTAINERS. WAS SOLVED WHILE ON SITE.
Comply By: Complied On Site Originally Issued On: 3/24/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-602.11E *Priority Level: Priority 3 CFP#: 16*
MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.
COMMENT: BLACK DEBRIS BUILD UP WAS NOTED UNDER JUICE DISPENSER, SHOWED TO PIC WHILE ON SITE AND INSTRUCTED ON HOW TO CLEAN.
Comply By: Comply On Condition Originally Issued On: 3/24/2026

Food & Beverage General Comment

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 F1064261037 from 3/24/2026

Kimberly Bredeson

SUZANNE MARQUARDT
CFPM

Kim Bredeson,
Public Health Sanitarian 2
218-332-5144
kimberly.bredeson@state.mn.us

Fergus Falls District Office
Minnesota Department of Health
2313 College Way
Fergus Falls , MN 56537

Temperature Observations/Recordings

Establishment Info

EVENTIDE THE LINDEN
Moorhead
County/Group: Clay County

Inspection Info

Report Number: F1064261037
Inspection Type: Full
Date: 3/24/2026
Time: 10:00:14 AM

Food Temperature: Product/Item/Unit: BELL PEPPER**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

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

Food Temperature: Product/Item/Unit: HAM**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: EGG SALAD**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 35 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: ; Temperature Process:
Location: at Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: PASTA SOUP**; Temperature Process:** Hot-Holding
Location: Warmer at 167 Degrees F.
Comment:
Violation Issued?: No

Fergus Falls District Office
Minnesota Department of Health
2313 College Way
Fergus Falls , MN 56537

Sanitizer Observations/Recordings

Establishment Info

EVENTIDE THE LINDEN
Moorhead
County/Group: Clay County

Inspection Info

Report Number: F1064261037
Inspection Type: Full
Date: 3/24/2026
Time: 10:00:14 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 0 PPM
Comment: LOCATED BY JUICE DISPENSER IN KITCHEN.
PIC STATED IT WAS FILLED WITHIN THE HOUR PRIOR TO FOOD INSPECTION. INDICATED WITH STAFF TO ENSURE TO LET SANITIZING DISPENSER TO RUN FOR A COUPLE SECONDS BEFORE FILLING SANITZER BUCKETS. INSTRUCTED TO DUMP AND REFILL WITH PROPER CONCENTRATION.
Violation Issued?: Yes

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 170 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 300 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Dishwashing Area **Equal To** 400 PPM
Comment: ENSURE TO RUN DISPENSER FOR A COUPLE SECONDS BEFORE FILLING SANITZER BUCKETS.
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL21014016	**Date:** 3/23/2026
Facility Name: Eventide The Linden	
Facility Address: 1500 7th St Moorhead, MN 56560	

☒ **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. Controlled egress doors shall: unlock upon activation of either the automatic sprinkler system or smoke detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked by a signal or switch from the fire command center, nursing station, or other approved location. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.7]

   Comments: The emergency exit doors, in memory care, had a keypad that required a code to unlock the doors. When interviewed about the controlled egress locking system, director of facilities (DOF)-E stated that there was no manual override for the controlled egress locks in the memory care unit.

3. Gates used as a component in a means of egress shall meet the same requirements for doors. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.2]

   Comments: Two of the emergency exit doors that exit into a gated courtyard, had a keypad that required a code to unlock the gates. When interviewed about the controlled egress locking system, director of facilities (DOF)-E stated that there was no manual override for the controlled egress locks. These same gates do not unlock when the fire alarm system is activated.

DEPARTMENT OF HEALTH

☒ **TAG IDENTIFICATION: 0800**

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

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

   Comments: The trash chute door in the basement had the door held open by removing the wheels from the track. The fusible link and chain were missing from the door, and it would not close to protect the trash chute system and floors above if there was a fire in the dumpster.