Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 17, 2025

Licensee
Vitality Living of New York Mills LLC
215 Tousley Avenue South
New York Mills, MN 56567

RE: Project Number(s) SL34596016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 29, 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34596	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITALITY LIVING OF NEW YORK MILLS LLC	215 TOUSLEY AVENUE SOUTH NEW YORK MILLS, MN 56567

(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 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: SL34596016-0 On October 27, 2024, through October 29, 2024, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider. At the time of the survey, there were 30 residents; 30 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,	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 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 October 27, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24	0 480		

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0 480	Continued From page 3 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain 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. This deficient condition had the potential to affect all staff, residents, 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 potential to affect	0 800		

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0 800	Continued From page 4 a large portion or all of the residents). The findings include: On October 28, 2025, at 9:15 a.m., surveyor toured the facility with maintenance (M)-D The following was observed: GENERAL MAINTENANCE: Carpet was bulging and coming up in the south, east and west hallways throughout the assisted living facility. M-D stated he understood the above-listed deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 800		
01620 SS=E	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods	01620		

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01620	Continued From page 5 based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse	01620		

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01620	Continued From page 6 (RN) conducted a comprehensive assessment for two of three residents (R2, R5) following a change in condition. 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: During the entrance conference on October 27, 2025, at 9:00 a.m., assisted living director in residency/clinical nurse supervisor (ALDIR/CNS)-A stated a comprehensive assessment was to be completed on pre-admission, on admission, 14 days following admission, and then every 90 days, change in resident status, falls and as needed. R2 R2 was admitted on July 21, 2025, and began receiving assisted living services. R2's diagnosis included major depressive disorder, Parkinson's disease (neurological disorder), and congestive heart failure. R2's Service Plan dated May 1, 2025, indicated R2 received assistance with medication administration, assistance with grooming, mobility, behavior monitoring, safety checks, laundry, and housekeeping.	01620		

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01620	Continued From page 7 R2's record indicated the registered nurse (RN) completed a 90-day assessment on September 7, 2025, and a clinical update assessment for a fall on September 30, 2025 R2's progress notes (PN) indicated the following: -September 8, 2025, at 3:41 a.m., resident says she is going to die and needs to see a doctor. Staff are advised to call EMS (emergency medical services). -September 8, 2025, at 4:08 p.m., [facility name] called stating resident is being admitted to the hospital with pneumonia. ER (emergency note) note states: White blood cell counts, and CRP (C-reactive protein - indicates inflammation or tissue damage) are elevated, D-dimer (a protein fragment that is released when a blood clot breaks down) is also elevated. Chest x-ray concerning for left lower lobe and slight right lower lobe infiltrates (the accumulation of fluid, cells or other substances in a tissue or organ). CTA (computed tomography angiography-a medical test that combines a CT scan and injection of special dye to produce picture of blood vessels and tissues of the body) was performed with results as noted above with a questionable soft tissue mass within the periphery of the left lobe of the lung, nonspecific but suspicious for possible malignancy. -September 8, 2025, at 8:52 a.m., emergency relocation for hospital admission on September 8, 2025, ER (emergency room - facility name and address) then acute care, for right side pain, Dx (diagnosis) with pneumonia, length of stay unknown. -September 10, 2025, at 1:37 p.m., resident returned from [facility name] hospital. No significant change in condition. Resident	01620		

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01620	Continued From page 8 ambulating independently with walker. New orders: Torsemide (treats fluid retention), on hold until follow-up, Ceftin (treats infection) 500 milligram (mg) BID (two times a day) for five more days, Flagyl (treats infection) 500 mg TID (three times a day) for eight more doses, Lactulose 15 milliliters (ml) BID. Follow-up within 1 (one) week. Lung/breast/ancillary node follow-up in 4 (four) weeks. Will need referral for Pulmonology (medicine that specializes in the lungs and respiratory system), [facility name] from PCP (primary care provider). Needs follow-up ASAP (as soon as possible). Follow-up: [PCP name] to see on rounds this week to discuss possible lung cancer, pneumonia, torsemide (which is on hold due to euvolemia (normal volume of body fluids) and hypotension (low blood pressure). Repeat chest CT (computerized tomography) in 4 weeks. Current medications, side effects, contraindications, allergic or adverse reactions, and action to address these issues were discussed. -September 12, 2025, at 4:05 p.m., Resident was seen by provider on rounds today. Order received to discontinue calcium and magnesium due to non-coverage, discontinue Colace and Lactulose and start Senna Plus by mouth daily. Torsemide will be discontinued for now. Watch daily weights. Service Plan updated. Acetylcholine neb discontinued for now. MAR (medication administration record) updated. Order received for repeat CT scan in 4 weeks and a Pulmonology referral faxed to [facility] pulmonology per resident request. R2's record lacked a comprehensive assessment to include all required content for a change in condition after R2 returned from the hospital on September 10, 2025.	01620		

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01620	Continued From page 9 On October 29, 2025, at 12:20 p.m., ALDIR/CNS-A stated ALDIR/CNS-B did not feel a change of condition assessment was needed to be completed as R2 was at baseline when she returned from the hospital. In addition, CNS-B stated if no service changes on the service plan, usually a change of condition was not completed. R5 R5's diagnoses included dementia, anxiety and Hypertension (high blood pressure). R5's Service Plan dated June 6, 2025, indicated R1's services included medication administration, assistance with toileting, showering, grooming, dressing, transfers, behavior management, laundry, and housekeeping. R5's record indicated the registered nurse (RN) completed a 90-day assessment on September 8, 2025, and a Clinical Update Assessment for falls on October 29, 2025. R5's progress notes dated September 24, 2025, at 2:27 p.m., indicated R5 was admitted to [name] hospice. R5's record lacked an assessment for a change in condition after R5 was admitted to hospice on September 24, 2025. On October 29, 2025, at 11:35 a.m., ALDIR/CNS-A stated RN-B had been following R5 with her falls and hospice admission and a change of condition assessment was not completed following the hospice admission. ALDIR/CNS-A was unsure why the assessment was not completed.	01620		

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01620	Continued From page 10 On October 29, 2025, at 11:43 a.m., director of clinical services (DCS)- E stated expectations would be a change in condition assessment would be completed when a resident was admitted to hospice. The licensee's 5.0 Initial and On-Going Assessment of Residents policy dated November 29, 2024, indicated an RN will complete the following comprehensive nursing assessments of the residents physical, mental and cognitive needs as required: -preadmission assessment; -14-day assessment: completed up to 14-days after start of services; -ongoing assessment: completed periodically but no less than every 90-days; and -change in resident condition. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel	01750		

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01750	Continued From page 11 about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure as needed (PRN) medications included specific instructions for one of two residents (R2). 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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2's diagnosis included major depressive disorder, Parkinson's disease (neurological disorder), congestive heart failure. R2's Service Plan dated May 1, 2025, indicated R2 received assistance with medication administration, assistance with grooming and mobility, behavior monitoring, safety checks, laundry, and housekeeping. R2's record indicated the registered nurse (RN) completed a clinical update assessment for a fall on September 30, 2025, which indicated R2 was unable to manage medications, was unable to state what medications are prescribed, and was unable to identify what medications are taken for, or times of day R2 usually received medication.	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34596	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITALITY LIVING OF NEW YORK MILLS LLC	215 TOUSLEY AVENUE SOUTH NEW YORK MILLS, MN 56567

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01750	Continued From page 12 R2's October 2025, electronic medication administration record (EMAR) indicated the following PRN medications: -diazepam 2 milligram (mg), one tablet once daily PRN for anxiety; and -quetiapine 100 mg, one tablet once daily PRN for anxiety, hallucinations. R2's October 1 through October 27, 2025, EMAR indicated R2 received the following PRN medications as above: -diazepam 2 mg - October 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 23, 24, 26, 27; and -quetiapine 100 mg - October 1, 2, 3, 5, 7, 8, 9, 12, 13, 15, 17, 18, 19, 20, 24, 26, 27. R2's Individual Medication Management Plan dated September 30, 2025, indicated medications were administered with instructions of the EMAR (sic). R2 is unable to manage medications, was unable to state what medications are prescribed, and was unable to identify what medications are taken for, or times of day R2 usually received medication. Staff are trained to administer this resident's prescribed medication, per physician order, policy and procedure. R2's record lacked specific written instructions for R2's PRN anxiety medications, including which anxiety medication to be administered first. On October 29, 2025, at 12:10 p.m., assisted living director in residency/clinical nurse supervisor (ALDIR/CNS) stated R2 would ask what medication she wants, however, stated R2's medications were managed by the licensee. CNS/ALDIR-A stated the EMAR did not have	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34596	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01750	Continued From page 13 specific instruction for which anxiety medication to administer first. The licensee's 9.0 Administration of Medication, Treatment and Therapy by Unlicensed Personnel policy dated November 29, 2024, indicated the registered nurse (RN) may delegate the unlicensed personnel the task of providing assistance with self-administration of medications or may delegate administration of medications, treatment and therapy if the unlicensed personnel have satisfied the training requirements and if the RN had developed written, specific instruction for each resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		

Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls , MN 56537
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

VITALITY LIVING OF NEW YORK MI
215 TOUSLEY AVENUE SOUTH
New York Mills, MN 56567
Otter Tail
Parcel:

Phone:
kcollins@vitalityhm.com

License Info

License: HFID 34596

Risk:
License:
Expires on:
CFPM: Angelia Lynn Janke
CFPM #: 61976; Exp: 10/8/2028

Inspection Info

Report Number: F7935251160
Inspection Type: Full - Single
Date: 10/27/2025 Time: 1:54:05 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery:

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: Clean black mold from walk in cooler door gaskets.
Comply By: 10/27/2025 Originally Issued On: 10/27/2025

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 Fergus Falls District Office inspection report number F7935251160 from 10/27/2025

Establishment Representative

Rebecca Tonneson

Rebecca Tonneson, RS
Public Health Sanitarian Supervisor
218-332-5142
rebecca.tonneson@state.mn.us

Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls , MN 56537

Temperature Observations/Recordings

Establishment Info

VITALITY LIVING OF NEW YORK MI
New York Mills
County/Group: Otter Tail

Inspection Info

Report Number: F7935251160
Inspection Type: Full
Date: 10/27/2025
Time: 1:54:05 PM

Equipment Temperature: Product/Item/Unit: Upright Cooler**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cheese**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 39.6 Degrees F.
Comment:
Violation Issued?: No

Fergus Falls District Office
Minnesota Department of Health
2312 College Way
Fergus Falls , MN 56537

Sanitizer Observations/Recordings

Establishment Info

VITALITY LIVING OF NEW YORK MI
New York Mills
County/Group: Otter Tail

Inspection Info

Report Number: F7935251160
Inspection Type: Full
Date: 10/27/2025
Time: 1:54:05 PM

Sanitizing Equipment: **Product:** Chlorine**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 100 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: 3-Comp Sink **Equal To** 400 PPM
Comment:
Violation Issued?: No