Electronically Delivered

October 29, 2025

Licensee
Vista Prairie at North Pointe
2135 Lor Ray Drive
North Mankato, MN 56003

RE: Project Number(s) SL30703016

Dear Licensee:

On October 29, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on August 28, 2025. 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: 507-344-2730
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

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October 8, 2025

Licensee
Vista Prairie at North Pointe
2135 Lor Ray Drive
North Mankato, MN 56003

RE: Project Number(s) SL30703016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 28, 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.

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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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
	30703	A. BUILDING: _____ B. WING _____	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT NORTH POINTE	2135 LOR RAY DRIVE NORTH MANKATO, MN 56003

(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: SL30703016-0 On August 25, 2025, through August 28, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 91 residents; 79 receiving services under the Assisted Living Facility license. 1290: An immediate correction order was issued on August 26, 2025, at a level 3/Widespread (I). The licensee took immediate action; however, the scope and level remains at I.	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.	
0 130 SS=C	144G.12, Subd. 1 Application for Licensure	0 130		

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0 130	Continued From page 1 Each application for an assisted living facility license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership	0 130		

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0 130	Continued From page 2 interest in the licensee of five percent or greater and that specifies their relationship with the licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal	0 130		

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0 130	Continued From page 3 Regulations, title 42, section 1001.101 or 1001.201; (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted,	0 130		

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0 130	Continued From page 4 conditioned, refused, not renewed, or revoked under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to hold an assisted living license for their current capacity of residents. The assisted living license effective July 1, 2025, indicated a capacity of 87 residents, however 91 residents resided at the facility. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on August 25, 2025, at 10:40 a.m., licensed assisted living director (LALD)-A stated the licensee currently had 80 assisted living residents receiving services and 12 independent living residents. The licensee's current resident roster provided to the surveyor on August 25, 2025, indicated a census of 79 residents, all receiving assisted living services. The surveyor requested an	0 130		

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0 130	Continued From page 5 updated current resident roster to include all residents residing in the two connected buildings under the licensee's assisted living license. The updated current resident roster indicated 79 residents receiving services and 12 residents with housing only, no services, for a total of 91 residents. The licensee's application for an assisted living license, signed by authorized agent (AA)-J on March 12, 2025, indicated the capacity was 87 residents. On August 25, 2025, at 12:19 p.m., LALD-A stated the 12 independent living residents were not included in their assisted living census as they were not receiving any assisted living services, even though they lived in the same building. LALD-A stated she did not realize the independent living residents would be included in the assisted living census. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 130		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (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	0 480		

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0 480	Continued From page 6 one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are 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	0 480		

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0 480	Continued From page 7 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 August 26, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter	0 775		

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0 775	Continued From page 8 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During facility tour on August 26, 2025, from 11:53 a.m. through 1:11 p.m., with director of maintenance (DM)-I, the surveyor observed fire rated doors in the following locations that did not self-close, and latch as designed: The laundry room by resident room 115, laundry room by resident room 203, telecom room, resident rooms 120, 104, 103, 110, 210 in building A and the chapel in building B all had 20-minute fire rated doors with spring hinges. DM-I stated that some residents have difficulty with the doors if they close too fast and ask to have the springs adjusted. The double one-hour doors in building B dining room did not fully close and latch.	0 775		

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0 775	Continued From page 9 The one-hour door from building B into the link corridor did not automatically close and latch as designed. State Fire Code in MN Rules, chapter 7511 requires fire rated doors to be maintained to self-close and latch as designed. During same tour the surveyor observed the dryer vent was disconnected in the laundry room by resident room 115. Dryer vents must be connected and kept clean to not create a fire hazard. DM-I stated they would reconnect the vent. DM-I verified the above findings while accompanying on the tour and stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office	01060		

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01060	Continued From page 10 of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation for two of two residents (R1, R3) who were hospitalized. 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	01060		

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	30703	A. BUILDING: _____ B. WING _____	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA PRAIRIE AT NORTH POINTE	2135 LOR RAY DRIVE NORTH MANKATO, MN 56003

(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
01060	Continued From page 11 resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 R1 began receiving assisted living services from the licensee on July 3, 2020, with diagnoses including type II diabetes and congestive heart failure. R1's Service Plan Agreement dated July 1, 2025, indicated R1 received services including assistance with bathing, dressing, toileting, BiPAP (bilevel positive airway pressure - a machine to help patients breath more effectively), catheter care, ambulation, ace wrap application/removal, blood sugar monitoring, medication administration, foot care, housekeeping and laundry. R1's After Visit Summary dated July 28, 2025, revealed R1 had been hospitalized on July 19, 2025, and returned to the assisted living facility on July 28, 2025. R1's record included a Notification of Emergency Relocation for the above hospitalization completed and faxed to the ombudsman on July 21, 2025. R1's record lacked evidence the written notice had been provided to the resident or resident representative. R3 R3 began receiving assisted living services from the licensee on February 24, 2025, with	01060		

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	30703	A. BUILDING: _____ B. WING _____	08/28/2025

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VISTA PRAIRIE AT NORTH POINTE	2135 LOR RAY DRIVE NORTH MANKATO, MN 56003

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01060	Continued From page 12 diagnoses including weakness and alcohol dependence with alcohol-induced mood disorder. R3's Service Plan Agreement dated August 1, 2025, indicated R3 received services including assistance with bathing, medication management, ambulation, toileting, housekeeping and laundry. R3's progress notes revealed R3 was hospitalized on July 3, 2025, for repeated falls. The progress notes further indicated R3 was transferred from the hospital to a short-term rehabilitation facility on July 15, 2025, and returned to the licensee on August 1, 2025. R3's record included a Notification of Emergency Relocation for the above hospitalization completed and faxed to the ombudsman on July 3, 2025. R3's record lacked evidence the written notice had been provided to the resident or resident representative. On August 27, 2025, at 8:53 a.m. clinical nurse supervisor (CNS)-B stated the licensee provided the Notice of Emergency Relocation to the ombudsman when a resident is hospitalized. CNS-B further stated being unaware they also needed to provide the notice to the resident/legal representative/designated representative as soon as possible. The licensee's 1.10 Emergency Relocation policy dated August 2022, indicated: 1. In the event of an emergency relocation, [Licensee name] will provide a written notice that contains, at a minimum: a. The reason for the relocation b. The name and contact information for the	01060		

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	30703	A. BUILDING: _____ B. WING _____	08/28/2025

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VISTA PRAIRIE AT NORTH POINTE	2135 LOR RAY DRIVE NORTH MANKATO, MN 56003

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01060	Continued From page 13 location to which the resident has been relocated and any new service provider c. Contact information for the Office of Ombudsman for Long-Term Care and Office of Ombudsman for Mental Health and Developmental Disabilities d. If known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known, and e. A statement that, if the facility refused to provide housing or services after a relocation, the resident has the right to appeal. 4. The notice required will be delivered as soon as practicable to: a. The resident, legal representative, and designated representative b. For residents who receive home and community-based waiver services, the residents's case manager, and c. The Office of Ombudsman for Long-Term Care if the resident has been relocated and has not return to the facility within four days. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01060		
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 construed to prohibit the facility from requiring self-disclosure of criminal conviction information.	01290		

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	30703	A. BUILDING: _____ B. WING _____	08/28/2025

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VISTA PRAIRIE AT NORTH POINTE	2135 LOR RAY DRIVE NORTH MANKATO, MN 56003

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01290	Continued From page 14 (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was current and eligible on NETStudy 2.0 (web-based system for submitting background study requests to the Department of Human Services (DHS)) with the assisted living license for one of one employee (unlicensed personnel (ULP)-C) whose COVID-19 background study had expired. This had the potential to affect all residents residing in the facility. This resulted in an immediate correction order issued on August 26, 2025. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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 a large portion or all of the residents). The findings include: ULP-C was hired on December 28, 2021, to independently provide direct care services for the licensee's residents.	01290		

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01290	Continued From page 15 On August 25, 2025, at 3:05 p.m., licensed assisted living director (LALD)-A provided the NETStudy 2.0 employee roster for health facility identification number (HFID) 30703 at the surveyor's request. ULP-C's background study dated December 20, 2021, was affiliated to HFID 30703, but indicated "Eligible - COVID-19 Study - Expired" with an expiration date of December 31, 2022, on the NETStudy 2.0 roster page. On August 26, 2025, at 11:59 a.m., clinical nurse supervisor (CNS)-B stated ULP-C's background study will need to be repeated as she had not been fingerprinted when the COVID-19 background study had expired. CNS-B further stated ULP-C would be taken off the schedule and not be allowed to provide direct care independently until the results of the study were completed. The Minnesota Department of Human Services website updated July 31, 2024, indicated the following: Emergency studies completed during the COVID-19 pandemic were no longer valid and modifications ended January 1, 2023. Individuals who only had an emergency study must have a fully compliant, fingerprint-based background study. Roster maintenance - Individuals with a completed emergency study will remain on the entity's roster unless the entity removes the individual. Entities should remove individuals with emergency studies that are no longer affiliated; - All entities are responsible for maintaining their rosters regularly and removing study subjects from their roster when they are no longer	01290		

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01290	Continued From page 16 affiliated; and - Entities are responsible for identifying who needs to submit a new background study. For help identifying which study subjects still have an emergency study and need a fully compliant study, entities should refer to the instructional guide, "Identifying Emergency Studies" in the help section of NETStudy 2.0. The licensee's 4.02 Background Studies policy dated August 2021, indicated: [Licensee name] will conduct a Minnesota Department of Human Services Background Study on all employees and volunteers. No employee may provide direct services and have independent direct contact with any residents until acceptable result of the background study have been received. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On August 26, 2025, the licensee took immediate action to mitigate risk to residents; however, the scope and level remains 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	01760		

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01760	Continued From page 17 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 by: Based on observation, interview, and record review, the licensee failed to ensure medications were clarified and transcribed correctly per physician order for one of four residents (R3). 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: R3's Service Plan Agreement dated August 1, 2025, indicated R3 received services including medication management-administration. R3's progress notes revealed R3 was hospitalized on July 3, 2025, for repeated falls. The progress notes further indicated R3 was transferred from the hospital to a short-term rehabilitation facility on July 15, 2025, and returned to the licensee on August 1, 2025. R3's discharge orders signed July 30, 2025, included the following: - hydroxyzine HCl 25 milligrams - give one tablet	01760		

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01760	Continued From page 18 by mouth as needed (prn) for anxiety for 14 days TID (three times a day). The order date/start date indicated July 15, 2025. R3's medication administration record (MAR) dated August 2025, included the above order which had expired on July 29, 2025. On August 27, 2025, at 8:53 a.m., clinical nurse supervisor (CNS)-B stated R3's hydroxyzine order would be considered a transcription error as the time limit was not caught by nursing and was also pushed through to the MAR by the pharmacy. CNS-B further stated R3 had not requested or received the medication and also the pharmacy had never sent the medication. The licensee's Administration and Documentation of PRN Medications policy dated August 1, 2021, indicated: 1. The RN (registered nurse) will review PRN prescriptions to ensure that the prescription clearly identifies symptoms for which the PRN is prescribed, the frequency that the PRN may be administered, the dose that may be administered, route and other pertinent information. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

VISTA PRAIRIE AT NORTH POINTE
2135 LOR RAY DRIVE
North Mankato, MN 56003
Nicollet County
Parcel:

Phone:

License Info

License: HFID 30703

Risk:
License:
Expires on:
CFPM: Melody Schott
CFPM #: CFPM-56616; Exp: 3/3/2028

Inspection Info

Report Number: F1034251128
Inspection Type: Full - Single
Date: 8/26/2025 Time: 11:00:29 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: Cooler D temped at 43 degrees F. TCS foods were moved to other coolers and appliance repair company was called during inspection. Cooler was adjusted by repair company in the afternoon and PIC communicated to inspector that cooler temperature was in range in the evening.
Comply By: Complied On Site Originally Issued On: 8/26/2025

Food & Beverage General Comment

Inspection conducted in conjunction with HRD.

Facility has a satellite kitchen that is only used for serving, storing certain drinks and condiments, and washing dishes. All food preparation is done in main kitchen.

Temperature logs and chemical logs are used.

Kitchen uses an employee illness log.

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 Mankato District Office inspection report number F1034251128 from 8/26/2025

Melody Schott

McKenna Mathews

McKenna Mathews, RS
Public Health Sanitarian 2
507-344-2729
mckenna.mathews@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Establishment Info

VISTA PRAIRIE AT NORTH POINTE
North Mankato
County/Group: Nicollet County

Inspection Info

Report Number: F1034251128
Inspection Type: Full
Date: 8/26/2025
Time: 11:00:29 AM

Food Temperature: Product/Item/Unit: Hard Boiled Egg**; Temperature Process:** Cold-Holding
Location: 2-Door Cooler D at 43.5 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Cheese**; Temperature Process:** Cold-Holding
Location: 2-Door Cooler D at 43.2 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Salad**; Temperature Process:** Cold-Holding
Location: 2-Door Cooler at 33.0 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Tomato**; Temperature Process:** Cold-Holding
Location: 2-Door Cooler at 38.7 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Rice**; Temperature Process:** Hot-Holding
Location: Steam Table at 207 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Beans**; Temperature Process:** Hot-Holding
Location: Steam Table at 184 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Ranch**; Temperature Process:** Cold-Holding
Location: 2-Door Cooler at 37.8 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Beans**; Temperature Process:** Hot-Holding
Location: Steam Table at 174 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Rice**; Temperature Process:** Hot-Holding
Location: Steam Table at 202 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Juice**; Temperature Process:** Cold-Holding
Location: Juice Dispenser at 36.7 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Juice**; Temperature Process:** Cold-Holding
Location: Juice Dispenser at 40.1 Degrees F.
Comment:
Violation Issued?: No

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Establishment Info

VISTA PRAIRIE AT NORTH POINTE
North Mankato
County/Group: Nicollet County

Inspection Info

Report Number: F1034251128
Inspection Type: Full
Date: 8/26/2025
Time: 11:00:29 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 163.3 Degrees F.
Comment: Measured with irreversible thermometer.
Violation Issued?: No

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

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area - Satellite Kitchen **Equal To** 50 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Satellite Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No